

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Willow Branch Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Pace Street McMinnville, TN 37110	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility failed to maintain a comfortable, well-kept, and homelike environment on 4 of 4 hallways for 4 residents (Resident #7, Resident #15, Resident #39 and Resident #271) of 68 residents reviewed for a homelike environment.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Safe and Homelike Environment, revised 2/2025, revealed .the facility will provide a safe, clean, comfortable and homelike environment .any environment in the facility that is frequented by residents .rooms, bathrooms, hallways, dining areas .determination of homelike should include the resident's opinion of the living environment .physical environment that is neat and well-kept .maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment .</p> <p>Review of the medical record revealed Resident #7 was admitted to the facility on [DATE], with diagnoses including Chronic Kidney Disease, Hypertension, Chronic Obstructive Pulmonary Disease, and Rheumatoid Arthritis.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #7 scored a 6 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment.</p> <p>During an interview on 4/28/2025 at 11:50 AM, Resident #7 stated the door to her bedroom was .very dirty . and also stated her doors at her home were clean and did not look like the door at the facility.</p> <p>During an observation on 4/28/2025 at 11:55 AM, Resident #7's door was not visibly soiled. Further observation of the door revealed several scuffs, scratches, chipped wooded, and multiple strips of transparent office tape was used to secure a vinyl kick plate (a replaceable thin sheet of plastic adhered to doors to prevent damage) to the door.</p> <p>Review of the medical record revealed Resident #15 was admitted to the facility on [DATE] with diagnoses including Congestive Heart Failure, Diabetes, and Chronic Kidney Disease.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #15 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/28/2025 at 11:40 AM, Resident #15 stated the door to her room was .in bad shape . Resident #15 stated the door was broken and she did not use rubber bands or tape to repair broken or damaged items in her home. Resident #15 stated her room was not a homelike environment.</p> <p>During an observation on 4/28/2025 at 11:45 AM, revealed Resident #15's bedroom door handle was wrapped with a rubber band which was anchored to the resident's bathroom door handle holding the bedroom door open. The door also had several scuffs, scratches, chipped wood, and multiple strips of black colored tape used to secure a vinyl kick plate to the door. Further observation revealed the privacy curtain was not moveable, and the privacy curtain track was detached from the ceiling in 1 place.</p> <p>Review of the medical record revealed Resident #39 was admitted to the facility on [DATE] with diagnoses including Peripheral Vascular Disease, Chronic Obstructive Pulmonary Disease, and Morbid Obesity.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #39 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact.</p> <p>During an observation 4/28/2025 at 9:00 AM, in Resident #39's room revealed broken sheetrock to the right of the central heat and air unit and the bottom trim baseboard peeling away from the wall.</p> <p>During an interview on 4/28/2025 at 3:00 PM, Resident #39 stated he was aware of broken sheet-rock and baseboard pulled from the wall. Resident #39 stated he was not sure why it had not been fixed but if he was at home he would have had it fixed already.</p> <p>Review of the medical record revealed Resident #271 was admitted to the facility on [DATE] with diagnoses including Epilepsy, Muscle Weakness, Dementia, and Mood Disturbance.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #271 scored a 3 on the BIMS assessment which indicated the resident had severe cognitive impairment.</p> <p>During an observation on 4/28/2025 at 11:30 AM, revealed Resident #271 was lying in bed. Further observation revealed the area behind Resident #271's entrance door revealed the baseboard was peeling off of the wall and paint was bubbled and peeling in various areas. Continued observation revealed in resident's bathroom revealed the paint was peeling and the baseboard was peeling away from the wall. Continued observation behind the resident's bed were deep gouges in wall and sheet rock was falling off.</p> <p>During a facility tour and interview on 4/30/2025 at 9:50 AM, with the Administrator and the Maintenance Director confirmed Resident #7, Resident #15, Resident #39 and Resident #271's rooms were not maintained in a homelike environment.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</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 revise a comprehensive care plan to reflect the resident's current code status for 1 resident (Resident #46) of 20 residents reviewed for care planning.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Comprehensive Care Plans, dated 2/2024, revealed .The care planning process will include an assessment of the resident's strengths and needs and will incorporate the residents personal .preferences .