STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445508	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Obion County Nursing Home	1084 East County Home Road Union City, TN 38261

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50408 Based on policy review, medical record review, observation, and interview, the facility failed to ensure residents were free of physical restraints for 1 of 1 (Resident #31) sampled residents reviewed for restraints. The findings include: 1. Review of the facility policy titled, Restraint Free Environment, dated 3/19/2025, revealed .Physical Restraint refers to any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement .Physical restraints may include .Using devices in conjunction with a chair .belts, that the resident cannot remove and prevents the resident from rising. 2. Review of the medical record review revealed Resident #31 was admitted to the facility on [DATE], with diagnoses including Dementia, Anxiety, Heart Failure, and Malignant Melanoma of Skin. Review of the Care Plan dated 2/20/2025, revealed .The resident is HIGH risk for falls r/t [related to] confusion .unaware of safety needs .Ensure the device [seatbelt alarm in wheelchair] is in place as needed. PAD ALARM IN CHAIR, SEATBELT ALARM IN WHEELCHAIR . Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 0, meaning Resident #31 has severe cognitive deficits and staff provides substantial assistance to resident with Activities of Daily Living. Observation on 3/18/2025 at 8:58 AM, 11:28 AM, and 3/19/2025 at 7:54 AM, revealed Resident #31 was up in her wheelchair with a seat belt around her waist. Observation on 03/19/2025 at 8:40 AM, in the Resident's room with the Assistant Director of Nurses (ADON) and the Activity's Director, Resident #31 was encouraged and asked to take her seat belt off. Resident #31 was alert and pleasantly confused, she fumbled with the belt in different areas of the belt. Resident #31 was unable to release the seat belt. During an interview on 3/19/2025 at 10:08 AM, the ADON was asked can Resident #31 release her seat belt on demand. The ADON stated, No . we didn't think it was a restraint.

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: 445508	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Obion County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1084 East County Home Road Union City, TN 38261	

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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 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** 30974 Based on the policy review, medical record review, observation, and interview, the facility failed to identify, evaluate and analyze the cause to eliminate the risk of accident hazards for 1 of 2 (Resident #12) sampled residents reviewed for accident hazards, when on 12/27/2024 Resident #12 fell from a lift device and sustained a fracture of the left humerus. The findings include: 1. Review of the facility's policy titled Accidents and Supervision, dated 1/16/2025, revealed .The resident environment will remain free of accident hazards as is possible. Each resident will receive adequate supervision and assistive devices to prevent accidents .Identifying hazard(s) and risk(s) .Evaluating and analyzing hazard(s) and risk(s) .Implementing interventions to reduce hazard(s) and risk(s) .Monitoring for effectiveness and modifying interventions when necessary . 2. Review of the medical record revealed Resident #12 was readmitted to the facility on [DATE], with diagnoses including Parkinson's Disease, Chronic Obstructive Pulmonary Disease, Heart Failure, Humerus Fracture, Traumatic Subdural Hemorrhage, Dementia, and Anxiety. Review of the Fall Risk Evaluation dated 12/27/2024, revealed History of falls (past 3 months): No falls in past 3 months. Level of consciousness / mental status: Intermittent confusion. Resident is chairbound / incontinent. Vision status: Adequate (with or without glasses). Predisposing disease: 1-2 present. Resident did not have a change in condition in the last 14 days. Recent hospitalization history in last 30 days: No. Gait / balance: N/A - not able to perform function. Medication: Takes 1-2 of these medications (or medication classes) currently and / or within last 7 days. Fall Risk Score: 11.0. Review of the Incident Note dated 12/27/2024 This nurse was called to resident's room by COTA [Certified Occupational Therapy Assistant], who informed me that this resident had fallen from the lift, during transfer to her w/c [wheelchair]. This nurse went, immediately, to assess resident- DON [Director of Nursing] and ADON [Assistant Director of Nursing] were already in the room assessing resident. Res [Resident] was lying face down, on the floor, with lift leg under her face. Staff removed lift from area and gently rolled resident over onto her back. She had no open areas noted. Had c/o [complaint of] pain to forehead and left shoulder, c/o dizziness and altered mental status (from baseline) was noted. VS [Vital Signs] bp [blood pressure] 187/65 p [pulse] 94 r [respirations] 18 t [temperature] 97.6. o2 sats [oxygen saturation] at 89% [percent symbol] prior to getting 02 [oxygen] on- increased to 93% after 02 was applied. Upon inspecting lift and lift pad, it was noted that 2 of the straps had broken, during transfer . Review of the Brief Interview for Mental Status (BIMS) Evaluation dated 12/27/2024, revealed Brief Interview for Mental Status .BIMS NOTE: Res [resident] was unable to complete d/t [due to] mental status post fall and was transported to [named hospital] ER .BIMS Summary score: 0.0. