

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Wharton Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 878-880 West Main Street Pleasant Hill, TN 38578	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36534</p> <p>Based on facility policy review, medical record review, and interview, the facility failed to protect the resident's right to be free from physical and verbal abuse by a family member for 1 of 8 (Resident #2) sampled residents reviewed for abuse . Resident #2, a vulnerable and severely cognitively impaired resident, was observed being mentally and physically abused by Family member #2 on 4/23/2024. The facility's failure to protect the resident's right to be free from physical and verbal abuse placed Resident #2 and other residents in the facility in an Immediate Jeopardy (IJ) situation, (A condition in which facility noncompliance with one or more conditions of participation has resulted in or is likely to result in serious injury, harm, impairment, or death to a resident and must be immediately corrected). The facility's failure to protect Resident #2's right to be free from abuse had the potential to impact all residents in the facility. The facility census was 44.</p> <p>The Facility Administrator was notified of the IJ on 5/22/2024 at 11:34 AM, in the training room.</p> <p>The facility was cited Immediate Jeopardy at F-600 at a scope and severity of J, which is Substandard Quality of care.</p> <p>The IJ began on 4/23/2024 and continued through 5/23/2024 and was removed on site on 5/24/2024.</p> <p>An acceptable Removal Plan which removed the immediacy was provided by the facility and verified onsite on 5/24/2024, for F-600.</p> <p>The facility is required to submit a Plan of Correction (POC).</p> <p>The findings include:</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Wharton Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 878-880 West Main Street Pleasant Hill, TN 38578	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy titled, Abuse, Neglect, and Exploitation, updated 8/21/2023, revealed .It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property .Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish .Willful means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm .Ensuring the health and safety of each resident with regard to visitors such as family members or resident representatives, friends .Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies .within specified timeframes .Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury .and report the results of the investigation when final within 5 working days of the incident .</p> <p>Review of the medical record revealed Resident #2 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Pneumonia, Type 2 Diabetes Mellitus, Hyperglycemia, History of Falling, Hypertension, Depression, and Anxiety Disorder.</p> <p>Review of the facility document titled, Skin Evaluation Form, for Resident #2 dated 4/22/2024, revealed . scattered bruising covering bilateral arms and hands, with abrasions to bilateral outer knees. Redness noted to buttocks and bilateral heels with no open areas noted . There was no documentation of any abnormalities noted to Resident #2's head.</p> <p>Review of the Nurse's Notes for Resident #2 dated 4/23/2024 at 6:00 PM, revealed . Incident date 4/23/2024, Incident time 4:10 PM .This nurse in room to pick up meal tray, elder covered in food, [Family member #2] present in room, at that time. This nurse cleaned elder up and changed clothing. Elders' other [Family member #1] came to visit and this nurse was speaking to him, and I noticed a quarter size knot to right side of head. I asked elder if he had hit his head and he stated '[Family member #2] roughed me up .'</p> <p>Review of an admission Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 5 which indicated the resident had severe cognitive impairment.</p> <p>During an interview on 5/20/2024 at 12:20 PM, Resident #2's Family member #1 stated, .[Family member #2] has had a temper with Mom and Dad .I wasn't surprised he was upset that dad wasn't wanting to eat, or that he was trying to force feed him .[Family #2] was holding his head still trying to get him to eat .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Wharton Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 878-880 West Main Street Pleasant Hill, TN 38578	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/20/2024 at 12:40 PM, Certified Nursing Assistant (CNA) A stated , [Resident #2] was admitted on [DATE], I was here when he was admitted .he did not have any marks on his face .I did have him at 6:00 AM, the next morning and there were no markings on his face .I was in the hall passing supper trays .[Family member #2] was here, I heard [Family member #2] yelling at him from the hall, he was saying you are going to eat this, I'm tired of you fighting it, you're never going to get out of here .I heard him say open up you are going to eat this several times .I walked out of another resident room and stopped at [Resident #2's] room and saw the son had one hand on the back of his head and the spoon in the other he was forcefully pushing the spoon in [Resident #2's] mouth .