

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2023
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Ridgely Rehab&wellness Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 117 N Main Street Ridgely, TN 38080	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30974</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to accurately assess residents for the Brief Interview for Mental Status (BIMS) score and pressure ulcers for 3 of 18 residents (Resident #13, #28, and #41) reviewed for accuracy of assessments.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled, Resident assessment dated [DATE], revealed .The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity .The assessment process includes direct observation and communication with the resident, resident's family or legal guardian, as well as communication with licensed and non-licensed direct care staff members .On comprehensive assessments the Care Area Assessment and comprehensive Care plan will be completed in accordance with the RAI [Resident Assessment Instrument] manual .The Assessment Coordinator will be responsible for ensuring that all required resident assessments are completed and submitted to CMS' [Centers for Medicare and Medicaid] QIES [Internal Quality Improvement and Evaluation System] Assessment Submission and Processing (ASAP) system in accordance with current federal and state guidelines outlined in the RAI Manual .</p> <p>2. Review of the medical record revealed Resident #13 was admitted to facility on 5/2/2023, with diagnoses of Diabetes, Neurogenic Bladder, Retention of Urine, Dementia, Hypertension, Congestive Heart Failure, and Chronic Kidney Disease.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #13 had a BIMS score of 3 which indicates severe cognitive impairment. Section M Skin Conditions .Unhealed Pressure Ulcers/Injuries . [was answered] Yes .Current Number of Unhealed Pressure Ulcers /Injuries at Each Stage [blank].</p> <p>3. Review of the medical record revealed Resident #28 was admitted to the facility on [DATE], with diagnoses of Dementia, Anxiety, Overactive Bladder, Peripheral Vascular Disease, and Meniere's Disease.</p> <p>Review of the annual MDS dated [DATE], revealed .Section C Cognitive Patterns .Should Brief Interview for Mental Status (BIMS) (C0200-C0500) be conducted . [was answered] Yes .BIMS Summary Score [blank] .</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: 445327	Facility ID: 445327 If continuation sheet Page 1 of 16

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/25/2023 at 1:44 PM, the MDS Coordinator was asked should a comprehensive MDS have a BIMS score or the Cognitive Skills for Daily Decision Making coded and do you see one for Resident #28. The MDS Coordinator stated, No, but the top of the section is yes [C0100] then the BIMS [C0500] should be completed .</p> <p>4. Review of the medical record revealed Resident #41 was admitted to the facility on [DATE], with diagnoses of Acquired Absence of Right leg Above Knee, Diabetes, Pressure Ulcer of Right Hip, Stage 2, and Cerebral Infarction.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #41 had a BIMS score of 15, which indicated cognitively intact. Section M Skin Conditions . Unhealed Pressure Ulcers/Injuries . [was answered] Yes . Current Number of Unhealed Pressure Ulcers /Injuries at Each Stage [blank] .</p> <p>During an interview on 8/25/2023 at 2:05 PM, the MDS Coordinator was shown Section M and asked what you used to determine there was a pressure ulcer. The MDS Coordinator stated, .wound orders. The MDS Coordinator was asked if she marked yes, the resident had a pressure ulcer should she have followed up to determine if the resident truly had a wound. The MDS Coordinator stated, I did and there wasn't one on the wound report. The MDS Coordinator was asked did she follow through to see if the resident had a pressure ulcer. The MDS Coordinator stated, No I didn't go ask anybody. The MDS Coordinator was asked when there were wound orders but no assessment for a wound did that raise a red flag to her. The MDS Coordinator stated, No . The MDS Coordinator was asked if there was a problem with inconsistencies in documentation wouldn't that have prompted her to check and be sure the resident had a pressure ulcer. The MDS Coordinator stated, I didn't know I should go check her foot I've never been told that I have to go check somebody's foot. The MDS Coordinator confirmed that she did not discuss the residents' wounds with the Assistant Director of Nursing (ADON) or the Director of Nursing (DON).