</p> <p>Medical record review revealed Resident #46 was admitted to the facility on [DATE] with diagnoses including Hip Fracture, Compression Fracture, and Diabetes.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #46 scored a 13 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact.</p> <p>Review of the comprehensive care plan for Resident #46 dated [DATE], revealed .Advanced Directives .Full Code .Resident advanced directives will be honored .CPR [cardiopulmonary resuscitation] will be performed when needed .</p> <p>Review of a Physician Orders for Scope of Treatment (POST) form for Resident #46 dated [DATE], revealed . Do not attempt resuscitation [DNR] .comfort measures only . was checked as the resident's preference for advanced directives.</p> <p>Review of a Physician's Order for Resident #46 dated [DATE], revealed .Code Status: DNR .</p> <p>During an interview on [DATE] at 11:05 AM, the Care Plan Coordinator confirmed Resident #46's care plan had not been revised to reflect the resident's advanced directive preference for a DNR code status.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observation, and interview the facility failed to store an insulin pen appropriately for 1 resident (Resident #3) of 3 residents reviewed for medications on 1 medication cart (200 hall medication cart) of 2 medication carts observed for medication storage.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Medication storage, revised 2/2025, revealed .all medications housed on our premises will be stored in accordance to the manufacturer's recommendations and ensure proper . temperature .all medications requiring refrigeration are stored in refrigerators .</p> <p>Review of the medical record revealed Resident #3 was admitted to the facility on [DATE] with diagnoses including Dementia, Diabetes, and Obesity.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #3 scored an 11 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment.</p> <p>Review of a Physician's Order for Resident #3 dated 4/15/2025, revealed .Insulin Glargine administer 60 units .At Bedtime .</p> <p>During an observation on 4/29/2025 at 8:30 AM, revealed one unopened prefilled 3 milliliter Insulin Glargine syringe for Resident #3 was stored on the 200 hall medication cart. The prefilled insulin syringe was stored in a disposable plastic bag which read .REFRIGERATE . Further observation revealed the prefilled insulin syringe was delivered on 4/23/2025 (7 days) and had a sticker on the pen which read .REFRIGERATE UNTIL OPENED .</p> <p>During an interview on 4/29/2025 at 8:35 AM, Licensed Practical Nurse (LPN) B stated she did not know when the prefilled insulin syringe was removed from refrigeration and stated the pen was not opened and was not used. LPN B further stated the prefilled insulin syringe was available for resident use and confirmed the prefilled insulin syringe was not stored appropriately.</p> <p>During an interview on 4/30/2025 at 11:00 AM, the Director of Nursing (DON) confirmed the facility failed to appropriately store the prefilled insulin pen for Resident #3 in the 200 hall medication cart .</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on facility policy review, observations, and interviews, the facility failed to ensure the kitchen equipment and environment was maintained in a sanitary condition and failed to ensure a dietary aid wore a protective hair covering while working in the food preparation area which had the potential to affect 68 of 68 residents.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Equipment, dated 10/2019, revealed .center policy that all foodservice equipment is clean, sanitary .Dining Services Director ensures that all non-food contact equipment is clean .</p> <p>Review of the facility's policy titled, Staff Attire, dated 10/2019, revealed .the Dining Services Director insures [ensures] .all staff members .facial hair properly restrained .</p> <p>Review of the facility's policy titled, Equipment Cleaning Procedures, dated 7/2022, revealed .all dietary equipment and the environment are cleaned and sanitized in a manner that meets .federal regulations . all equipment should be cleaned as needed .Equipment that becomes soiled between scheduled cleanings must be properly cleaned and sanitized .walls, ceilings .must be free of chipped and/ or peeling paint and kept in good repair .</p> <p>During an observation on 4/28/2025 at 11:30 AM, with the Certified Dietary Manager (CDM), revealed the ice machine had a thick, crusty yellowish-brown substance to the top perimeter of the filter housing unit. Further observation revealed the ceiling above the ice machine was cracked in various areas with a large piece of ceiling hanging down. Continued observation revealed various patches of an unknown thick, black substance present to the missing ceiling area above the ice machine.</p> <p>During an observation on 4/28/2025 at 11:32 AM, revealed Dietary Aide (DA) A had facial hair and did not have on a facial hair covering while in the food preparation area.