[Family member #2] .he was yelling you are going to eat .when I saw that, he saw me watching him .I was hollering for the Nurse as I was coming up the hall and she was right at the desk .We went directly to the room, there was maybe 10-15 seconds the resident was alone with his son . When asked do you think this was abuse CNA A stated, .Yes .I should have intervened but honestly I thought if he will do that to his dad what was he going to do to me .when we got back there was food all over the resident, and a cup of juice was in the floor .</p> <p>During an interview on 5/21/2024 at 8:10 AM, Resident #1's Family member #2 (Alleged Perpetrator) stated , I don't know how he got a bump on his forehead. Now he was slapping at the spoon and turning his head back and forth and kicking .that nurse came in and wiped his face off if there had been anything on his face, she would have seen it . When asked if he had hit Resident #2, He stated, .No way, I would have hit him .</p> <p>During an interview on 5/21/2024 at 2:40 PM, the Social Worker stated , .On 4/23/2024, I received a call at home from the Administrator .The next morning, I went to see the resident [Family member #1] was in the room with the resident. I asked what happened that is when the resident told me he got a bump on his head from [Family member #2] .</p> <p>During an interview on 5/21/2024 at 4:00 PM, the Administrator stated , .the conclusion was [Family member #2] roughed him up according to the resident who had a consistent story on the day of the incident and the next day .I did not talk to the resident, the Social Worker did and the nurses did .yes, the report of the incident was an allegation of abuse, it should have been investigated which it was .I do not think we failed to prevent abuse, we had no idea of the family dynamics if the family had been concerned they should have notified us on admission .</p> <p>The Surveyor verified the Removal Plan by:</p> <p>Resident #2 was assessed immediately after knot on head was identified and neuro's (neurological exam, evaluation of the patient's nervous system) were within normal limits. Resident was offered ice pack and he refused. POA (Power of Attorney) was notified as he was in resident's room when nurse noted knot on head and POA notified accused family member that he was barred from coming to visit his father. Resident no longer resides in facility and is at home with 24/7 (24 hours a day, 7 days a week) care and Adult Protective Services (APS) was notified and aware of situation on 5/20/2024.</p> <p>Compliance was verified by reviewing Resident #2's medical record, interview with POA, and interview with APS.</p> <p>All residents have the potential to be affected. All residents were interviewed with a BIMS of 8 or higher on 5/22/2024 and were asked the following questions.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Wharton Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 878-880 West Main Street Pleasant Hill, TN 38578	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Do you have any problems in the home?</p> <p>Has anyone in this building ever been mean or abused you?</p> <p>Have you ever seen any other resident or staff being abused?</p> <p>Do you have any problems with any daytime or nighttime caregivers?</p> <p>Do you have any problems with any daytime or nighttime Nurses?</p> <p>How do you feel about being here or living here?</p> <p>All residents with a BIMS of 8 or lower received a skin check on 5/22/2024. Also, all residents that reside in the building on 4/24/2024, the day following the incident, were either interviewed with the questions above or skin check was completed based on BIMS.</p> <p>Compliance was validated by reviewing the facility obtained skin assessments and interviews dated 4/24/2024 and 5/22/2024 comparing with facility resident roster, and interview with resident #3, #4, #5.</p> <p>Effective 5/23/2024, all new admissions entering the building will have an abuse screening completed upon admission to identify any potential that could occur from a family member, friend, or visitor while at our facility.</p> <p>Compliance was validated by reviewing abuse screening of a resident admitted on [DATE], and a resident admitted on [DATE], and interview with Social Worker.</p> <p>Starting 5/23/2024 during quarterly care plans an abuse screening will be also completed to assure no changes have occurred for residents.</p> <p>Compliance was validated by reviewing 2 residents with scheduled care plan meetings on 5/23/2024, abuse screening reviewed, and interview with Social Worker.</p> <p>All staff on shift since 5/20/2024, have completed abuse education. Any staff on vacation, not on the schedule, Family Medical Leave Act (FLMA) or leave will receive training prior to their returned shift. In addition to the abuse education that all staff will receive prior to their next shift they have also been assigned abuse training through HealthStreams (facility computer education portal).