STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445497	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dyersburg Health and Rehabilitation Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to provide an environment free of hazardous materials for 1 of 68 (Resident #52) sampled for accident hazards. The findings include: 1. Review of the facility revised policy titled, Environmental Services Safety Procedures, dated 3/1/2025, revealed .It is the policy of this facility to ensure general safety procedures.Staff will ensure equipment (.cords, ladders, or chemicals) is properly stored and not left unattended in areas that are accessible to residents. 2. Review of the medical record revealed Resident #52 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Anxiety, and Seizures.^ Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #52 did not have a Brief Interview for Mental Status (BIMS) score completed and had modified independence for cognitive skills for daily decision making. Observation in Resident #52's room on 12/8/2025 at 9:47 AM and 10:57 AM, revealed a closed canister of Named Brand insect killer on the counter beside Resident #52's sink. During an observation and interview in Resident #52's room on 12/8/2025 at 10:59 AM, Licensed Practical Nurse (LPN) B was asked if the canister of insect killer should be left unsecured and unattended in a resident's room. LPN B stated, No, it shouldn't be in the room at all. During an interview on 12/11/2025 at 9:55 AM, the Director of Nursing (DON) was asked if a canister of insect killer should be left unsecured and unattended in a resident's room. The DON stated, No.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445497	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to follow physician's orders and provide care and services for oxygen therapy for 1 of 4 (Resident #7) sampled residents reviewed for respiratory care. The findings include: 1. Review of the undated facility policy titled, Oxygen Administration, revealed .Oxygen is administered to residents who need it, consistent with professional standards of practice.Oxygen is administered under orders of a physician. Review of the undated facility policy titled, Medication Administration, revealed .Medications are administered by licensed nurses.as ordered by the physician. 2. Review of the medical record revealed Resident #7 was admitted to the facility on [DATE], with diagnoses including Paraplegia, Epilepsy, Tracheostomy, Muscle Weakness, and Chronic Obstructive Pulmonary Disease. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #7 was severely cognitively impaired, coded for oxygen therapy, and Tracheostomy Care. Review of the Physician's Orders dated 10/23/2025, revealed, .Oxygen at (2) liters via [by way of] (Trach) continuous every shift. During an observation in Resident #7's room on 12/8/2025 at 9:21 AM and 2:51 PM, and on 12/19/25 at 9:21 AM and 2:51 PM, revealed Resident #7 was receiving 4 liters of oxygen per trach via oxygen concentrator. During an observation and interview in Resident #7's room on 12/9/2025 at 3:58 PM, Licensed Practical Nurse (LPN) A verified the oxygen concentrator was set on 4 liters. LPN A was asked what Resident #7 oxygen concentrator should be set at. LPN A reviewed the Physician's Order and stated, It should be 2 liters. During an interview on 12/11/2025 at 9:55 AM, the Director of Nursing (DON) was asked if oxygen should be administered at the rate prescribed by the physician. The DON stated, Yes .