</p> <p>During an observation in the dish room on 4/28/2025 at 11:33 AM, with the CDM, revealed multiple areas of brown discoloration with chipped paint of various sizes present to the ceiling.</p> <p>During an observation on 4/28/2025 at 11:34 AM, with the CDM, revealed a thick, black dirt-like substance present to the baseboard perimeter and the floor beneath the 3-compartment sink.</p> <p>During an observation in the cooking area on 4/28/2025 at 11:35 AM, with the CDM, revealed a large area of missing paneling with moderate areas of an unknown thick, black substance present on the ceiling.</p> <p>During an interview on 4/28/2025 at 11:40 AM, the Maintenance Director (MD) confirmed the impairments to the kitchen and dish room ceiling areas was not sanitary from possible moisture damage and needed repairs. The MD confirmed the yellowish-brown substance present to the top of the ice machine was built-up mineral deposits from water condensation and needed to be cleaned.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation and interview on 4/28/2025 at 12:07 PM, with the CDM, revealed multiple areas of missing and chipped wall panels on the interior wall of the dry storage area. The CDM confirmed the impaired areas on the walls in the dry storage area had a previous water leak and needed repairs.</p> <p>During an observation on 4/28/2025 at 12:15 PM, revealed DA A did not have on a facial hair covering while in the cooking and food plating area.</p> <p>During an interview on 4/29/2025 at 10:12 AM, the CDM confirmed DA A did not wear a facial hair covering on 4/28/2025 during food preparation. The CDM stated all hair, including facial hair, should be covered while working in the kitchen.</p> <p>During an observation and interview on 4/29/2025 at 10:18 AM, with the CDM, revealed a thick, black dirt-like substance present to the perimeter of the baseboards and the floor underneath the 3-compartment sink. The CDM confirmed the area under the sink was not sanitary and needed to be cleaned.</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observations, and interviews the facility failed to ensure the languages used by residents in the facility assessment was accurate to include sign language for 1 resident (Resident #12) of 17 residents reviewed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Facility Assessment, dated 8/2024, revealed . a facility-wide assessment to determine what resources are necessary to care for our residents competently during both day-to-day operations .and emergencies .The facility assessment will at minimum address or include .the care required by the resident population .that consider the types of diseases, conditions .and other pertinent facts that are present within that population .</p> <p>Review of the medical record revealed Resident #12 was admitted to the facility on [DATE] with diagnoses including Developmental Disorder of Speech and Language, Nonspeaking Deafness, and Weakness.</p> <p>Review of a 5-day admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #12 had absence of useful hearing and had severe cognitive impairment for daily decision making.</p> <p>Review of the Facility Assessment revised 3/2025, revealed the English was the language used by all residents in the facility. Further review of the Facility Assessment revealed sign language was not included in the Facility Assessment.</p> <p>During an observation on 4/28/2025 at 11:30 AM, revealed Resident #12 was laying in bed with her eyes closed. Further observation revealed a large sign on the wall of her room which included pictorial instructions on how to read and use sign language.</p> <p>During an interview on 4/29/2025 at 7:45 AM, Licensed Practical Nurse (LPN) B stated the staff used sign language to communicate with Resident #12. During further interview LPN B stated the resident used some sign language gestures created by herself for certain words, and also stated the resident was not able to use a dry erase board related to spelling and legibility difficulties.</p> <p>During an interview on 4/29/2025 at 2:30 PM, Certified Nursing Assistant (CNA) C stated Resident #12 could not use a dry erase board for communication related to writing difficulties. CNA C further stated the resident used sign language and other hand gestures to communicate with staff.</p> <p>During an observation on 4/30/2025 at 11:15 AM, revealed CNA C served Resident #12 a meal tray. During further observation Resident #12 performed hand gestures and sign languages to CNA C, and CNA C responded with hand gestures and sign language.</p> <p>During an interview on 4/30/2025 at 11:20 AM, the Director of Nursing (DON) stated Resident #12 used sign language to communicate with staff and also stated some staff members have started learning sign language to better communicate with Resident #12.</p> <p>(continued on next page)</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/30/2025 at 11:30 AM, the Administrator verified sign language was the primary method of communication for Resident #12. The Administrator stated the Facility Assessment was recently updated and confirmed the facility failed to include Sign Language in the Facility Assessment as a language used by the residents.</p>