STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445529	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Decatur Wellness and Rehabilitation Center	332 River Road Decatur, TN 37322

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observations, and interviews, the facility failed to maintain a safe, clean, and homelike environment for 3 of 32 rooms observed and failed to provide a safe, clean, and homelike environment for 1 resident (Resident #40) of 64 residents observed for safe, clean, homelike environment.The findings include:Review of the facility's undated policy titled, Routine Cleaning and Disinfection, revealed .it is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible .consistent surface cleaning and disinfection will be conducted .high touch surfaces .toilet seats .Review of the facility's policy titled, Call Light Response System, dated 10/2022, revealed .ensure the facility is adequately equipped with a call light at each resident's bedside .to allow residents to call for assistance .Staff will ensure the call light is within reach of resident[s] and secured, as needed . Review of the medical record revealed Resident #40 was admitted to the facility on [DATE] with diagnoses including History of a Stroke, Hemiplegia, and Chronic Kidney Disease.Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #40 scored an 11 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. During observations on 4/14/2026 at 7:58 AM, 4/14/2026 at 9:30 AM, and 4/14/2026 at 1:30 PM, revealed Resident #40 lying in bed, with the head of bed raised, and the call light on the floor behind the head of the bed, and not within Resident #40's reach. During an observation on 4/14/2026 at 3:43 PM, revealed Resident #40 lying in bed, with the head of bed raised, and the call light on the floor behind the head of the bed, and not within the resident's reach. Further observation revealed Resident #40 yelling out help.During an observation and interview on 4/14/2026 at 3:45 PM, Certified Nurse Assistant (CNA) A entered Resident #40's room, repositioned the resident, and gave the resident a soda as the resident requested. CNA A stated, .[Resident #40] usually uses the call light [instead of yelling out] . CNA A confirmed the call light was on the floor behind the head of the bed and was not within Resident #40's reach.During observations on 4/13/2026 at 11:40 AM, 4/14/2026 at 2:00 PM, and 4/15/2026 at 1:30 PM, the bathroom in room [ROOM NUMBER] revealed multiple areas of dried brown residue on the bedside commode seat over the toilet, on the metal parts beneath the commode, and on the toilet seat. The toilet seat appeared to have yellow and brown stains or discoloration, there was a dark orange/brown substance around the base of the toilet, and the bathroom had a strong foul odor.During observations on 4/13/2026 at 11:45 AM, 4/14/2026 at 2:05 PM, and 4/15/2026 at 1:35 PM, revealed the privacy curtain in room [ROOM NUMBER]-B side had multiple areas of white and dark dried substances on it.During observations on 4/13/2026 at 11:48 AM, 4/14/2026 at 2:10 PM, and 4/15/2026 at 1:39 PM, revealed the privacy curtain in room [ROOM NUMBER]-A side had multiple areas of white and dark dried substances on it.During observations on 4/13/2026 at 11:50 AM, 4/14/2026 at 9:30 AM, and 4/15/2026 at 1:48 PM, revealed the privacy curtain in room [ROOM NUMBER]-B side had multiple areas of white and dark dried substances on it.During an interview on 4/15/2026 at 2:45 PM, the Director of Nursing (DON) confirmed call lights should be within resident's (continued on next page)

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reach at all times to call for assistance. During an observation and interview on 4/15/2026 at 3:15 PM, the Administrator stated the facility had a schedule for daily room and bathroom cleaning, and for cleaning and changing the privacy curtains. The Administrator confirmed white and dark colored substances were present on the privacy curtains in rooms 106-B, 108-A, and 109-B. The Administrator further confirmed the bathroom in room [ROOM NUMBER] contained a bedside commode, toilet, and base of the toilet with multiple areas of dried brown residue on the bedside commode seat over the toilet, on the metal parts beneath the commode, on the toilet seat, and the toilet seat had yellow and brown stains or discoloration. The Administrator continued to confirm there was a dark orange/brown substance around the base of the toilet, and the areas were not clean.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Resident Assessment Instrument (RAI) 3.0 User's Manual, medical record reviews, and interviews, the facility failed to accurately assess residents on the Minimum Data Set (MDS) assessment for a Level II Pre-admission Screening and Resident Review (PASARR) with a serious mental illness for 2 residents (Residents #45 and #5) of 5 residents reviewed for MDS accuracy.The findings include:Review of the RAI 3.0 User's Manual, dated 10/2025, revealed .Complete if .admission assessment, Annual assessment, SCSA [Significant Change in Status assessment] .Code 1, yes: if PASRR [PASARR] Level II screening determined that the resident has a serious mental illness .Review of the medical record revealed Resident #45 was admitted to the facility on [DATE] with diagnoses including Bipolar Disorder, Major Depressive Disorder, Post Traumatic Stress Disorder (PTSD), and Diabetes Mellitus.Review of a PASARR submitted to the state designated authority dated 11/10/2022, revealed Resident #45 required a Level II evaluation, which was completed on 11/16/2022 and determined the resident had a serious mental illness.Review of the comprehensive care plan for Resident #45 dated 3/2026, revealed the resident had care plans in place for mental health diagnoses including Bipolar Disorder, Major Depression, and PTSD.Review of an annual MDS assessment dated [DATE], revealed Resident #45 was coded inaccurately as not having a Level II PASARR. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE] with diagnoses including Schizoaffective Disorder, Major Depressive Disorder, and Insomnia.Review of a PASARR submitted to the state designated authority dated 12/19/2023, revealed Resident #5 required a Level II evaluation, which was completed on 1/2/2024 and determined the resident had a serious mental illness.Review of the comprehensive care plan for Resident #5 dated 1/2026, revealed the resident had care plans in place for mental health diagnoses including Schizoaffective Disorder, Major Depressive Disorder, and Insomnia.Review of an annual MDS assessment dated [DATE], revealed Resident #5 was coded inaccurately as not having a Level II PASARR. During an interview on 4/15/2026 at 3:05 PM, the Licensed Practical Nurse (LPN) MDS Nurse confirmed Resident #45's annual MDS assessment dated [DATE], and Resident #5's annual MDS assessment dated [DATE], were not coded accurately for being considered by the state level II PASARR process to have a serious mental illness.

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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. Based on facility policy review, observations, and interviews, the facility failed to ensure medications were securely stored in 1 medication cart (100-hall) of 2 medication carts reviewed, and 1 of 1 treatment carts reviewed.The findings include: Review of the facility's undated policy titled, Medication Storage, revealed .the drugs and biologicals will be stored in locked compartments (i.e .medication carts) .only authorized personnel have access to the keys .compartments .medications must be kept under direct observation of the person administering or locked in the medication storage cart . During an observation on 4/13/2026 at 2:08 PM, revealed the 100-hall medication cart was located against the wall on the 100 hallway, the drawers were facing the hallway, and the medication cart was unlocked and unattended. Continued observation revealed the RN/ADON (Registered Nurse/Assistant Director of Nursing) returned to the medication cart, with the surveyor present, on 4/13/2026 at 2:10 PM. The RN/ADON stated, .I thought the cart was locked . The RN/ADON confirmed the medication cart for 100 hall was unlocked, unattended, and medications were not stored securely. During an observation on 4/15/2026 at 8:32 AM, the treatment cart was located against the wall on the 100 hallway near the Nurse's station, the drawers were facing the hallway, and the treatment cart was unlocked and unattended. During an observation and interview on 4/15/2026 at 8:35 AM, the Director of Nursing (DON) confirmed the treatment cart was in the hallway, unlocked, unattended, and contained medications. The DON confirmed medication and treatment carts are to be locked to securely store medications when unattended by the licensed nurse.