</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30974</p> <p>Based on the policy review, medical record review, and interview, the facility failed to resubmit a PASRR after the resident had the addition of a new mental health diagnosis for 1 of 2 sampled residents (Resident #38) reviewed for PASRR.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Pre-Admission Screening and Resident Review (PASRR), dated 8/1/2018, revealed .PASRR is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care. PASRR requires that 1) all applicants to a Medicaid-certified nursing facility be evaluated for serious mental illness (SMI) and/or intellectual disability; 2) be offered the most appropriate setting their needs (in the community, a nursing facility, or acute care settings); and 3) receive the services they need in those settings .Those individuals who test positive at Level I are then evaluated in depth, called Level II PASRR. The results of this evaluation result in determination of need, determination appropriate setting, and a set of recommendations for services to inform the individual's plan of care .An individual is considered to have a serious mental illness if the individual meets the following requirements on diagnosis level of impairment and duration of illness .A schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability .If a significant change in status assessment (SCSA) occurs for an individual known or suspected to have a mental illness .a referral to the State Mental Health or Intellectual Disability/Developmental Disabilities Administration authority for a possible Level II PASRR evaluation must promptly occur as required .</p> <p>Review of the medical record revealed Resident #38 was admitted to the facility on [DATE] with diagnoses of Dementia, Psychosis, Hypokalemia, Anxiety, Paranoid Personality Disorder, Delusions, and Dysphagia.</p> <p>Review of the annual Minimum Data Set (MDS) dated [DATE] revealed Resident #38 had a Brief Interview for Mental Status (BIMS) score of 00, which indicated severe cognitive impairment. Medications received were Antipsychotic, Antianxiety, Antidepressant, Antibiotic, and Diuretic.</p> <p>Resident #38 had a PASSAR completed in 2019, on admission to the facility and had new psychological diagnoses in 2023 which included Delusions, Impulse Disorder and Dementia.</p> <p>Review of the quarterly MDS dated [DATE] revealed Resident #38 had a BIMS score of 2, which indicated severe cognitive impairment. Medications received were Antipsychotic, Antianxiety, and Diuretic.</p> <p>Review of the Care Plan dated 7/5/2023, revealed .Resident has diagnosis of unspecified psychosis and anxiety and is at risk for drug related symptoms: hypotension, gait disturbance, cognitive impairment, behavioral impairment, ADL decline, decreased appetite, abnormal involuntary movements .7/26/2023 . Resident at risk for psychosocial related stress following an elder to elder altercation .APS [Adult Protective Services], ombudsman, police notified of event .head to toe skin assessment performed after altercation .72 hour psychosocial monitoring post altercation .</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the progress notes dated 7/27/2023 at 1:50 PM, revealed .Elder yelling up and down the hallway for family members who are not here. Yelling for help and when asked what is wrong elder states I need to get home and tell tweety my family sick. or I need to find out where my family is at. Will continue to monitor .</p> <p>Review of the progress notes dated 8/10/2023 at 1:19 PM, revealed .Noted to bump wheelchair into other resident's wheelchairs. She was upset and kept saying that the place is filthy. Not easily redirected .</p> <p>Review of the progress notes dated 8/10/2023 at 2:45 PM, revealed Elder observed this shift, speaking about being scared. Elder kept stating she didn't seem mad at us when we went to bed and i'm afraid she is going to kill the baby. Elder also was stressing about wanting this nurse to stay close to her in case something happened to her .</p> <p>Review of the progress notes dated 8/14/2023 at 19:07 7:07 PM, revealed Elder has no behaviors this AM, at supper elder began to ask about mama and [NAME] and the babies, easily re-directed for supper. No other behaviors noted .