

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445515	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2024
NAME OF PROVIDER OR SUPPLIER Nhc Healthcare, Tullahoma		STREET ADDRESS, CITY, STATE, ZIP CODE 1321 Cedar Lane Tullahoma, TN 37388	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27405</p> <p>Based on Resident Assessment Instrument (RAI) Manual, medical record review, observation, and interview, the facility failed to accurately complete a Minimum Data Set (MDS) assessment for 1 resident (#47) of 18 residents reviewed.</p> <p>The findings include:</p> <p>Review of the Resident Assessment Instrument (RAI) Manual dated 10/2023 showed .The RAI process has multiple regulatory requirements .the assessment accurately reflects the resident's status .a registered nurse conducts or coordinates each assessment with the appropriate participation of health professionals .one of the most important functions .accurate picture of the resident's current health status .</p> <p>Resident #47 was admitted to the facility on [DATE] with diagnoses including Displaced Intertrochanteric Fracture of the Left Femur, Chronic Obstructive Pulmonary Disease, Heart Failure, and a Stage 1 Pressure Ulcer of the Sacral Region.</p> <p>Review of the Admission MDS assessment dated [DATE] showed the residents Brief Interview for Mental Status (BIMS) assessment revealed a score of 15 which indicated the resident was cognitively intact. Continued review showed .Section M .Skin Conditions .Does this resident have one or more unhealed pressure ulcers/injuries .Yes .Number of Stage 1 pressure injuries .1 .Number of Stage 2 pressure ulcers .1 .</p> <p>Review of a Wound Management Detail Report dated 2/7/2024 showed resident with a Stage 1 to the coccyx. Continued review of the Wound Management Report showed no documentation of any other wounds present.</p> <p>During an interview with the Wound Care Nurse (WCN) on 3/13/2024 at 8:15 AM, in the conference room, showed the resident only had the Stage 1 upon admission and has had no other wounds during the stay.</p> <p>During an observation with the WCN on 3/13/2024 at 8:49 AM, in the resident room, showed the Stage 1 to Resident #47 coccyx was resolved. Conitnued observation showed no other wounds present on resident.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Resident #47 on 3/13/2024 at 8:51 AM, the resident stated he only had the one Stage 1 area on admission .that's the only area I had .</p> <p>During an interview on 3/13/2024 at 10:08 AM, with the Director of Nursing (DON), and the MDS Coordinator #1 confirmed the MDS completed on 2/22/2024 which showed a stage 2 pressure ulcer was not accurate.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48100</p> <p>Based on facility policy review, medical record review, observations, and interview, the facility failed to revise the comprehensive care plan to include the added fall prevention interventions after a fall for 2 residents (Resident #5 and #27) of 18 residents reviewed for care plans.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, Falls Program, showed .to identify patients at risk for falling and to implement the appropriate interventions .initiate a falls care plan .revise the plan of care as needed .</p> <p>Review of the facility policy titled, Patient Care Plans, dated 11/2023, showed .New problems are handled as they arise and are to be added to the current care plan .</p> <p>Resident #5 was admitted to the facility on [DATE] with diagnoses including Osteoporosis, Pathological Fracture to the Left Femur, Dementia, and History of Falling.</p> <p>Review of a post fall event report dated 1/28/2024, showed Resident #5 was found on floor in the dayroom, after sliding out of the wheelchair. The immediate intervention was to place [non-slip pad] to wheelchair.</p> <p>Review of a progress note dated 1/29/2024, for Resident #5 showed .Scooped mattress and motion sensor in place .</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], showed Resident #5 scored 3 on the Brief Interview for Mental Status (BIMS) assessment, which indicated the resident was severely cognitively impaired and required partial/moderate assistance with transfers. Further review showed the resident had falls since admission.</p> <p>Review of a progress note dated 1/30/2024, for Resident #5 showed .motion sensor in placed [place] .scoop mattress in placed [place] .</p> <p>Review of a progress note dated 2/6/2024, for Resident #5 showed .motion sensor on .scoop mattress in place .</p> <p>During an observation on 3/11/2024 at 11:45 AM, in Resident 5's room, showed a motion sensor at the bedside and the mattress had raised overlays (scoop mattress) present.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #5's comprehensive care plan revised 3/12/2024, showed .Patient is at risk for falls related to .impaired mobility .history of falls .impaired cognition .interventions as: fall mat .low bed .non-skid socks when up in chair as tolerated .wedge in cushion as tolerated .[adjustable wheelchair] as tolerated to reduce risk of sliding out of standard chair .[non-slip pad] to w/c [wheelchair] .resists fall interventions and removes them . Continued review showed the care plan had not been revised to reflect the fall interventions of a motion sensor and the mattress raised overlays (scoop mattress).</p> <p>During an observation on 3/12/2024 at 1:55 PM, in Resident #5's room, showed a motion sensor at bedside and the mattress had raised overlays (scoop mattress) present.