

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 06/10/2025
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on review of the facility ' s Licensure Staffing Requirements, daily staffing schedules, staff time punches, and interview, the facility failed to ensure a Registered Nurse (RN) was on duty at least 8 consecutive hours a day, 7 days a week, for 111 of 160 days reviewed.</p> <p>The findings include:</p> <p>1. Review of the facility ' s daily working schedule for 1/2025, revealed no RN was on duty for 8 consecutive hours on 1/1/2025-1/3/2025, 1/6/2025-1/11/2025, 1/13/2025-1/17/2025, and 1/19/2025-1/30/2025.</p> <p>Review of the facility ' s time punches dated 1/2025, revealed RN E worked 7 hours and 45 minutes on 1/4/2025, 1/12/2025 and 1/18/2025, resulting in no RN coverage for 8 consecutive hours on those days.</p> <p>2. Review of the facility ' s daily working schedule for 2/2025, revealed no RN was on duty for 8 consecutive hours on 2/3/2025-2/5/2025, 2/7/2025, 2/10/2025-2/14/2025, 2/17/2025-2/19/2025, 2/21/2025-2/23/2025, and 2/25/2025-2/28/2025.</p> <p>Review of the facility ' s time punches dated 2/2025, revealed RN F worked 7 hours and 45 minutes on 2/8/2025 and 2/9/2025, and RN E worked 7 hours and 45 minutes on 2/15/2025 and 2/16/2025, resulting in no RN coverage for 8 consecutive hours on those days.</p> <p>3. Review of the facility ' s daily working schedule dated 3/2025, revealed no RN was on duty for 8 consecutive hours on 3/3/2025, 3/5/2025, 3/7/2025, 3/10/2025-3/14/2025, 3/17/2025, 3/19/2025-3/21/2025, 3/24/2025-3/28/2025, and 3/31/2025.</p> <p>Review of the facility ' s time punches dated 3/2025, revealed RN E worked 7 hours and 45 minutes on 3/1/2025, 3/2/2025, 3/16/2025, and 3/29/2025. RN F worked 7 hours and 45 minutes on 3/8/2025, resulting in no RN coverage for 8 consecutive hours on those days.</p> <p>4. Review of the facility ' s daily working schedule dated 4/2025, revealed no RN was on duty for 8 consecutive hours on 4/2/2025-4/4/2025, 4/7/2025-4/11/2025, 4/14/2025, 4/15/2025, 4/17/2025, 4/18/2025, 4/21/2025-4/25/2025, and 4/28/2025-4/30/2025.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 44E166
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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Review of the facility ' s daily working schedule dated 5/2025, revealed no RN was on duty for 8 consecutive hours on 5/1/2025, 5/2/2025, 5/5/2025-5/9/2025, 5/12/2025-5/16/2025, 5/19/2025-5/23/2023, and 5/26/2025-5/30/2025.</p> <p>6. Review of the facility ' s daily working schedule dated 6/2025, revealed no RN was on duty for 8 consecutive hours on 6/1/2025-6/6/2025, and 6/9/2025.</p> <p>During an interview on 6/10/2025 at 2:13 PM, the Assistant Director of Nursing (ADON) confirmed she makes the schedules for Certified Nursing Assistants, Licensed Practical Nurses, and Registered Nurses. The ADON confirmed that the Director of Nursing (DON) is scheduled for 4 hours each day Monday through Friday.</p> <p>During an interview on 6/10/2025 at 3:00PM, the Administrator confirmed the DON, and the facility owner are RNs, and they can cover if needed. The Administrator confirmed that the facility does not have a staffing waiver.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to ensure residents were free from significant medication errors when 2 of 7 (Licensed Practical Nurse (LPN) A and LPN B) nurses failed to follow physician orders for 1 of 5 (Resident #5) residents reviewed for unnecessary medications.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Administration of Drugs, dated 1/21/2022, revealed .Medications shall be administered as prescribed by the attending physician .Medications must be administered in accordance with the written orders of the attending physician .</p> <p>2. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE], with diagnoses including Paroxysmal Atrial Fibrillation, Major Depressive Disorder, Hypertension, and Cerebrovascular Disease.</p> <p>Review of the Physician Order dated 11/20/2023, revealed .Metoprolol Tartrate Oral Tablet .Give 12.5 mg [milligram] by mouth two times a day .HOLD IF HEART RATE IS LESS THAN 60 bpm [beats per minute] .</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed the resident was unable to complete a Brief Interview for Mental Status (BIMS).</p> <p>Review of the Care Plan dated 5/21/2025, revealed . [named Resident #5] has hypertension (HTN) .Give anti hypertensive medications as ordered. Monitor for side effects .Metoprolol Tartrate Oral Tablet (Metoprolol Tartrate) Give 12.5 mg [milligrams] by mouth two times a day related to ESSENTIAL (PRIMARY) HYPERTENSION (I10) HOLD IF HEART RATE IS LESS THAN 60 bpm [beats per minute] .</p> <p>Review of the Medication Administration Record (MAR) dated 5/2025, revealed Metoprolol Tartrate was given as follows:</p> <p>On 5/11/2025 at 7:00 AM with heart rate of 59 by LPN A.</p> <p>On 5/19/2025 at 7:00 AM with heart rate of 58 by LPN A.</p> <p>On 5/27/2025 at 7:00 AM with heart rate of 52 by LPN A.</p> <p>On 5/28/2025 at 7:00 AM with heart rate of 56 by LPN A.</p> <p>On 5/31/2025 at 7:00 AM with heart rate of 58 by LPN B.</p> <p>3. During an interview on 6/10/2025 at 2:08 PM, the Director of Nursing (DON) confirmed staff should follow physician orders.</p> <p>During an interview on 6/10/2025 at 3:22 PM, LPN A confirmed that she gave Metoprolol Tartrate at 7:00 AM when Resident #5 had a heart rate of less than 60 bpm on 5/11/2025, 5/19/2025, 5/27/2025, and 5/28/2025.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>Based on facility policy and interview, the facility failed to follow its policy and provide education and vaccination for COVID-19 to 3 of 5 (Licensed Practical Nurse (LPN) C, Laundry Supervisor, and Certified Nursing Assistant (CNA) D staff members interviewed.</p> <p>The findings include:</p> <p>1. Review of the undated facility policy titled, COVID-19 Vaccination, revealed .It is the policy of this facility to minimize the risk of acquiring, transmitting or experiencing complications from COVID-19 (SARS-CoV-2) by educating and offering our residents and staff the COVID-19 vaccine .It is the policy of this facility, in collaboration with the medical director, to have an immunization program against COVID-19 disease in accordance with national standards of practice .The facility will educate and offer the COVID-19 vaccine to . staff and maintain documentation of such .</p> <p>2. During interview on 6/10/2025 at 3:43 PM, LPN C confirmed that she had not been offered education or vaccination for COVID-19.</p> <p>During interview on 6/10/2025 at 3:53 PM, the Laundry Supervisor confirmed that she had not been offered education or vaccination for COVID-19.</p> <p>During interview on 6/10/2025 at 3:57 PM, CNA D confirmed that she had not been offered education or vaccination for COVID-19.</p> <p>During interview on 6/10/2025 at 4:36 PM, the Director of Nursing (DON) confirmed that they do not offer education and vaccination for COVID-19 to employees.</p>		