</p> <p>During an interview on 8/25/2023 at 10:43 AM, the Director of Nursing (DON) was asked, does the facility identify residents with newly evident or possible serious Mental disease, Intellectual disability, or a related condition after admission to the facility? The DON stated, We have a behavioral portion at the weekly at risk meetings. If there is a new change in psychotropic meds we discuss it. The DON was asked, who is responsible for making the referral to the appropriate state-designated authority when a resident is identified as having an evident or possible Mental disease, Intellectual disability, or related condition? The DON stated, We talk about it in the meeting and if a PASSRR is updated it is uploaded into the chart. Not sent to anyone. The DON was asked, if a resident is identified as having newly evident or possible Mental disease, Intellectual disability, or a related condition after admission, what is the facility's process for referring the resident to the appropriate state-designated authority? She stated, We report to doctor and the Psych NP [Nurse Practitioner] and a Social Worker from Behavioral Health that comes in once weekly. The DON was asked, with the new diagnoses of delusional disorder and impulse disorder and the Drug induced Akathisia should the PASSRR have been updated. The DON stated, Yes [named Resident #38] should have had a new PASSR updated. I just started those in June and I am working on getting them caught up on the residents and uploaded in the charts.</p>		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<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** 48285</p> <p>Based on policy review, medical record review, and interview, the facility failed to conduct Care Plan meetings for 1 of 8 (Resident #3) sampled residents.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled, Comprehensive Care Plans, dated 2021, revealed .The Comprehensive Care Plan is prepared by an interdisciplinary team .care plan should .be updated .At least quarterly .</p> <p>2. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses of Psychosis, Anxiety Disorder, Mood Disorder, and Schizoaffective Disorder.</p> <p>Review of the medical record revealed the last quarterly Care Plan meeting held for Resident #3 was 3/17/2022.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 15, which indicates she was cognitively intact.</p> <p>During an interview on 8/22/2023 at 9:48 AM, the Director of Social Services was asked should there have been a care plan meeting since 3/17/2022. The Director of Social Services stated, Yes, not sure why she hasn't had one. The Director of Social Services confirmed that Resident #3 had not had a care plan meeting since 3/17/2022.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38439</p> <p>Based on policy review, medical review, observation, and interview, the facility failed to ensure weekly wound assessments were completed for 2 of 3 (Resident #1 and #41) residents reviewed for pressure ulcers.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled, Skin Integrity Policy, dated 7/11/2022, revealed .Recommend ongoing observation of skin integrity .The Nurse Leader/Wound Nurse shall document all pressure, stasis, surgical incision, or diabetic ulcers in the EMR (electronic medical record) on an ongoing basis or until closed or resident discharged .</p> <p>2. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses of Chronic Obstructive Pulmonary Disease, Pressure Ulcer Right Buttocks, Pressure Ulcer Right Heel Unstageable, Anxiety, Pressure Ulcer Left Heel Unstageable, Diabetes, Peripheral Vascular Disease, and Polyneuropathy.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact, and had 1 Stage 3 Pressure Ulcer and 2 Unstageable Pressure Ulcers.</p> <p>Review of the Care Plan dated 7/5/2023, revealed .Skin Integrity .have a PRESSURE INJURY to right heel . Created 7/12/2023 .Staff to monitor for s/s (signs and symptoms) of decline and notify MD (Medical Doctor) with changes .Problem Start Date .4/17/2023 .have a pressure injury to left heel .Created 7/12/2023 . Problem Start Date .5/16/2023 .have a pressure injury to right buttock .Created .7/12/2023 .Resident at risk for Pressure Injury(s) .</p> <p>a. Review of the facility's Wound Management Detail Report, dated 4/17/2023, revealed .Date and Time Observed 4/17/2023 .Unstageable .SDTI (suspected deep tissue injury) observed to elder's left heel .</p> <p>Review of the Resident Census record revealed Resident #1 went out to the hospital on 4/17/2023 and returned to the facility on [DATE].</p> <p>Review of the facility's Wound Management Detail Report revealed Resident #1's left heel was not assessed by the wound care nurse until 5/1/2023, 6 days after Resident #1 returned from the hospital.