</p> <p>Compliance was validated by reviewing education, staff signatures in comparison to staff roster, and staff interviews.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Wharton Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 878-880 West Main Street Pleasant Hill, TN 38578	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36534</p> <p>Based on facility policy review, medical record review, facility documentation review, and interview, the facility failed to report an allegation of abuse to the appropriate agencies within the required timeframe for 1 of 8 (Resident #2) sampled residents reviewed for abuse. Resident #2, a vulnerable and severely cognitively impaired resident, was observed being mentally and physically abused by Family member #2 on 4/23/2024. The facility's failure to report an allegation of abuse placed Resident #2 and other residents in the facility in an Immediate Jeopardy (IJ) situation, (A condition in which facility noncompliance with one or more conditions of participation has resulted in or is likely to result in serious injury, harm, impairment, or death to a resident and must be immediately corrected). The facility's failure to report an allegation of abuse had the potential to impact all residents in the facility. The facility census was 44.</p> <p>The Facility Administrator was notified of the IJ on 5/22/2024 at 11:34 AM, in the training room.</p> <p>The facility was cited Immediate Jeopardy at F-609 at a scope and severity of J, which is Substandard Quality of Care.</p> <p>The IJ began on 4/23/2024, continued through 5/23/2024, and was removed on site on 5/24/2024.</p> <p>An acceptable Removal Plan which removed the immediacy was provided by the facility and verified onsite on 5/24/2024, for F-609.</p> <p>The facility is required to submit a Plan of Correction (POC).</p> <p>The findings include:</p> <p>Review of the facility policy Titled , Abuse, Neglect, and Exploitation, updated 8/21/2023, revealed .It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property .Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish .Willful means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm .Ensuring the health and safety of each resident with regard to visitors such as family members or resident representatives, friends .Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies .within specified timeframes .Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury .and report the results of the investigation when final within 5 working days of the incident .</p> <p>Review of the medical record revealed Resident #2 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Pneumonia, Type 2 Diabetes Mellitus, Hyperglycemia, History of Falling, Hypertension, Depression, and Anxiety Disorder.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Wharton Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 878-880 West Main Street Pleasant Hill, TN 38578	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the Nurse's Notes for Resident #2 dated 4/23/2024 at 6:00 PM, revealed .Incident date 4/23/2024, Incident time 4:10 PM .This nurse in room to pick up meal tray, elder covered in food, [Family member #2] present in room, at that time. This nurse cleaned elder up and changed clothing. Elders' other [Family member #1] came to visit and this nurse was speaking to him, and I noticed a quarter size knot to right side of head. I asked elder if he had hit his head and he stated '[Family member #2] roughed me up.' Administrator notified and [Family member #1] has requested that no outside entity be notified at this time as he would handle this occurrence. Resident Description 'Elder states [Family member #2] roughed me up .</p> <p>Review of an admission Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 5 which indicated the resident had severe cognitive impairment.</p> <p>During an interview on 5/20/2024 at 12:20 PM, Resident #2's Family member #1 stated, .I am well aware of the reporting law .All my life [Family member #2] has had a temper with Mom and Dad .I wasn't surprised he was upset that dad wasn't wanting to eat, or that he was trying to force feed him .I asked the Administrator not to report this, it was a family matter, and I would handle it and I did .</p> <p>During an interview on 5/20/2024 at 12:40 PM, Certified Nursing Assistant (CNA) A stated she was [Resident #2's] CNA when he was admitted on [DATE] and was his caregiver the next morning at 6:00 AM. She stated the resident did not have any marks on his face on admission or the next morning when she returned. CNA A stated, .I was in the hall passing supper trays, his family was coming to feed him .