

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2025
NAME OF PROVIDER OR SUPPLIER  Dyersburg Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  350 East Tickle Street Dyersburg, TN 38024	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility policy review, medical record review, observation, and interview, the facility failed to ensure that residents received the necessary treatment and services consistent with professional standards of practice to promote healing when the facility failed to document wound care treatments for 1 of 3 (Resident #1) sampled residents reviewed for pressure ulcers. The findings include: 1. Review of the facility policy titled, Wound Treatment Management, dated 12/3/2024, revealed .Wound treatments will be provided in accordance with physician orders .Treatments will be documented on the Treatment Administration Record . 2. Review of medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnoses including Osteomyelitis of Vertebra, Sacral and Sacrococcygeal Region, Pressure Ulcer of Sacral Stage 4, and Paraplegia. Review of the Physician's Order dated 5/11/2024, revealed .CLEAN L [left] GROIN W/ [with]. SKIN PREP PERIWOUND MIX SSD [silver sulfadiazine a topical antibiotic] CREAM AND CRUSHED FLAGYL [antibiotic used to treat bacterial infections] APPLY TO WOUND BED PACK W/ DANKINS [antiseptic solution] SOAKED KERLEC [KERLEX gauze based bandage] OVER W/ ABD [abdominal] PAD AND SECURE W/TAPE ONCE DAILY AND PRN [as needed]. Review of the Treatment Administration Record (TAR) dated May 2024, revealed that treatments were not documented on 5/16/2024, 5/22/2024, 5/24/2024, 5/27/2024, and 5/30/2024.Review of the TAR dated June 2024, revealed treatments were not documented on 6/5/2024, 6/6/2024, 6/10/2024, 6/14/2024, 6/15/2024, 6/19/2024, 6/28/2024, 6/29/2024, and 6/30/2024. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #1 was cognitively intact. Resident was assessed for a Stage 4 Pressure Ulcer. Review of TAR dated July 2024, revealed treatments were not documented on 7/3/2024, 7/4/2024, 7/6/2024, 7/10/2024, 7/11/2024, 7/21/2024, 7/25/2024. During an interview on 10/6/2025 at 3:54 PM, the Director of Nursing (DON) was asked, if Resident refuses wound care, should the refusal be documented. The DON stated, Yes. The DON was asked if the TAR should have any blank days for wound care. The DON stated, No, it should be documented completed unless it was refused and then it should be documented as refused.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 445497	If continuation sheet Page 1 of 1