

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Hardin Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1620 Wayne 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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>Based on the TN Department of Health Guidelines for Sex Offenders, Registered Sex Offender Registry review, policy review, personnel file review, and interview, the facility failed to protect 24 of 24 residents from 1 of 3 (Licensed Practical Nurse (LPN) A), whose criminal background check revealed a criminal conviction and placement on the Tennessee Bureau of Investigation (TBI) Registered Sex Offender Registry. The findings include: 1. Review of the Tennessee Department of Health Guidelines for Sex Offenders revealed, individuals with certain sex offender convictions are permanently prohibited from working in long-term care facilities due to background check requirements. The Tennessee Department of Health (TDH) prohibits employment for anyone with a disqualifying event which includes specific sex-related offenses . 2. Review of the TBI Sex Offender Registry revealed LPN A was placed on the registry on 3/28/2023 for aggravated statutory rape, exploitation of a minor by electronic means, and solicitation of a minor. 3. Review of the facility's undated policy titled, POLICY - ABUSE, NEGLECT AND EXPLOITATION, revealed, .Policy . Each resident has the right to be free from abuse .Residents must not be subject to abuse by anyone including but not limited to.facility staff The facility must .Not employ or otherwise engage individuals who: a. Have been found guilty of abuse, neglect, exploitation, misappropriation of property by a court of law.Facility administration should report to the . nursing board, any knowledge it has of any actions by a court of law which would indicate an employee is unfit for service. 4. Review of the personnel record for LPN A revealed a hire date of 8/31/2023. The criminal background check dated 8/30/2023 revealed a felony conviction of aggravated statutory rape, solicitation of a minor, aggravated rape, and soliciting sexual exploitation of a minor. During an interview on 9/18/2025 at 3:30 PM, the Administrator was asked if he was aware LPN A was on the Tennessee Sex Offender Registry. The Administrator stated, .yes, I was . The Administrator was asked if (LPN A) was currently employed at the facility as a direct care nurse. The Administrator stated, .yes . The Administrator was asked was he aware that sex offenders should not be employed at a care facility. The Administrator stated .yes.</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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