

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445504	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Newport TN Opco LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  135 Generation Drive Newport, TN 37821	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETES HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50480</b></p> <p>Based on facility policy review, medical record review, observations, and interviews the facility failed to develop a person-centered care plan related to smoking for 1 resident (Resident #71) of 3 residents reviewed for smoking.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, Comprehensive Care Plans, revealed .It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with .needs that are identified .The care planning process will include .Services provided or arranged by the facility .the comprehensive care plan will describe at minimum .The services that are to be furnished . Resident specific interventions that reflect the resident's needs and preferences .</p> <p>Review of the medical record revealed Resident #71 was admitted to the facility on [DATE] with diagnoses including Infection of the Left Lower Leg, Kidney Failure, and Heart Attack.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #71 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact.</p> <p>Record review of a comprehensive care plan for Resident #71 revised 5/30/2024, revealed the resident did not have a smoking care plan.</p> <p>During an observation at the east hall smoking area on 6/25/2024 at 9:44 AM, revealed Resident #71 was smoking a cigarette while wearing a smoking apron during the supervised scheduled smoke break for residents.</p> <p>During an observation at the east hall smoking area on 6/25/2024 at 4:30 PM, revealed Resident #71 was smoking a cigarette while wearing a smoking apron during the supervised scheduled smoke break for residents.</p> <p>During an interview in the conference room on 6/25/2024 at 10:52 AM, the Administrator stated Resident #71 started smoking in 5/2024.</p> <p>(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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/25/2024 at 11:11 AM, the Director of Nursing stated Resident #71 smoked at the facility and confirmed a smoking care plan was not developed for Resident #71.</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>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50480</p> <p>Based on facility policy review, medical record review, observations, and interviews the facility failed to assess 1 resident (Resident #71) for smoking of 3 residents reviewed for smoking.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled Smoking Procedures for Residents, revealed . Residents who desire to smoke will be assessed for safety with smoking materials upon admission or initially request to smoke as well as on a quarterly basis .</p> <p>Review of the medical record revealed Resident #71 was admitted to the facility on [DATE] with diagnoses including Infection of the Left Lower Leg, Kidney Failure, and Heart Attack.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #71 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact.</p> <p>Record review of Resident #71's assessments revealed the resident was not assessed for smoking.</p> <p>During an observation at the east hall smoking area on 6/25/2024 at 9:44 AM, revealed Resident #71 was smoking a cigarette while wearing a smoking apron during the supervised scheduled smoke break for residents.</p> <p>During an observation at the east hall smoking area on 6/25/2024 at 4:30 PM, revealed Resident #71 was smoking a cigarette while wearing a smoking apron during the supervised scheduled smoke break for residents.</p> <p>During an interview in the conference room on 6/25/2024 at 10:52 AM, the Administrator stated Resident #71 started smoking in 5/2024.</p> <p>During an interview on 6/25/2024 at 11:11 AM, the Director of Nursing stated Resident #71 smoked at the facility and confirmed the resident was not assessed for smoking.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45837</b></p> <p>Based on facility policy review, medical record review, observation and interview, the facility failed to store the Continuous Positive Airway Pressure (CPAP - equipment used for individuals with sleep apnea) mask appropriately for 1 resident (Resident #31) of 5 residents reviewed for CPAP.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, CPAP/BiPAP [Bilevel Positive Airway Pressure] Cleaning Guidelines, revealed .Cover with plastic bag .</p> <p>Review of the medical record revealed Resident #31 was admitted to the facility on [DATE] with diagnoses including Congestive Heart Failure, Type 2 Diabetes Mellitus, and Obstructive Sleep Apnea.