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Progress Note dated 12/27/2024 revealed Res was transported to [Named Hospital] ER for eval and tx as indicated, per MD [Medical Doctor] order to transfer. [Named Resident's daughter], was notified and informed of incident and that the resident was being transported to [named hospital] er. She stated that she would meet her there. The DON was present at incident site. Review of the Progress Note dated 12/31/2024 revealed Resident returned to facility [from the hospital] via ambulance transfer approximately 1400 [2:00 PM]. Resident was assisted to bed from stretcher with EMT [Emergency Medical Technician] assist. Upon observation, resident is A&O [alert and oriented] x [times] 3. Skin assessment performed, noted bruising to various places on resident arms d/t [due to] needlesticks during hosp [hospital] stay. Dry skin noted to BLE [bilateral lower extremities]. Redness noted under abd [abdominal] folds and peri-area. She has an arm sling to left arm. VSS [vital signs stable] T- 98.3, P- 81, R-19, o2- 93% BNC [Binasal cannula], BP- 159/68 RT [right] arm. Resident was assisted by this nurse and therapy for hygiene care, resident in good spirits and able to communicate needs/wants at this time. Wt [weight] recorded via manual lift with x2 staff members at 229.3 lbs.[pounds] Resident currently resting in bed visiting with daughter. Call light in reach, will continue with plan of care. Progress note dated 1/1/2025 revealed Res remains alert with confusion. Skin w/d [warm/dry], color slightly pale. resp e/u [even/unlabored] lungs cta [clear to auscultation] at present time. abd [Abdomen soft, nd [non distended] with bs [bowel sounds] noted x 4 quads [quadrants]. Has sling intact to lue [left upper extremity]. Has rec'd [received] prn [as needed] pain medication x 1 this shift, for c/o pain in Lue and ble [bilateral lower extremity], this was effective with pain management. Res with vs [vital signs] stable. Rec'd new order to obtain urine for UA [Urinalysis] C&S [culture and sensitivity] on 1/2/2025 d/t altered mental status, foul odor to urine, c/o urinary discomfort. Family is aware. Review of the progress note dated 1/2/2025 revealed sign change- Resident was readmitted back from facility on 12/31. She has a Dx [diagnosis] of 2nd lumbar burst fx [fracture], fx to humerus, old t [thoracic]12 fx and fx to L [lumbar] 2. Resident is alert with confusion. Speech is clear. Hearing is best in a quiet setting. She requires assistance with adls [activities of daily living] and transfers with lift. She is currently skilled and receiving therapy. She has had significant weight loss. Pain management d/t recent fx [fracture of the left humerus]. [Name of Resident #12] eats some meals in dining room and some in her room. She has a mostly pleasant personality. She can be delusional at times. Pleasantly confused. She declines most all activity invitations. She enjoys family time, She is on 02 [oxygen], dx COPD. Family is supportive and involved in care. Will monitor for changes. Review of the Care Plan dated 1/2/2025, revealed The resident has [Indwelling urinary] .CATHTER FOR COMFORT R/T [related to] FRACTURES . Review of the significant change Minimum Data Set (MDS) dated [DATE] revealed Resident #12 had a Brief Interview for Mental Status (BIMS) score of 9, which indicated moderate cognitive impairment. No falls were documented. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/19/2025 at 10:52 AM the COTA, was asked about Resident #12's incident when the lift straps broke. COTA stated, [Named resident] was on my caseload, so I went in to see her. she was in the lift over the bed, and they were going to place her in the [wheel] chair. There were 3 of us in there when it occurred. The straps broke on the lift pad, and she fell to the floor. She was 4-5 feet off the ground when she fell . Nursing staff checked the straps after the incident. The lift pad had 4 straps two at the head and two at the foot. The two straps at the head broke and the resident landed on back of her head and her feet remained in the pad. As soon as I went to get help and returned, she was awake at that time. During an interview