

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445527	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER Harbert Hills Academy N H		STREET ADDRESS, CITY, STATE, ZIP CODE 3575 Lonesome Pine Road Savannah, TN 38372	

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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44724</p> <p>Based on facility policy, medical record review, observation and interview the facility failed to complete assessments before or during use of a specialized harness (a chest harness connected to his wheelchair that pulled over his shoulders on both sides and snapped on both sides above his waste) for 1 of 1 (Resident #24) sampled residents reviewed for physical restraints.</p> <p>The findings include:</p> <p>1. Review of the undated facility policy titled SIDERAILS POLICY, revealed, .PHYSICAL RESTRAINT . [Named Facility #1] is a restraint-free facility .ACKNOWLEDGEMENT OF RESTRAINT POLICIES .restraint use in our facility will only be considered to treat a medical symptom/condition that endangers the physical safety of the resident or other residents and under the following conditions .a last resort measure after a trial period where less restrictive measures have been undertaken and proven unsuccessful .with a physician order .with the consent of the resident or legal representative .If restraint use is deemed necessary, the goal will be to use the least restrictive type of restraint for the shortest period of time possible .</p> <p>Review of the undated facility policy titled, Assistive and Positioning Devices Policy, revealed, Purpose To support resident mobility, comfort, and well-being through the safe use of assistive and positioning devices in a compassionate setting .Assessment: Qualified staff will evaluate residents to determine device needs . Safety: Devices will be checked regularly for functionality and cleanliness, with issues addressed promptly by maintenance staff .Compliance: Follows Tennessee Department of Health and federal regulations for long-term care .</p> <p>2. Review of the medical record revealed Resident #24 admitted on [DATE], with diagnoses which included Spastic Diplegic Cerebral Palsy, Epilepsy, Conversion Disorder with Seizures, Scoliosis, Postural Kyphosis, and Reduced Mobility.</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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #24's Seating and Mobility Evaluation dated 3/17/2022, revealed .Mobility Skills . standing gait .unable to complete .Postural Assessment .Shoulders .right left .Comments: fluctuations due to MS [Muscle] tone and involuntary MS spasms .Trunk .Kyphosis .Lateral Lean/Scoliosis .Convex Right .Lean Left .Supports Required Harness/Vest .Justification: Patient requires supports listed to ensure safety due to fluctuations in MS tone and involuntary MS Spasms .Due to patient's Cerebral Palsy diagnosis, patient has decreased postural control, limited trunk control, involuntary MS spasms, increased risk for compromised skin integrity, and compromised safety awareness. Patient would benefit from ultra-light weight manual WC [Wheelchair] to aid in listed deficits .</p> <p>Review of the Care Plan with revision date 1/8/2025, revealed .Problem .Increased Risk for Impaired Skin Integrity AEB [as evidenced by] .I have a safety harness in my chair .Approach/Intervention .Staff Education on proper placement .staff to assess circulation q [every] shift .</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #24 had poor short term and long-term memory. Continued review revealed Resident #24 was dependent for upper and lower body dressing and a trunk restraint was not used in the last 7 days.</p> <p>Review of Order Summary Report dated 4/8/2025 revealed Resident #24 had an order for Specialized Harness to aid mobility.</p> <p>Review of the Treatment Administration Record (TAR) and Medication Administration Record (MAR) dated 3/1/2025 - 3/31/2025 revealed no check of the specialized harness which was used as an assistive and positioning device.</p> <p>Review of the TAR and MAR dated 4/1/2025-4/8/2025 for Resident #24 revealed no check of the specialized harness which was used as an assistive and positioning device.