[Family member #2] was here. I heard [Family member #2] yelling at him from the hall, he was saying you are going to eat this, I'm tired of you fighting it, you're never going to get of here .I heard him say open up you are going to eat this, several times .I walked out of another resident room and stopped at [Resident #2's] room and saw the son had one hand on the back of his head and the spoon in the other he was forcefully pushing the spoon in [Resident #2's] mouth .he was yelling you are going to eat .I was hollering for the Nurse as I was coming up the hall and she was right at the desk .when we got back there was food all over the resident, a cup of juice was in the floor. Once Family member #2 left the building CNA A texted the ADON (Assistant Director of Nursing), and .Licensed Practical Nurse (LPN) DD, called the Administrator and the DON (Director of Nursing).</p> <p>During an interview on 5/21/2024 at 2:40 PM, the Social Worker stated on 4/23/2024, she received a call at home from the Administrator. She had been told a family member was restricted from visiting due to (Resident #2's) and other (Family members') request for no visitation. I asked which family member was restricted I was told (Family member #2) .She stated .the next morning, I went to see the resident [Family member #1] was in the room with the resident. I asked what happened that is when the resident told me he got a bump on his head from [Family member #2]. I said from my understanding you all do not want me to call adult protective services because that is what social does. Almost at the same time they both said no that is a family matter and we have had that discussion with the Administrator. I said are you sure you don't want me to report this and [Family member #1] said no it is a family matter and I will handle it . [Resident #2] said it is a family matter I don't want my [Family member #2] reported .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Wharton Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 878-880 West Main Street Pleasant Hill, TN 38578	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/21/2024 at 4:00 PM, the Administrator stated .yes, the report of the incident was an allegation of abuse .it should have been reported. I did speak with the Resident's POA [Power of Attorney] [authority to act for another person in specified or all legal or financial matters] and told him this was a reportable incident as we have responsibility to the resident. I told him we needed to report to state, APS , [Adult Protective Services] and police, I don't recall mentioning the ombudsman. [Family member #1] stated this is a family matter and he and his dad would handle it .[Family member #1] reiterated again he did not want this reported, his dad would not want this reported , that it is family involvement and did not involve the facility .I told him .I am honoring his wishes and rights and not reporting the incident .</p> <p>The Surveyor verified the Removal Plan by:</p> <p>All residents have the potential to be affected. All residents were interviewed with a BIMS score of 8 or higher and were asked the following questions.</p> <p>Do you have any problems in the home?</p> <p>Has anyone in this building ever been mean or abused you?</p> <p>Have you ever seen any other resident or staff being abused?</p> <p>Do you have any problems with any daytime or nighttime caregivers?</p> <p>Do you have any problems with any daytime or nighttime Nurses?</p> <p>How do you feel about being here or living here?</p> <p>All residents with a BIMS of 8 or lower received a skin check on 5/22/2024. Also, all residents that resided in the building on 4/24/2024, the day following the incident, were either interviewed with the questions above or skin check was completed based on the BIMS score. Effective 5/23/2024 new admissions entering the building will have an abuse screening completed upon admission to identify any potential harm that could occur from a family, friend, or visitor while at our facility. Starting 5/23/2024 during quarterly care plans an abuse screening will be completed to assure no changes have occurred for those residents.</p> <p>Compliance was validated by reviewing the resident skin checks completed on 5/22/2024, and interviews and skin assessments obtained by the facility on 4/24/2024. 2 new admissions were reviewed, one on 5/22/2024 and one on 5/23/2024, both had completed abuse screenings completed. 2 residents had care plan reviews on 5/23/2024 and both had abuse screenings completed. This was also validated with an interview with Social Worker and the Administrator.</p> <p>All staff on shift since 5/20/2024 have completed abuse education. Any staff on vacation, not on the schedule, on FMLA (Family Medical Leave Act) or leave will receive training prior to their return shift. In addition to the abuse education that all staff will receive prior to their next shift they have also been assigned Abuse training through our HealthStream (facility education portal).</p> <p>Compliance was validated by review of abuse education, attendance signature sheet, comparing with staff roster, and staff interviews.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Wharton Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 878-880 West Main Street Pleasant Hill, TN 38578	