</p> <p>Review of a comprehensive care plan dated 4/25/2023, revealed .Respiratory Status Care Plan .At risk for impaired respiratory status .</p> <p>Review of the Physician's Orders for Resident #31 dated 3/24/2024, revealed .CPAP Mode of Therapy .on at hs [bed time] and off upon waking and prn [as needed] .</p> <p>Review of an annual Minimum Data Set assessment dated [DATE], revealed Resident #31 scored a 15 on the Brief Interview for Mental Status assessment which indicated the resident was cognitively intact.</p> <p>During an observation and interview on 6/24/2024 at 12:10 PM, in Resident #31's room, the resident's CPAP mask was lying uncovered on the bedside table. The resident stated the staff never offered to put the mask in a bag.</p> <p>During an observation on 6/25/2024 at 10:15 AM, in Resident #31's room, the resident's CPAP mask was lying uncovered on the bedside table exposed to room air.</p> <p>During an observation and interview on 6/25/2024 at 10:17 AM, in Resident #31's room, Licensed Practical Nurse M observed Resident #31's CPAP mask lying uncovered and exposed to room air on the resident's bedside table. The LPN confirmed the mask should be stored in a bag while it was not in use. The LPN confirmed there was no storage bag in the room and had to leave the room to obtain a storage bag.</p> <p>During an interview on 6/26/2024 at 9:43 AM, the Physician's Assistant stated the resident had not had any respiratory infections recently.</p> <p>During an interview on 6/26/2024 at 10:35 AM, the DON stated it was her expectation when CPAP masks were not in use, they would be stored in a plastic bag. The DON confirmed the CPAP mask uncovered and exposed to room air on Resident #31's bedside table was not stored appropriately.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>50407</p> <p>Based on facility policy review, facility document review, and interview, the facility failed to provide the services of a Registered Nurse (RN) for the minimum requirement of 8 hours a day for 1 day (6/23/2024) of 32 days reviewed between the period of 5/23/2024 and 6/23/2024.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, Nursing Services and Sufficient Staff, revealed .The facility will provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident .the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week .</p> <p>Review of the facility document titled, Daily Staffing Form, dated 6/23/2024, revealed no RN was on duty working in the facility.</p> <p>During an interview on 6/26/2024 at 9:15 AM, The Administrator confirmed the facility failed to provide the minimum requirement of 8 hours RN coverage on 6/23/2024.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50480</p> <p>Based on facility policy review, observations, and interviews the facility failed to ensure expired supplies were not available for resident use in 2 of 2 medication rooms observed.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, Medical Products &amp; Supplies Use and Storage, revealed .The facility will follow manufacturers' guidelines when using medical devices .which includes syringes, tubes . expired item will not be used .</p> <p>During an observation and interview in the east medication room on 6/26/2024 at 3:49 PM, with Licensed Practical Nurse (LPN) A and LPN B revealed 25- 3 mL (milliliter) blue top blood collection tubes with an expiration date of 3/31/2024. LPN A and LPN B stated the facility occasionally collected blood specimens. LPN A and LPN B confirmed the 25- 3 mL blue top blood collection tubes were expired and available for resident use.</p> <p>During an observation and interview in the west medication room on 6/26/2024 at 4:02 PM, with LPN C, revealed 10- 28 gauge (ga) x (by) 1/2 inch (in) syringes with an expiration date of 11/30/2023, and 77- 28 ga x 1/2 in syringes with an expiration date of 4/20/2023 (a total of 87 syringes). LPN C confirmed the 87- 28 ga x 1/2 in syringes were expired and available for resident use.</p> <p>During an observation and interview with the Director of Nursing (DON) in the west medication room on 6/26/2024 at 4:08 PM, the DON stated CNA D/Central Supply was responsible to check medication rooms weekly and discard expired supplies. The DON confirmed the expired 25- mL blue top blood collection tubes in the east medication room and the 87- 28 ga x 1/2 in syringes in the west medication room should have been removed from the medication room and not available for resident use.</p> <p>During an observation and interview on 6/26/2024 at 4:10 PM, with CNA D/Central Supply in the west medication room, on 6/26/2024 at 4:10 PM, CNA D/Central Supply stated she was responsible to check the medication rooms for expired medications and supplies. CNA D/Central Supply stated, .I try to check them twice a month . CNA D/Central Supply stated the expired syringes should have been discarded.</p>