</p> <p>During an observation and interview in Resident #24's room on 4/9/2025 at 3:30 PM, Resident #24 was crawling on the floor next to a mattress lying adjacent of his low bed to floor. Certified Nursing Assistant (CNA) I and Housekeeping/Laundry Supervisor assisted Resident #24 to his feet. Resident #24 was very unsteady and unable to stand upright due to foot drop to both feet. Resident #24 was able to take a few steps to his bed with assistance of 2 staff members where incontinence care could be provided. After care was completed CNA I unlocked the bathroom door and obtained his wheelchair. CNA I stated, .we have to keep his closet and bathroom locked for his safety . CNA I and Housekeeping/Laundry Supervisor pivoted Resident #24 from his bed to his wheelchair. CNA I pulled the harness over his shoulders and snapped the harness into place. The chest harness has 4 point of connections, two connections to the back of the wheelchair and two above his waist on both sides.</p> <p>During an interview on 4/9/2025 at 5:11 PM, the MDS Coordinator was asked to explain a physical restraint. The MDS Coordinator stated, .something restricting the resident in any way . The MDS Coordinator was asked if the harness for Resident #24 restricted his movement, bending over, or touching his leg if the resident wanted to perform that activity. The MDS Coordinator stated, .I wouldn't think it was a restraint for him. I guess he couldn't touch his leg .he mainly has it for his safety .he jerks forward in his chair .I don't know of any assessments we are doing. [referring to the specialized harness used for assistance and positioning] I don't know of a signed consent from the family .</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/9/2025 at 5:20 PM, the DON stated, .I don't think it restrains him [referring to the harness for Resident #24] .it's used for his safety .his sister was the one that ordered the chair for him. The harness came with the wheelchair .splints are put on the TAR [Treatment Administration Record] to monitor for signs and symptoms of restriction and making sure it is not rubbing the skin which could cause breakdown .I don't see the harness on the TAR or MAR [Medication Administration Record] .he would come out of the chair if he had a seat belt .the sister has ordered another chair for him with more head support but it hasn't came [come] in yet . The DON was unable to provide any assessments, skin checks for the harness, or a consent signed by responsible party for the use of Resident #24's harness for mobility since 2022.</p>

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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>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** 38909</p> <p>Based on policy review, medical record review, observation, and interview the facility failed to develop a person-centered comprehensive care plans for 4 of 15 residents (#9, #34, #38, #42) sampled residents.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy titled, MDS & CARE PLAN POLICY AND PROCEDURE dated 7/26/2021, revealed .The facility must develop and implement a comprehensive person-centered care plan for each resident .with measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment .care plans will be completed within 13 days of admission, and quarterly thereafter . 2. Review of the medical record revealed Resident #9 was admitted to the facility on [DATE], with diagnoses including Schizophrenia, Viral Hepatitis, Delusional Disorders, Bipolar, Psychosis, Dementia, Auditory Hallucinations. <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 0, which indicated severe cognitive impairment. Resident #9 was dependent on staff for care, occasionally incontinent of bowel and bladder, and coded for Viral Hepatitis (spread through bodily fluids, contaminated food or drink).</p> <p>Review of the Care Plan dated 12/4/2024, revealed there were no interventions related to the diagnosis of Viral Hepatitis.</p> <p>During an interview on 4/9/2025 at 6:13 PM, the Director of Nursing (DON) confirmed that Viral Hepatitis should have been included on the Care Plan.</p> <ol style="list-style-type: none"> 3. Review of the medical record revealed Resident #34 was admitted to the facility on [DATE], with diagnoses including PTSD (Post Traumatic Stress Disorder-anxiety and flashbacks triggered by a traumatic event) Major Depressive Disorder, Anxiety Disorder, and Vascular Dementia. <p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 5, which indicated Resident #34 had severely impaired cognition and had PTSD.</p> <p>Review of the Care Plan with revision date of 3/26/2025, revealed there were no interventions related to the diagnosis of PTSD.</p> <p>During an interview on 4/9/2025 at 2:42 PM, the MDS Coordinator stated that Resident #34 had PTSD from his military experience, and it should have been addressed on the Care Plan.</p> <p>During an interview on 4/9/2025 at 6:13 PM, the DON confirmed that a diagnosis of PTSD should have been on the Care Plan.</p> <p>(continued on next page)</p>		