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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>5 residents with a BIMS of 8 or higher will be asked the following questions once a week for 4 weeks and then biweekly for 2 months starting the week of May 27, 2024.</p> <p>Do you have any problems in the home?</p> <p>Has anyone in this building ever been mean or abused you?</p> <p>Have you ever seen any other resident or staff being abused?</p> <p>Do you have any problems with any daytime or nighttime caregivers?</p> <p>Do you have any problems with any daytime or nighttime Nurses?</p> <p>How do you feel about being here or living here?</p> <p>All residents will receive a weekly skin check starting 5/27/2024.</p> <p>Any concerns noted during these interviews or at any time will be immediately brought to the Administrator. The Administrator will then discuss the situation with Social Service Director, DON, and ADON and investigation and reporting will begin immediately with any concern noted.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Wharton Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 878-880 West Main Street Pleasant Hill, TN 38578	
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 - Immediate jeopardy to resident health or safety</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36534</p> <p>Based on review of facility policy, medical record review, and interviews, the facility failed to develop a comprehensive care plan and implement appropriate interventions for 1 of 4 (Resident #2) sampled residents reviewed for care plans. On 4/23/2024, Resident #2's family member was observed being verbally and physically abusive toward Resident #2 and the facility failed to develop interventions to ensure Resident #2 was safe and monitored for his psychosocial wellbeing, latent injuries, and ensure all staff members were aware Family member #2 was not allowed in the facility following an abuse incident by a Family member. The facility's failure to develop a comprehensive care plan and implement appropriate interventions following an abusive incident by a Family member placed Resident #2 and all other residents in the facility in an Immediate Jeopardy (IJ) situation, (a condition in which facility noncompliance with one or more conditions of participation has resulted in or is likely to result in serious injury, harm, impairment, or death to a resident and must be immediately corrected). The facility's failure to develop a comprehensive care plan and implement appropriate interventions had the potential to impact all residents in the facility. The facility census was 44.</p> <p>The Facility Administrator was notified of the IJ on 5/22/2024 at 11:34 AM, in the training room.</p> <p>The facility was cited Immediate Jeopardy at F-656 at a scope and severity of J.</p> <p>The IJ began on 4/23/2024, continued through 5/23/2024, and was removed on site on 5/24/2024.</p> <p>An acceptable Removal Plan which removed the immediacy was provided by the facility and verified onsite on 5/24/2024, for F-656.</p> <p>The facility is required to submit a Plan of Correction (POC).</p> <p>The findings include:</p> <p>Review of a facility policy titled, Comprehensive Care Plans, updated 8/21/2023, revealed .it is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs .</p> <p>Review of the medical record revealed Resident #2 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Pneumonia, Type 2 Diabetes Mellitus, Hyperglycemia, History of Falling, Hypertension, Depression, and Anxiety Disorder.</p> <p>Review of the interim care plan for Resident #2 dated 4/22/2024, revealed no updates, revisions, or interventions related to the incident occurred on 4/23/2024, to ensure Resident #2 was safe and to be monitored for his psychosocial wellbeing, latent injuries, and to ensure all staff members were aware Family member #2 was not allowed in the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Wharton Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 878-880 West Main Street Pleasant Hill, TN 38578	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review the Nurse's Notes for Resident #2 dated 4/23/2024 at 6:00 PM, revealed .Incident date 4/23/2024, Incident time 4:10 PM .This nurse in room to pick up meal tray, elder covered in food, [Family member #1] present in room, at that time. This nurse cleaned elder up and changed clothing. Elders' [Resident #2's] other [Family member #1] came to visit and this nurse was speaking to him, and I noticed a quarter size knot to right side of head. I asked elder if he had hit his head and he stated '[Family member #2] roughed me up.' [Family member #1] present during this conversation, he was asked if he would not allow .[Family member #2] to visit again, and he has called [Family member #2] and told him he can no longer visit elder .