</p> <p>Review of the facility's Wound Management Detail Report dated 5/1/2023, revealed no decline in the pressure injury to the left heel from the date it was identified on 4/17/2023 and the pressure injury to the left heel remained unstageable.</p> <p>Review of the facility's Wound Management Detail Report revealed the facility failed to assess and document the progress of the wound the week of 5/29/2023, 14 days after the assessment on 5/24/2023.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's Wound Management Detail Report dated 6/7/2023, revealed no decline in the pressure injury to the left heel from 5/24/2023 and the left heel remained unstageable.</p> <p>Review of the facility's Wound Management Detail Report revealed the facility failed to assess and document the progress of Resident #1's left heel on the weekly wound assessment tool the week of 6/19/2023, 6/26/2023, 7/3/2023, and 7/21/2023.</p> <p>Review of the Resident Census Record revealed Resident #1 went out to the hospital on 7/12/2023 and returned to the facility on [DATE].</p> <p>Review of the facility's Wound Management Detail Report dated 7/21/2023 revealed there was no decline in the progress of the wound from the last assessment on 7/3/2023 and the left heel wound remained unstageable.</p> <p>b. Review of the facility's Wound Management Detail Report, revealed, .5/1/2023 .Unstageable-Deep Tissue . DTI (deep tissue injury) R (right) heel .</p> <p>Review of the facility's Wound Management Detail report revealed the facility failed to assess and document the progress of Resident #1's right heel on the weekly wound assessment tool the week of 5/29/2023.</p> <p>Review of the Wound Management Detail report revealed Resident #1's next weekly assessment on 6/7/2023 revealed no decline in the pressure injury to Resident #1's right heel and the pressure injury to the right heel remained unstageable.</p> <p>Review of the Wound Management Detail report revealed the facility failed to assess and document the progress of Resident #1's right heel on the weekly wound assessment tool the week of 6/19/2023, 6/26/2023, and 7/3/2023.</p> <p>c. Review of the facility's Wound Management Detail Report, revealed, .Wound Type .Pressure Ulcer . Wound Location .Right Buttock .Date and Time Identified .6/12/2023 .Unstageable .</p> <p>Review of the Wound Management Detail Report revealed Resident #1's right buttock was not assessed on the week of 6/19/2023, 6/26/2023, and 7/3/2023.</p> <p>Observation in the resident's room during wound care on 8/23/2023 at 10:00 AM, revealed Resident #1 had an Unstageable Pressure Wound to her Left and Right Heel and to her Right Sacrum.</p> <p>During an interview 8/23/2023 at 3:55 PM, the Assistant Director of Nursing (ADON) confirmed Resident #1 had 3 pressure wounds. The ADON confirmed pressure wounds should be assessed at least every 7 days unless the physician orders for them to be assessed differently. The ADON was asked should Resident #1 have weekly assessments of the pressure wound to her buttocks and left and right heel if she was seeing a wound care specialist. The ADON confirmed that the facility should do weekly assessments of the wounds even if they are seeing wound care specialist. The ADON confirmed that no assessments should be missed unless the resident is out of the facility for a hospital stay and upon return, they should be assessed. The ADON confirmed that Resident #1 still had unstageable wounds to her bilateral heels and her right buttock. The ADON confirmed all wounds should be assessed when found, weekly, and when a resident returns from the hospital.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/23/2023 at 5:55 PM, the Director of Nursing (DON) confirmed that all pressure wounds should be assessed every 7 days and it should be documented on the weekly wound management assessment tool.</p> <p>During an interview on 8/25/2023 at 7:34 AM, the DON confirmed the Former ADON was not completing the weekly wound assessment documentation for Resident #1's pressure ulcer to her right buttocks and bilateral heels.</p> <p>3. Review of the medical record revealed Resident #41 was admitted to the facility on [DATE] with diagnoses of Pressure Ulcer of Right Hip-Stage 2, Acquired Absence of Right Leg Above the Knee, Diabetes, and Cerebral Infarction.</p> <p>Review of the Wound Management report dated 6/7/2023, revealed .Pressure Ulcer .Left Buttock .Date/Time Identified 03/07/2023 17:36 [5:36 PM] . There was no documentation of pressure ulcer stage.</p> <p>a. Review of the Wound Management report dated 6/7/2023, revealed .Unspecified Ulcer .Right Buttock . Date/Time Identified 03/07/2023 17:39 [5:39 PM] . There was no documentation of ulcer type or stage.