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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>4. Review of the medical record revealed Resident #38 was admitted to the facility on [DATE], with diagnoses including Diabetes, Anxiety, Malignant Neoplasm of Prostate and Bladder.</p> <p>Review of the annual MDS dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 9, which indicated moderate cognitive impairment, and received hospice services.</p> <p>Review of the Physician Orders dated 11/12/2024 revealed an order to admit to Hospice services.</p> <p>Review of the Care Plan revealed there were no interventions related to hospice care.</p> <p>During an interview on 4/9/2025 at 6:13 PM, the DON confirmed that Hospice should have been on the Care Plan.</p> <p>5. Review of the medical record revealed Resident #42, was admitted to the facility on [DATE], with diagnoses including Neuropathy, Anxiety, and Dementia.</p> <p>Review of the Physician Order dated 2/21/2025, revealed an order to place a wander guard at this time.</p> <p>Review of the Progress Note dated 2/22/2025, revealed LPN A charted .observed resident packing bags while stating, My son's going to come pick me up. I have to be ready .</p> <p>Review of the Elopement Evaluation dated 2/24/2025, revealed .Resident #42 has history of elopement at home . verbally expressed the desire to go home .packed belongings to go home or stayed near an exit door .</p> <p>Review of admission MDS assessment dated [DATE], revealed a BIMS score of 6, which indicated Resident #42 had severe cognitive impairment, and documented no Wander/elopement alarms were in use.</p> <p>Review of the admission Care Plan dated 2/27/2025, revealed there were no interventions related to the potential for elopement or wander guard use.</p> <p>During an interview on 4/7/2025 at 2:25 PM, LPN E was asked if Resident #42 should have on a wander guard bracelet, since it was not viewable on Resident #42's body. LPN E stated .it's in her purse, the edema in Resident# 42's ankles has went down, and Resident #42 was able to get the wander guard off .</p> <p>Observation on 4/7/2025, at 2:30 PM in Resident #42's room LPN E and Social Services Director, applied wander guard to Resident #42's ankle.</p> <p>During an interview on 4/9/2025 at 5:12 PM, the MDS Coordinator confirmed that residents who are wander/elopement risks should have a care plan to address the risk, and the MDS should be coded for the alarm bracelet.</p> <p>During an interview on 4/9/2025 at 6:35 PM, the DON confirmed that residents at risk for wandering/elopement should be care planned for wandering and elopement risk, and it should be documented on their MDS.</p> <p>(continued on next page)</p>

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	47835 51365 51740

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44724</p> <p>Based on policy review, Pharmacy Services Agreement review, medical record review, and interview the facility failed to provide pharmaceutical services that assure a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate account of medication destruction for 5 of 5 (Resident #3, #6, #15, #29, and #36) sampled residents reviewed for drug destruction.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the undated facility policy titled, Drug Destruction Policy and Procedure, revealed .It is the policy of [Named Facility #1] to ensure the destruction of unused or expired medications .The purpose of this policy is to ensure compliance with federal regulations .Label/Store Drugs and Biologicals .It is the responsibility of nursing staff, administrative staff, and the contracted pharmacist .Outdated or unused medications will be returned to [Named Pharmacy] where [Named Pharmacist] will destroy the medication . 2. Review of the Pharmacy Services Agreement revealed, .[Named Pharmacy] is willing and able to provide such Services to qualified residents of Nursing Facility .