</p> <p>During an interview on 3/13/2024 at 7:35 AM, the Director of Nursing (DON) stated the mattress overlays (scoop mattress) and motion sensor was added after a care meeting (time and date unknown) as an extra intervention to mitigate falls after the resident sustained a fall on 1/28/2024. Further interview showed Resident #5 had been impulsive at times while lying in bed and had attempted to get out of bed without assistance. The DON clarified the additional fall prevention interventions (raised mattress overlays and motion sensor) initiated were not added as an intervention to the fall on 1/28/2024. The DON stated it was the expectation if any fall risk interventions were added to prevent falls, the resident's plan of care should be revised to reflect those additions. The DON confirmed Resident #5's care plan had not been updated to reflect the fall prevention interventions for raised mattress overlays (scoop mattress) and motion sensor after the 1/28/2024 fall.</p> <p>40606</p> <p>Resident #27 admitted to the facility on [DATE] with diagnoses including Parkinson's Disease, Alzheimer's Disease, Dementia, and Chronic Kidney Disease.</p> <p>Review of an annual MDS assessment dated [DATE], showed Resident #27 scored 13 on the BIMS assessment, which indicated the resident was cognitively intact. Further review showed the resident required 1-person assistance with activities of daily living.</p> <p>Review of Resident #27's comprehensive care plan showed the resident had sustained a fall on 7/11/2023, no new interventions were implemented after the 7/11/2023 fall.</p> <p>Review of an Event Report dated 7/11/2023 at 1:30 PM, showed .Fall Date: 7/11/2023 at 1:30 PM .Injury: No .Notifications: MD-Yes Family-Yes</p> <p>Fall Risk Prior to fall completed; deemed high falls risk. Therapy screen after fall and remained high falls risk . Resident attempted self-ambulation to bathroom.</p> <p>Immediate Fall intervention: Assessed resident, decluttered room of trip hazards from bead boxes .</p> <p>During an observation and interview on 3/13/2024 at 8:24 AM, the Director of Nursing (DON) confirmed after she (DON) reviewed the residents'care plan, the facility failed to revise Resident #27's comprehensive care plan to include the new fall intervention (declutter room from trip hazards from bead boxes).</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 3/13/2024 at 8:27 AM, Resident #27 was sitting in her wheelchair at the side of her bed, bead boxes were arranged in room to prevent blockage of entrance of room.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48100</p> <p>Based on facility policy review, medical record review, observation, and interview, the facility failed to ensure practices to prevent the potential spread of infection were followed when the Wound Care Nurse (WCN) failed to perform proper hand hygiene during wound care for 1 (Resident #6) of 3 residents reviewed for wound care.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Aseptic Treatment Technique Procedure, dated 1/2024, showed .aseptic technique will be used for all types of dressings and wound care .remove old dressing .discard .remove dirty gloves .discard .perform hand hygiene .</p> <p>Resident #6 was admitted to the facility on [DATE] with diagnoses including Multiple Sclerosis, Pressure Ulcer (stage 3) of the Sacral Region, and Muscle Wasting.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], showed Resident #6 scored 15 on the Brief Interview for Mental Status (BIMS) assessment, which indicated the resident was cognitively intact, required partial/moderate assistance with bed mobility, and was admitted to the facility with a stage 3 pressure ulcer.</p> <p>Review of Resident #6's comprehensive care plan revised 2/13/2024, showed .Actual impaired skin integrity r/t [related to] pressure ulcer to coccyx: stage 3 .Provide pressure reduction mattress and/or cushion .</p> <p>Review of a wound management report dated 3/4/2024, showed Resident #6 had a stage 3 pressure ulcer that measured 3 centimeters (cm) long, 2 cm wide, and 0.6 cm deep. The wound healing status was marked as improving.</p> <p>Review of the physician recapitulation orders dated 3/13/2024, showed .Stage 3: Coccyx: Cleanse with NS [normal saline], pat dry, pack with [gelling fiber dressing], apply [barrier paste] with [amino acid], cover with sacral dressing .</p> <p>During a wound care observation on 3/12/2024 at 9:45 AM, with the WCN, in Resident #6's room, showed the WCN removed the soiled bandage from the stage 3 pressure wound to Resident #6's coccyx, disposed of the soiled bandage, removed the soiled gloves, applied the new gloves, then proceeded to complete the wound care treatment. The WCN failed to perform hand hygiene after the soiled gloves were removed and prior to applying the new gloves.The WCN confirmed hand hygiene was not performed after removing the soiled bandage and soiled gloves, and before continuing with the wound care treatment and applying a clean dressing. Further observation showed Resident #6's pressure wound to the coccyx had no signs and symptoms of infection present during wound care.</p> <p>During an interview on 3/13/2024 at 12:25 PM, the Director of Nursing (DON) confirmed adequate hand hygiene had not been performed during Resident #6's wound care treatment. The DON stated hand hygiene should have occurred after the WCN removed the soiled bandage and the soiled gloves.</p>		