</p> <p>b. Review of the Wound Management report dated 6/7/2023, revealed .Wound type .Other .unspecified .Left thigh .distal gluteal fold .Date/Time Identified 05/17/2023 07:58 [7:58 AM] . There was no documentation of ulcer type or stage.</p> <p>c. Review of the Wound Management report dated 6/7/2023, revealed .Wound type .Other .unspecified .Left thigh .Date/Time Identified 03/07/2023 17:25 [5:25 PM] . There was no documentation of ulcer type or stage.</p> <p>d. Review of the Wound Management report dated 6/7/2023, revealed .Unspecified Ulcer .Gluteal Fold .left gluteal fold .Date/Time Identified 03/07/2023 17:30 [5:30 PM] . There was no documentation of ulcer type or stage.</p> <p>e. Review of the Wound Management report dated 6/7/2023, revealed .Unspecified Ulcer .Left hip . Date/Time Identified 03/07/2023 17:32 [5:32 PM] . There was no documentation of ulcer type or stage.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #41 had a BIMS score of 15, which indicated he was cognitively intact and had 1 or more unhealed pressure ulcers.</p> <p>Review of the comprehensive Care Plan with a revision date of 6/28/2023, revealed .Skin Integrity .r/t [related to] STAGE II [2] pressure injuries to LEFT BUTTOCK, right buttock and left thigh .</p> <p>Review of the Wound Management report for June 2023 and July 2023 revealed the facility failed to assess and document the progress of Resident #41's left buttock, right buttock, left thigh-distal gluteal fold, left thigh, left gluteal fold, and left hip wound on the weekly wound assessment tool for the week of 6/12/2023, 6/19/2023, 6/26/2023, and 7/3/2023.</p> <p>Review of the medical record revealed treatments were performed as ordered and the wounds did not deteriorate.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/25/2023 at 9:54 AM, the ADON confirmed that Resident #41's weekly pressure ulcer assessments were not completed for the week of 6/12/2023, 6/19/2023, 6/26/2023, and 7/3/2023, and that the wounds had not deteriorated. The ADON was asked should the pressure ulcer assessments be completed on a weekly basis. The ADON stated, Yes.</p> <p>During an interview on 8/25/2023 at 11:36 AM, the Signature Care Consultant confirmed that all pressure wounds should be assessed and documented in the wound management assessment tool every 7 days even if the resident is going out to a wound specialist.</p> <p>During an interview on 8/25/2023 at 12:39 PM, the Family Nurse Practitioner confirmed the facility should assess and document the progression of pressure wounds weekly and document in the wound management tool as part of the resident's medical record.</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** 37532</p> <p>Based on policy review, observation, and interview, the facility failed to ensure residents were free from significant medication errors when 1 of 4 Licensed Practical Nurses (LPN) #6) failed to obtain a pulse prior to administration of a medication for high blood pressure.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Medication Administration General Guidelines, dated 2007, revealed . Medications are administered in accordance with written orders of the prescriber .Obtain and record any vital signs as necessary prior to medication administration .</p> <p>Review of the medical record revealed Resident #2 was admitted to the facility on [DATE] with diagnoses of Parkinson's Disease, Diabetes, Chronic Obstructive Pulmonary Disease, Cerebral Infarction and Presence of Cardiac Pacemaker.</p> <p>Review of the August 2023 Medication Administration Record (MAR) revealed, .bisoprolol fumarate tablet [is used to lower blood pressure] .10 mg [milligram] .Once a day .check heart rate before dose and hold if < [less than] 50 .</p> <p>Observation on 8/24/2023 at 9:32 AM, LPN #6 administered Resident #2's bisopropol 10 mg. LPN #6 failed to obtain a pulse prior to administration of the bisopropol tablet.</p> <p>During an interview on 9:37 AM, LPN #6 was asked why she did not obtain a pulse prior to administering the bisopropol. LPN #6 stated, I did earlier this morning but I should have taken his pulse again before I administered that .he got his vitals taken this morning .right at 7 o'clock.</p> <p>During an interview on 8/25/2023 at 6:18 PM, the Director of Nursing (DON) was asked when there is a physician order to check a pulse prior to medication administration when should the pulse be checked. The DON stated, Directly before administering the medication. The DON was asked would 2 hours before administration of a beta blocker medication be sufficient. The DON stated, No . I would definitely consider that a medication error and the doctor would need to be notified and we would recheck them and follow up and see how they were .</p>		