[Named Pharmacy] agrees to comply with federal and state laws and regulations .Nursing Facility agrees, that [Named Pharmacy] will be the sole provider of pharmacy services to resident of nursing facility . 3. Review of the medical record revealed Resident #3 admitted to the facility on [DATE], and discharged on [DATE], with diagnosis which included Secondary Osteoarthritis, Anxiety Disorder, Malignant Neoplasm of Vulva, and Carcinoma in skin of left upper limb, including shoulder. <p>Review of the Order Summary Report revealed an order dated 4/13/2022, for Alprazolam (schedule IV-controlled drug given for anxiety) 0.25 mg (milligram) tablet give 0.25 mg by mouth two times a day. Continued review revealed an order dated 12/11/2024, for Hydrocodone-Acetaminophen (schedule II controlled Opioid medication given for moderate to severe pain) tablet 10-325 mg give 1 tablet by mouth as needed for breakthrough pain. Further review revealed an order dated 1/20/2025 for Morphine Sulfate (schedule II controlled Opioid medication given for severe pain) Solution 20 mg/ml (milliliter) give 0.25 ml by mouth every 3 hours as needed for pain.</p> <p>Review of the Nursing Home Medication Destruction Log revealed Resident #3 had 23 Alprazolam 0.25 mg tablets, 111 Hydrocodone-Acetaminophen tablets, and 27 milliliters of Morphine Sulfate noted for destruction by Pharmacist and the Director of Nursing (DON). Further review revealed All destroyed at [Named Police Department].</p> <ol style="list-style-type: none"> 4. Review of the medical record revealed Resident #6 admitted to the facility on [DATE], with diagnosis which included Pathological Fracture of Hip. <p>Review of the Order Summary report revealed an order dated 2/21/2025, for Hydrocodone-Acetaminophen 5-325 mg give 1 tablet by mouth every 24 hours as needed for pain.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Nursing Home Medication Destruction Log revealed Resident #6 had 26 Hydrocodone-Acetaminophen tablets noted for destruction by Pharmacist and the DON. Further review revealed All destroyed at [Named Police Department].</p> <p>5. Review of the medical record revealed Resident #15 admitted on [DATE], with diagnosis which included Spinal Stenosis, Lumbar Region without Neurogenic Claudication, Low Back Pain, and Osteoarthritis.</p> <p>Review of the Order Summary report revealed an order dated 2/25/2025 for Alprazolam 1 mg give 1 mg by mouth three times a day and Tramadol Hydrochloride (HCL) (Opioid schedule IV-controlled drug given for moderate to severe pain) 50 mg give 1 tablet by mouth as needed for pain.</p> <p>Review of the Nursing Home Medication Destruction Log revealed Resident #15 had 4 Alprazolam 1 mg tablets and 89 Tramadol HCL tablets noted for destruction by Pharmacist and the DON. Further review revealed All destroyed at [Named Police Department].</p> <p>6. Review of the medical record revealed Resident #29 admitted to the facility on [DATE], and expired on 4/4/2025 with diagnosis which included Anxiety Disorder and complete Traumatic Amputation at Knee Level, Right Lower Leg.</p> <p>Review of the Control Drug Check Sheet revealed .DRUG: Morphine 100mg/5 ml 0.25 ml po [by mouth] q [every] 3 h [hours] PRN [as needed] for pain .4/7/25 [4/7/2025] .return to pharmacy 29.25 ml . Continued review revealed .DRUG: Lorazepam [schedule IV controlled drug given for anxiety] 0.5 mg 1 tab po q 4 hrs [hours] PRN for restlessness or anxiety .4/7/25 .return to pharmacy 30 .</p> <p>Review of the Nursing Home Medication Destruction Log revealed Resident #29 had 30 Lorazepam tablets and 27 mls of Morphine Sulfate 100 mg/ml noted for destruction by Pharmacist and the DON. Further review revealed All destroyed at [Named Police Department].</p> <p>7. Review of the medical record revealed Resident #36 admitted to the facility on [DATE], with diagnosis which included Cerebral Palsy, Schizoaffective Disorder, and Scoliosis.</p> <p>Review of the Control Drug Check Sheet revealed .DRUG: Tramadol 50 mg BID [twice per day] .</p> <p>Review of the Nursing Home Medication Destruction Log revealed Resident #36 had 31 Tramadol tablets noted for destruction by Pharmacist and the DON.</p> <p>7. During a telephone interview on 4/9/2025 at 1:20 PM, the Pharmacist stated, .the facility does use my pharmacy, and I am the Pharmacist for the building .I come up once a month or as needed .Narcotics are in the locked cart. The nurses will give me the meds to destroy. I sign them off on the resident record, bring it back to the pharmacy make sure it is logged correctly, then the narcotics go immediately to the police destruction at the [Named Police Department] .I drop it off .No one at the police department signs that it has been dropped off .it is a sealed box in the lobby of the police department .if I need to do something different I will .