on 3/19/2025 at 11:13 AM with Certified Nursing Assistant (CNA D) was asked about the incident with Resident #12. CNA D stated, We were getting her on the lift and backed it away from the bed to get it over the chair but before she was over the chair the two straps at the head broke and she fell back hitting her head and shoulders hit the floor at the same time and her feet remained in the lift pad and then the legs fell to floor also. Both shoulders broke and head injury occurred. No blood noted from head. I don't believe she lost consciousness. The DON and ADON were their almost immediately. Nurses called for EMS [Emergency Medical Services] to transfer her to the ER. I don't believe she was knocked out. She knows she fell from the lift and still gets up with the lift. We have several lift pads, and we are supposed to check for fraying of the straps before we use them. We just got some new pads. We have seen some pads that were broken before we used them on someone. During an interview on 03/19/25 11:30 AM CNA E was asked about the incident with Resident #12 falling from the lift. CNA E stated, I was passing ice and [named CNA D] asked me to help her get [named resident] up. She had her hooked up in the lift and I got beside her to spot her and then got behind her at the head and when she turned it was so fast, and she fell to floor. I asked her if she was hurting anywhere, and she told me 'I don't know if I am or not.' We looked at the pad and the two straps from the top by the head had broken at the stitching. and I was holding the two straps underneath her to spot her. She just flipped out the pad face first to the floor, no blood, her shoulders hit floor also. The lift pads are checked prior to using them. The DON and ADON came in immediately. Another nurse called for EMS, and she was transported quickly to the ER. She stills gets up with the lift without being scared. The Wheelchair was close to the bed. During an interview on 3/19/2025 at 12:17 PM the DON was asked about the incident with named Resident #12. The DON stated, The Old DON was in place then and I don't know what they did with it [sling]. When I got there, she was on her back, but I focused on keeping her neck still she was awake and talking to me. She had a left shoulder fracture, subdural hematoma, a possible spinal injury but that might have been chronic arthritis. We use the pads for 6 months. We keep a log of the pads that documents when we get them and the six month end point. Me and laundry daily check for any tearing or fraying, they let me know and I will replace it and order a new one. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/19/2025 at 2:31 PM, the DON and the Administrator were asked what happened to sling that broke. The Administrator stated, The old DON threw it away. Then she went through all the other slings and made sure they were intact and in-serviced all the staff that had contact with the sling. Laundry inspects the slings when they get a new one and when they go to the laundry. The CNAs also inspect the slings prior to use on a resident. The Administrator was asked did you contact the manufacturer about the broken sling. The Administrator stated, I should have contacted the manufacturer due to not being 6 months in use but no I didn't. The Administrator was asked what was put in place so this would not happen again. The Administrator stated, The in-services to check the slings with all the staff. We [Administrator, DON and ADON] also inspect the slings weekly now. The facility failed to investigate and contact the manufacturer to determine why the slings failed, that according to interviews were used within the timeframe for use and used in the appropriate way, to eliminate or reduce the further risk of accident hazards.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49269 Based on policy review, medical record review, observation, and interview, the facility failed to provide care and services to maintain an indwelling urinary catheter when nursing staff failed to obtain a physician's order, and provide care and services for the indwelling urinary catheter for 1 of 3 (Resident #32) sampled residents reviewed for indwelling urinary catheters. The findings included: 1. Review of the facility policy titled Catheter Care, dated 11/21/2024, revealed It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care .Catheter care will be performed every shift and as needed by nursing personnel . 