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NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Ridgely Rehab&wellness Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 117 N Main Street Ridgely, TN 38080	
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>37532</p> <p>Based on policy review, observation, and interview, the facility failed to ensure medications were properly stored and secured when 1 of 4 staff members Licensed Practical Nurse (LPN #3) left medications unattended at the resident's bedside and when in 3 of 5 (100 Hall Medication (Med) Cart, 200 Hall Med Cart, and 300 Hall Med Cart) medication storage areas had an expired and open and undated medications.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled, Medication Storage, dated 1/2021, revealed .Medications and biologicals are stored properly .to maintain their integrity and to support safe effective drug administration .In order to limit access to prescription medications, only licensed nurses, pharmacy staff, and those lawfully authorized to administer medication .are allowed access to medication carts. Medication rooms, cabinets and medication supplies should remain locked when not in use or attended by persons with authorized access . Outdated, contaminated .medications .are immediately removed from stock .and reordered from the pharmacy .if a current order exists .</p> <p>Review of the facility's policy titled, Medication Administration, dated 1/2021, revealed .Medications are administered .in accordance with .good nursing principles and practices .Check expiration date .no expired medications will be administered to a resident .Drugs dispensed in the manufacturer's original container will be labeled with the manufacturer's expiration date .The nurse shall place a 'date opened' sticker on the medication if one is not provided .and enter the date opened .Certain products .have specified shortened end of use dating, once opened, to ensure medication purity and potency .</p> <p>2. Observation and interview at the 300 Hall Med Cart on 8/22/2023 at 5:41 PM, revealed an opened, undated 10 milliliter (ml) vial of Lidocaine 1 percent (%), an opened, undated Symbicort 80/4.5 micrograms (mcg) inhaler and an opened, undated Combivent Respimat 20 mcg/100 mcg inhaler, and an exceeded for use Spiriva Respimat 2.5 mcg inhaler. LPN #1 confirmed there was no open date on the Lidocaine, Symbicort, and Combivent, and the Spiriva Respimat dated 5/28/2023 had exceeded its expiration date. LPN #1 was asked how long the Spiriva Respimat is good after opened. LPN #1 stated, 60 days</p> <p>2. Observation and interview at the 100 Hall Med cart on 8/23/2023 at 9:32 AM, revealed an opened, undated bottle of Moxil Ophthalmic solution/Vigamox 0.5% [an antibiotic used to fight bacterial eye infections]. LPN #4 confirmed the eye drops were not dated when opened.</p> <p>3. Observation and interview in the resident's room on 8/23/2023 beginning at 9:37 AM, revealed LPN #3 entered Resident #19's room with his medications on a tray, placed them on his over bed table in front of the resident and stated, I did not get water. LPN #3 left Resident #19's meds on his over bed table and returned to the med cart. LPN #3 mixed Resident #19's Clear lax [a laxative that provides relief from constipation] in water and returned to Resident #19's room. LPN #3 stated, Let me admit to my mistake. When I left to get the Miralax [Clearlax] I should have taken this tray [containing Resident #19's meds] with me.</p> <p>(continued on next page)</p>		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Observation and interview at the 200 Hall Med cart on 8/23/2023 at 10:00 AM, revealed an open and undated bottle of Insulin Glargine [glucose lowering medication]. LPN #3 was asked was there an open date on the insulin. LPN #3 stated, It's not. LPN #3 confirmed the bottle of insulin should have an open date on it. 5. During an interview on 8/25/2023 beginning at 6:37 PM, the Director of Nursing (DON) was asked should medications be dated when opened. The DON stated, Yes. The DON was asked should the Spiriva with an open date of 5/28/2023 still be in the med cart. The DON stated, No. The DON confirmed nurses should not leave medications unattended and out of sight at the resident's bedside.		