</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/9/2025 at 2:09 PM the Administrator was asked how the facility keeps record of controlled drug destruction. The Administrator stated, .from my understanding we entrust that over to the pharmacist to destroy those . The Administrator was asked if the facility should have a receipt that the narcotics were destroyed. The Administrator stated, .I think that we can certainly go above and beyond on us doing this the proper way .we will be making adjustments to the process right now .the Pharmacist does take the medications out in a locked suitcase .</p> <p>During an interview on 4/09/25 at 2:28 PM, the DON stated, .we have a locked suitcase for the narcotic transport . The DON was asked how the facility was showing a receipt of destruction for controlled drugs. The DON stated .we sent them back to the pharmacist and he destroys them .we returned to the pharmacy then it is on his side .It shows we sent it back to the pharmacist .that is our policy and procedure . The DON was asked how the facility can prove the controlled drugs were destroyed. The DON stated, .I will get with my Administrator for a fail proof plan to transport and know that they will be destroyed .I probably should have known more about the destruction of the medications . The DON was asked if a nurse needed to destroy a narcotic during a medication pass how are they completed this task. The DON stated, .the nurse with a witness of another nurse will dispose of it in a sharps container .no one would try to get in a sharps box to get a narcotic .</p> <p>During a telephone interview on 4/9/2025 at 3:03 PM, Chief Assistant Police Officer for (Named Police Department) was asked if he had records of the Pharmacist dropping of narcotic medications from Facility for destruction. Chief Assistant Police Officer stated, .I don't know we have a lock box in the lobby .its possible . we don't know who drops it off. No logs are kept related to the medicines .we just bag it up, keep it in the vault then .dangerous drug task force picks it up .the box we put it in is a sealed barrel .we don't touch it at all .we schedule a pickup when it is full, and they bring us a new barrel to put out .</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>47835</p> <p>Based on review of federal regulations, Quarterly Payroll Based Journal (PBJ), and interview, the facility failed to report PBJ for Quarter 2 in 2024 (January 1-March 31).</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the federal regulation 483.70(p) revealed, .The facility must electronically submit to CMS (Centers for Medicaid and Medicare Services) complete and accurate direct care staffing information . 2. Review of Quarterly Payroll Based Journal (PBJ) dated January 1, 2024-March 31, 2025, revealed, .No RN (Registered Nurse) Hours .Four or More Days within the Quarter with no RN Hours . <p>During an interview on 4/9/2025 at 4:10 PM, the Administrator confirmed the facility failed to submit the required PBJ data for the second quarter of 2024.</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** 44724</p> <p>Based on facility policy review, medical record review and interview, the facility failed to implement appropriate infection prevention and control practices for 1 of 1 sampled resident (Resident #22) who required enhanced barrier precautions (EBP an infection control strategy that uses gloves and gowns to reduce the spread of multidrug resistant organisms (MDRO microorganisms that are resistant to at least one class of antimicrobial (substance that kills bacteria) agents) in nursing homes during medication administration.