

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445503	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2026
NAME OF PROVIDER OR SUPPLIER Perry County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 127 E Brooklyn Avenue Linden, TN 37096	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, facility list of resident tobacco users, medical record review, and interview, the facility failed to complete a smoking assessment for residents who use tobacco with each quarterly or comprehensive Minimum Data Set (MDS) assessment to ensure safe smoking for 4 of 5 (Resident # 16, #25, #37, and #65) residents sampled for smoking assessments.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled, Resident Smoking, dated 10/24/2022, revealed .It is the policy of this facility to provide a safe and healthy environment for residents, visitors, and employees, including safety as related to smoking.All residents will be asked about tobacco use during the admission process, and during each quarterly or comprehensive MDS assessment process.Residents who smoke will be further assessed, using the Resident Safe Smoking Assessment, to determine whether or not supervision is required for smoking, or if resident is safe to smoke at all.A safe smoking assessment will be completed on all residents using e-cigarettes. 2. Review of the facility list of Resident tobacco users noted 15 residents who smoke, 7 residents who vape, and 2 residents who dip/chew. 3. Review of the medical record revealed Resident #16 was admitted to the facility on [DATE] with diagnoses including Hypertension, Acute Kidney Failure, Dysphagia (difficulty swallowing), and Epilepsy. <p>^</p> <p>Review of Resident #16's facility Smoking Safety Evaluation dated 3/21/2025, revealed .Does Resident utilize Tobacco.Yes.Supervision will be required for all Residents during designated smoking times. No concerns noted on assessment.</p> <p>The facility was unable to provide smoking evaluations and/or assessments for Resident #16 after 3/21/2025.</p> <p>Review of the admission MDS assessment dated [DATE], revealed Resident #16 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment, which indicated Resident#16 was cognitively intact. Current tobacco use noted as Yes.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #16 scored a 15 on the BIMS assessment, which indicated Resident #16 was cognitively intact. Tobacco use was not (continued on next page)</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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>assessed.</p> <p>^</p> <p>Review of the Care Plan dated 1/12/2026 revealed .I am a smoker [date initiated: 3/21/2025] .^</p> <p>^</p> <p>Resident #16 was on the facility tobacco user list.</p> <p>The facility was unable to provide smoking evaluations and/or assessments for Resident #16 after 3/21/2025.</p> <p>4. Review of the medical record revealed Resident #25 was admitted to the facility on [DATE], with diagnoses including Heart Disease, Nicotine Dependence, Major Depressive Disorder, Cognitive Communication Deficit, and Generalized Anxiety.</p> <p>^</p> <p>Review of Resident #25's Smoking Assessment Tool & Questionnaire last completed on 3/29/2024, revealed .Complete this assessment upon admit, quarterly and upon any noted change in condition.</p> <p>The facility was unable to provide smoking evaluations and/or assessments for Resident #25 after 3/29/2024.</p> <p>Review of the annual MDS assessment dated [DATE], revealed Resident #25 scored a 15 on the BIMS assessment, which indicated the resident was cognitively intact. Current tobacco use noted as Yes.</p> <p>Review of the Care Plan dated 3/15/2026, revealed .I am a smoker [date initiated: 9/28/2023].^</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #25 scored a 15 on the BIMS assessment, which indicated the resident was cognitively intact. Tobacco use was not assessed.</p> <p>Resident #25 was on the facility tobacco user list.</p> <p>Observation in the designated smoking area on 4/07/2026 at 8:33 AM, revealed Resident #25 up in wheelchair in smoking area, smoking a cigarette with supervision from facility staff.</p> <p>^5. Review of the medical record revealed Resident #37 was admitted to the facility on [DATE] with diagnoses including Essential Hypertension, Tobacco Use, and Chronic Obstructive Pulmonary Disease.</p> <p>Review of Resident #37's Smoking Safety Evaluation dated 12/19/2025 revealed .Does resident utilize tobacco.Yes. No concerns noted on assessment.</p> <p>The facility was unable to provide smoking evaluations and/or assessments for Resident #37 after 12/19/2025. (continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>responsible for completing smoking assessments for residents. The DON stated, I have it on my to-do list to make sure everyone has what they should have. I will assign it to someone else once I get it completed or revised. The DON was asked how often smoking assessments should be completed. The DON stated, On admit, quarterly, and with a change of condition. The DON was asked if not having an up-to-date smoking assessment for each resident could create an opportunity for an increased risk of harm to those residents. The DON stated, It could create an opportunity for risk .</p> <p>^</p> <p>^</p>		