2. Review of the medical record revealed Resident #32 was admitted to the facility on [DATE], with diagnoses including Pneumonia, Diabetes, Lymphedema, and Pressure Ulcer Stage 2. Review of the significant change Minimum Data Set assessment dated [DATE], revealed a Brief Interview for Mental Status score of 15, which indicated Resident #32 was cognitively intact. Review of the Care Plan dated 3/17/2025, revealed .The resident is on enhanced barrier precautions secondary to presence of .indwelling Foley catheter . The care plan did not include all catheter care related to the resident's catheter. Record review revealed there was no documentation of a physician's order for Resident #32's catheter. Observation in the Resident's room on 3/18/2025 at 9:00 AM, revealed resident sitting up in wheelchair with clear yellow urine draining to urinary catheter bedside bag. During an interview on 3/18/2025 at 3:38 PM, the Director of Nursing confirmed that the resident should have an order and be care planned for indwelling catheter care.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51740 Based on policy review, medical record review, and interview, the facility failed to provide ongoing communication of care with the dialysis center and failed to assess and monitor the dialysis site for any redness, swelling and/or signs of infection for 1 of 1 (Resident #25) sampled residents reviewed for dialysis. The findings include: 1. Review of the facility's policy titled, Hemodialysis, dated 2/18/2025, revealed .The facility will provide necessary care and treatment, consistent with professional standards of practice, physicians orders, the comprehensive person-centered care plan .Licensed nurse will communicate to the dialysis facility .Timely medication administration (initiated, held or discontinued) by the nursing home and/or dialysis facility . Physician/treatment orders, laboratory values, and vital signs .Nutritional/fluid management including documentation of weights, resident compliance with food/fluid restrictions or the provision of meals before, during and/or after dialysis and monitoring intake and output measurements as ordered .Dialysis treatment provided and the resident's response, including declines in functional status, falls, and the identification of symptoms that may interfere with treatments .Dialysis adverse reactions/complications and/or recommendations for follow up observation and the monitoring, and/or concerns related to the vascular access site .Change and/or decline in condition unrelated to dialysis .The occurrence or risk of falls and any concerns related to transportation to and from the dialysis facility .The nurse will monitor and document the status of the resident's access site(s) upon return from the dialysis treatment to observe for bleeding or other complications .The facility will communicate with the dialysis facility, attending physician and/or nephrologist any significant weight changes, nutritional concerns, medication administration or withholding of certain medications prior to dialysis treatment and document such orders .If dialysis is canceled or postponed, the facility and dialysis staff will provide or obtain, ongoing monitoring and medical management for changes such as fluid gain, respiratory issues .The nurse will ensure that the dialysis access site is checked before and after dialysis treatments and every shift for patency by auscultating for a bruit and palpating for a thrill . staff will ensure appropriate PPE (personal protective equipment) is worn and follow current infection control practices when assessing dialysis access site . 2. Review of the medical record revealed Resident #25, was admitted to the facility on [DATE], with diagnoses including Stage 5 Kidney Disease, Renal Dialysis, Bipolar Disorder, Diabetes Mellitus, Hypertension, and Atrial Fibrillation. Review of the Physician Order dated 2/21/2025, revealed Resident #25 had an order for dialysis on Monday, Wednesday and Fridays. Review of the Health Status Note dated 2/24/2025 at 4:47 PM, revealed resident came back from dialysis at approximately 3:55 PM. Vitals and BS (blood sugar) were taken and recorded. Plan of care continued. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 00 with behaviors, which indicated Resident #25 was severely cognitively impaired and coded for dialysis. Review of the Treatment Administration Record (TAR) dated 2/2025 revealed .Check dialysis vascath on left side of chest for any redness, swelling, and/or signs of infection after resident returns from dialysis. One time daily every Mon [Monday], Wed [Wednesday], Fri, [Friday] -Start Date-02/26/2025 . The vascular access was documented as checked on 2/26/2025 and 2/28/2025. The facility was unable to provide documentation of vascular access monitoring following dialysis on 2/24/2025. Review of the comprehensive care plan dated 2/26/2025, revealed .The resident needs dialysis (hemo r/t renal failure .Monitor/document/report PRN any s/sx of infection to access site: Redness, Swelling, warmth or drainage . Review of the Treatment Administration Record (TAR) dated March 2025 revealed .Check dialysis vascath on left side of chest for any redness, swelling, and/or signs of infection after resident returns from dialysis. One time daily every Mon [Monday], Wed [Wednesday], Fri, [Friday] -Start