

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 03/11/2026
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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to ensure medications were properly stored for 1 of 3 (Resident # 47) residents. ^ The findings include: ^ Review of the facility policy titled, Medication Storage Policy and Procedure, dated 7/15/2025, revealed .It is the policy and procedure of [NAME] Hills Academy Nursing Home to keep medications stored on medication carts which are locked and kept behind the nurse's desk when not in use. ^ Review of the medical record revealed Resident #47 was admitted to the facility on [DATE], with diagnoses including Secondary Parkinsonism, Paranoid Schizophrenia, Vascular Dementia, Major Depressive Disorder, Alzheimer's Disease, and Delusional Disorders. ^ Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #47 scored a 4 on the Brief Interview for Mental Status (BIMS) assessment, which indicated he was severely cognitively impaired. ^ ^ Review of the Physician Orders dated 3/2/2026, revealed .Lorazepam [controlled substance used to treat anxiety].0.5mg [milligram] by mouth one time a day. ^ ^ Observation of Medication Cart #2 Short Hall on 3/10/2026 at 7:35 AM, revealed Licensed Practical Nurse (LPN) A had pre-pulled Resident #47's Lorazepam and placed it in an unlabeled medication cup in the top drawer of the medication cart. The medication was stored behind a single lock. ^ During an interview in the medication room on 3/11/2026 at 7:45 AM, the Director of Nursing (DON) confirmed narcotics should be stored behind two locks. ^		

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
--	-------	-----------