</p> <p>Review of an admission Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 5 which indicated the resident had severe cognitive impairment.</p> <p>Review of the comprehensive care plan for Resident #2 dated 4/30/2024, revealed no updates, revisions, or interventions related to the incident that occurred on 4/23/2024, to ensure Resident #2 was safe and was to be monitored for his psychosocial wellbeing, latent injuries, and to ensure all staff members were aware Family member #2 was not allowed in the facility.</p> <p>During an interview on 5/20/2024 at 12:40 PM, Certified Nursing Assistant (CNA) A stated .[Resident #2] was admitted on [DATE], I was here when he was admitted , and he did not have any marks on his face .I did have him at 6:00 AM, the next morning and there were no markings on his face .I was in the hall passing supper trays, his family was coming in to feed him .[Family member #2] was here, I heard [Family member #2] yelling at him from the hall, he was saying you are going to eat this, I'm tired of you fighting it, you're never going to get of here .I heard him say open up you are going to eat this several times .I walked out of another resident room and stopped at [Resident #2's] room and saw the son [Family member #2] had one hand on the back of his head and the spoon in the other he was forcefully pushing the spoon in [Resident #2's] mouth .he was yelling you are going to eat .</p> <p>During an interview on 5/21/2024 at 4:00 PM, the Administrator stated, .his care plan should have been updated to reflect the incident and to monitor for psychosocial distress and or emotional changes .per the resident's statement his son [Family member #2] roughed him up .</p> <p>During an interview on 5/22/2024 at 12:30 PM, Registered Nurse (RN) AAA, the MDS Coordinator, stated, . acute incidents are discussed in our daily clinical white board. Normally the DON [Director of Nursing] or the ADON [Assistant Director of Nursing] updates the care plan for acute incidents. Sometimes I do as well .with acute or significant events a care plan should be developed with appropriate interventions .in reviewing Resident #2's comprehensive and interim care plan that was not done to reflect the incident that occurred on 4/23/2024 .</p> <p>The Surveyor verified the Removal Plan by:</p> <p>Resident #2 was discharged from the facility on 5/19/2024.</p> <p>All residents were interviewed with a BIMS score of 8 or higher on 5/22/2024 and were asked the following questions.</p> <p>Do you have any problems in the home?</p> <p>Has anyone in this building ever been mean or abused you?</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Wharton Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 878-880 West Main Street Pleasant Hill, TN 38578	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Have you ever seen any other resident or staff being abused?</p> <p>Do you have any problems with any daytime or nighttime caregivers?</p> <p>Do you have any problems with any daytime or nighttime Nurses?</p> <p>How do you feel about being here or living here?</p> <p>All residents with a BIMS score of 8 or less had family notified, and an abuse screen was completed on 5/22/2024. If a concern is to arise the care plan will be updated immediately to monitor for psychosocial wellbeing, latent injuries, and ensure all staff members are aware of the concern. The care plan will be updated by a Charge Nurse, DON, ADON or MDS.</p> <p>Compliance was validated by comparing the resident roster to documented family interviews, with date, time, and person spoken to. Review of the interviews showed no concerns were identified.</p> <p>All new concerns regarding psychosocial wellbeing will be discussed and reviewed in daily Monday-Friday clinical meeting, and the care plan will be updated as necessary effective 5/23/2024. The clinical meeting is a meeting every morning Monday through Friday where we review the following: incidents, antibiotics, new pain medications, indwelling urinary catheters, intravenous, isolation, care plan meetings, Psychiatric medications and Gradual dose reductions, bowel movements, wounds, discharges, skin checks and admissions. The purpose of this meeting is to discuss and address various matters pertaining to each resident that is affected by one of the areas mentioned above. Attendees include DON, ADON, Administrator, Admission/Discharge nurse, Staff Development/Infection Preventionist Nurse, Medical Records Licensed Practical Nurse (LPN) , MDS RN, Social Service Coordinator and member of therapy team, and the care plan will be updated as necessary effective 5/23/2024.</p> <p>Compliance was validated by reviewing daily clinical meeting minutes dated 5/23/2024 and 5/24/2024, which included a section for documentation for psychosocial wellbeing. With no concerns documented as identified. Interview with the Administrator revealed she confirmed no concerns had been identified.</p>		