Date-02/26/2025 . The facility was unable to provide documentation of vascular access monitoring following dialysis on 3/7/2025, 3/11/2025, and 3/14/2025. Health Status Note dated 3/10/2025 at 1:42 PM, LPN G Resident didn't go to dialysis today due to procedure being longer than anticipated. Resident should be clean, dressed, and ready by 6:15 a.m. Resident will have breakfast at 6:30 a.m. and will have dialysis in morning. Will continue with care plan. The facility was unable to provide documentation of verbal or written communication with dialysis clinic. During an interview with LPN F on 3/18/2025 at 3:00 PM, LPN F was asked does the facility communicate with dialysis about Resident #25. LPN F was unable to provide any documentation of dialysis communication. LPN F confirmed dialysis had sent information regarding Resident #25's diet once, but she does not receive a report verbally or written from the dialysis clinic. During an interview on 3/19/2025 at 3:57 PM, the Director of Nursing (DON) confirmed that the facility was unable to provide any documentation of dialysis communication, and that there should have been vascular access site documentation on 2/24/2025, 3/7/2025, 3/11/2025, and 3/14/2025 for Resident #25

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. 49269 Based on facility documentation review, observation, and interview, the facility failed to ensure posted staffing information was accurate for 24 of 33 days (2/13/2025, 2/14/2025, 2/17/2025, 2/19/2025, 2/20/2025, 2/21/2025, 2/24/2025, 2/25/2025, 2/26/2025, 2/27/2025, 2/28/2025, 3/3/2025, 3/4/2025, 3/5/2025, 3/6/2025, 3/7/2025, 3/8/2025, 3/9/2025, 3/10/2025, 3/11/2025, 3/12/2025, 3/13/2025, 3/14/2025 and 3/19/2025) reviewed during the survey. The findings include: Review of the facility's Daily Staffing Posting dated 2/13/2025 through 3/14/2025, revealed no Registered Nurse (RN) hours for the following dates: 2/13/2025, 2/14/2025, 2/17/2025, 2/19/2025, 2/20/2025, 2/21/2025, 2/24/2025, 2/25/2025, 2/26/2025, 2/27/2025, 2/28/2025, 3/3/2025, 3/4/2025, 3/5/2025, 3/6/2025, 3/7/2025, 3/8/2025, 3/9/2025, 3/10/2025, 3/11/2025, 3/12/2025, 3/13/2025, 3/14/2025, and 3/19/2025. Observation in the hallway on 3/19/2025 at 9:00 AM, revealed the Daily Staffing Posting dated 3/19/2025 was hanging on the wall outside of the nurse's station was blank for RN total hours. During an interview on 3/19/2025 at 10:47 AM, the Administrator confirmed that the Daily Staff Posting should be completed accurately, and the RN hours should not be blank.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50408 Based on policy review, medical record review, observation and interview, the facility failed to ensure 2 of 3 nurses (Licensed Practical Nurse (LPN) B and LPN C) administered medications with a medication error rate of less than 5 % (percent). A total of 2 errors were observed out of 25 opportunities, resulting in a med error rate of 8%. The findings include: 1. Review of the policy titled, Administration of Eye Drops or Ointments, dated 2/2023 , revealed .Eye medications are administered as ordered by the physician and in accordance with professional standards of practice .If a second medication is required in the same eye, wait appropriate amount of time per manufacture's specifications (usually five minutes) . 2. Review of medical record revealed Resident #5 was admitted to the facility on [DATE], with diagnoses including Legal Blindness, Glaucoma and Diabetes. Review of the Physican Orders dated 8/5/2022, revealed BRIMONIDINE 0.2 % (percent) EYE DROP Instill 1 drop in left eye three times a day .Glaucoma . Review of the Physician Orders dated 8/7/2024, revealed Dorzolamide HCI-Timolol .Ophthalmic Solution 0.5 % .Instill 1 drop in left eye two times a day .Glaucoma . Observation during medication administration on 3/19/2025 at 9:00 AM, LPN C administered the Dorzolamide HCI-Timolol one drop to left eye, at 9:02 AM, LPN C administered the Brimonidine eye drop to left eye. LPN C did not wait the suggested amount of time in between eye drops to administer resulting in 1 medication error. During an interview on 3/19/2025 at 3:26 PM, the Director of Nursing (DON) confirmed when administering 2 separate medications into the same eye, to wait approximately 5 minutes in between administration. 3. Review of the medical record revealed Resident #19 was admitted to the facility on [DATE] with diagnoses including Cerebral Infarction, Hemiplegia and Hemiparesis, Dementia, and Osteoarthritis. Review of the Physician Orders dated 9/19/2023, revealed Multiple Vitamin Tablet Give 1 tablet by mouth one time a day . Observation during medication administration on 3/19/2025 at 8:25 AM, LPN B did not give the Multiple Vitamin during medication administration resulting in 1 medication error. During an interview on 3/19/2025 at 11:29 AM, LPN B confirmed medication was not given this morning with the AM medication administration. During an interview on 3/19/2025 at 3:26 PM, the DON confirmed Resident #19 should have received the Multiple Vitamin as physician ordered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445508	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Obion County Nursing Home	1084 East County Home Road Union City, TN 38261