</p> <p>The findings include:</p> <p>1. Review of undated Policy titled Enhanced Barrier Policy .to safe guard residents from multidrug-resistant organisms (MDROs) during high-contact resident care activities while preserving their quality of life through focused infection control practices .This policy applies to all staff members .The policy applies to residents . with .PEG (Percutaneous Endoscopic tube is a feeding tube inserted through the skin and into the stomach, used for long-term nutritional support when someone cannot eat or drink)tubes .Infection control team will designate residents requiring EBP (Enhanced Barrier Precautions) in their care plans .Discrete signage indicating EBP will be placed at resident's room entrance .Staff must wear gloves and gowns during high-contact care activities with EBP-designated residents, including tasks involving PEG tube or other devices .PPE is donned immediately prior to activity and removed immediately after, followed by hand hygiene .</p> <p>Review of undated policy titled Medication Pass Policy .Follow infection control practices .</p> <p>2. Review of the medical record revealed Resident #22, was admitted to the facility on [DATE], with diagnoses including Dementia, Anxiety, Dysphagia, and Convulsions.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 1, which indicated Resident #22 has severe cognitive impairment.</p> <p>Review of Resident #22's Comprehensive care plan dated 1/30/2025, revealed the facility failed to include EBP in the care plan.</p> <p>Observation of administration of medication through Peg tube for Resident #22 on 4/8/2025 at 4:20 PM, with LPN (Licensed Practical Nurse) E revealed there was no sign for EBP precautions on Resident #22's door. LPN E failed to place a protective gown on and then pushed the medication cart into Resident #22's room. LPN E accessed the peg tube and administered her medications without following EBP while providing care for Resident #22.</p> <p>During an interview on 4/9/2025 at 9:30 AM, LPN A was asked to explain EBP precautions. LPN A stated, . let me find out the correct information and I will get back with you . LPN A left the surveyor and went to speak to the Director of Nursing (DON).</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445527	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER Harbert Hills Academy N H		STREET ADDRESS, CITY, STATE, ZIP CODE 3575 Lonesome Pine Road Savannah, TN 38372	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/9/2025 at 9:35 AM, LPN B was asked to explain EBP. LPN B stated, .it's about keeping a clean surface . LPN B was asked when you would use EBP. LPN B stated, .if you were doing a glucose monitor check, eye drops, involving body fluids you would want to wear gloves and gowns anything necessary to provide a barrier maybe a face shield . LPN B was asked why you would practice EBP and she stated, .it is for your protection and the patients protection . LPN B was asked if any resident at the facility was under EBP. LPN B stated, .not that I know of .</p> <p>During an interview on 4/9/2025 at 9:47 AM, Certified Nursing Assistant (CNA) C was asked if she cared for [Named Resident #22] and if any precautions should be taken when providing incontinence care. CNA C stated, .I use gloves .always washing my hands .I like to have someone with me to help me watch the feeding tube to make sure it isn't pulled out . CNA C was asked what would be reasons she would need to wear a gown when providing resident care. CNA C stated, .if a resident had covid or maybe when emptying a catheter . CNA C stated, .I don't know of a resident that would require a gown all the time during care .</p> <p>Observation on 4/9/2025 at 9:55 AM, Resident #22 had no sign for EBPs.</p> <p>During an interview on 4/9/2025 at 10:13 AM, the Administrator stated, .I believe last year Centers for Medicare and Medicaid Services [CMS] made it mandatory for gowns with EBP. We didn't have a policy for that we have created one right now . The Administrator was asked why EBP precautions should be used. The Administrator stated, .to reduce MDROs bacterial organisms .</p> <p>During an interview on 4/09/25 at 10:20 AM, the DON was asked if she was the infection control preventionist. The DON stated, . I am the infection control nurse my training was in 2022 and 2023 just on the computer training . The DON was asked about EBP. The DON stated, .I do not recall seeing any of that in my training, just heard recently about it . The DON was asked what type of residents would need to be on EBP. The DON stated, .anybody with multidrug-resistant [MDR] bacteria, open wounds, infections, patients with peg tube, or colostomy. The DON was asked if the resident's door should denote whether a resident is on enhanced barrier precautions. The DON stated, .the door should note the need for this type of care .</p> <p>51740</p>		