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	50780

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445508	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Obion County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1084 East County Home Road Union City, TN 38261	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50408 Based on policy review, medical record review, observation, and interview, the facility failed to perform practices to prevent the potential spread of infections during medication administration and pressure ulcer care when 3 of 3 (Licensed Practical Nurse (LPN) A, B, and C) staff members failed to perform hand hygiene, administered contaminated medications and performed pressure ulcer care with contaminated gloves. The findings include: 1. Review of the undated facility policy titled, Hand Hygiene, revealed .All staff will perform proper hand hygiene procedures to prevent the spread of infections to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility . Wet hands with water .Apply to hands the amount of soap recommended by the manufacturer .Rub hands together vigorously for at least 20 seconds . Rinse hands with water .Dry thoroughly with a single-use towel .Use clean towel to turn off the faucet . 2. Review of medical record revealed Resident #5 was admitted to the facility on [DATE], with diagnoses including Legal Blindness, Glaucoma and Diabetes. Observation in the Resident's room on 3/19/2025 at 9:54 AM, and 10:02 AM, revealed LPN C went to the faucet to wash her hands, when handwashing was completed LPN C took her bare wet hand to turn off faucet, then retrieved the paper towel to fully dry her hands. 3. Review of the medical record revealed Resident #19 was admitted to the facility on [DATE], with diagnoses of Cerebral Infarction, Hemiplegia and Hemiparesis, Dementia, and Osteoarthritis. Observation in the Resident's room on 3/19/2025 at 8:25 AM, during medication administration LPN B dropped a tablet on the resident's bedside table. LPN B then picked up the pill and it fell on Resident #19's chest. LPN B picked up the pill again and gave it to resident by mouth. LPN B removed her gloves went to faucet and washed hands, dried hands with paper towel and turned off faucet with the wet paper towel. 4. Review of the medical record revealed Resident #24 was admitted to the facility on [DATE], with diagnosis including Parkinson's Disease, Pressure Ulcer, Edema, Dementia, Seizures and Hypertension. Observation in the Resident's room on 3/19/2025 at 12:15 PM, during the pressure ulcer treatment, LPN B cleansed Resident 24's right knee with wound cleanser, LPN B put a clean piece of xeroform to the affected area, LPN B then placed a clean dressing to the right knee. LPN B went to the left knee and put a clean protective dressing over the left knee. LPN B did not change gloves or perform hand hygiene in between the clean/soiled pressure ulcers on bilateral knees. 5. Review of the medical record revealed Resident #33 was admitted to the facility on [DATE], with diagnoses including Parkinson's Disease, Atrial Fibrillation, Hypertension, and Dementia. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445508	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Obion County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1084 East County Home Road Union City, TN 38261	

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Physician Orders dated 11/18/2024, revealed .OcuSoft Lid Scrub Plus External Pad [eyelid cleansers] Apply to eye lid .two times a day for Remove [removal of] Debris from eyes . Review of the Rinse Free Eyelid Wipes box instructions revealed, .Tear open package and remove wipe . Use one wipe per eye . Observation in the Resident's room on 3/19/2025 at 8:13 AM, revealed LPN A cleansed the resident's left and right eyelids with one eyelid wipe. LPN A had gloves on while administering eye drops, after completion, LPN A rubbed Resident #33's knees, legs and feet with cream. LPN A did not change gloves or perform hand hygiene in between treatments. 6. During an interview on 3/19/2025 at 3:26 PM, the Director of Nurses confirmed staff should always use a dry paper towel to shut off faucet after hand washing, staff should throw away a medication that has been dropped on a bed side table and replace with a new medication, staff should change gloves and use good hand hygiene when performing a pressure ulcer treatment and changing treatment areas, and staff should use one eye lid wipe per eye to clean eyelids. 50780