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F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37532</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to provide dental services for 1 of 1 (Resident #41) resident reviewed for dental services.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Dental Services, dated 6/5/2018, revealed .The facility must assist residents in obtaining routine and 24-hour emergency dental care .The facility will provide routine dental services with annual inspection of the oral cavity .The facility will assist the resident in making appointments and arranging for transportation to and from the dentist's office .Nursing Services is responsible for notifying Social Services of a resident's need for dental services .</p> <p>Review of the medical record revealed Resident #41 was admitted to the facility on [DATE] with diagnoses of Acquired Absence of Right Leg Above Knee, Diabetes Mellitus, and Cerebral Infarction.</p> <p>Review of the comprehensive Care Plan with a revision date of 6/28/2023, revealed .I have or am at risk for ORAL/DENTAL complication r/t [related to] no upper teeth and dentures unavailable .</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #41 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition.</p> <p>Observation in the resident's room on 8/21/2023 at 2:44 PM, 8/22/2023 at 8:11 AM, 8/23/2023 at 12:00 PM, and 8/24/2023 at 8:03 AM, revealed Resident #41 had no upper teeth.</p> <p>During an interview on 8/21/2023 at 3:15 PM, the Director of Social Services was asked was Resident #41 on the list to see dental services. The Director of Social Services stated, I will check and see.</p> <p>During an interview on 8/22/2023 at 8:40 AM, the Director of Social Services was asked the status of dental services for Resident #41. The Director of Social Services stated, I'm waiting on his orders, 360 [dental services] has to have a doctor's signature. The Director of Social Services was asked were Resident #41's dental issues not addressed the prior day. The Director of Social Services stated, He never said anything about needing it. The Director of Social Services was asked how often she asked the residents about dental and vision services. The Director of Social Services stated, I ask is everything okay .do you need anything. The Director of Social Services was asked did she specifically address the residents' dental and vision needs. The Director of Social Services stated, No. The Director of Social Services was asked did she talk to Resident #41 about seeing the dentist after she was asked about his dental services the previous day. The Director of Social Services stated, No .</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47835</p> <p>Based on policy review, observation, and interview, the facility failed to ensure staff changed gloves and sanitized their hands while going back and forth from dirty to clean dishes, when 2 of 3 (Dietary Staff #1 and #2) dietary staff members were observed in the dish room going from dirty to clean areas, then back to dirty, without changing gloves or washing hands. The facility had a census of 64 and 63 residents received a tray from the kitchen.</p> <p>The finding include:</p> <p>1. Review of the facility policy titled Warewashing dated 9/2017, revealed .Dining Services staff will be knowledgeable in the proper technique for processing dirty dishware through the dish machine, and proper handling of sanitized dishware .</p> <p>2. Observation in the Kitchen dish area on 8/22/2023 at 9:17 AM, revealed Dietary Staff #1, with gloved hands started on the dirty side, rinsed, and loaded dishes into the dish machine, then unloaded the dish machine and distributed the clean dishes without changing her gloves and washing her hands. This was observed during two rounds of loading and unloading the dish machine. Dietary Staff #1 failed to remove her gloves and perform hand hygiene.</p> <p>3. Observation in the Kitchen dish area on 8/23/2023 at 9:10 AM, Dietary Staff #2, with gloved hands, grabbed a rack from the dirty side of the dish machine, rinsed, then unloaded the rack into the dish machine. She went on to unload the clean dishes from the clean side of the dish machine and began placing them on racks on the clean side without removing her gloves and washing her hands</p> <p>During an interview on 8/23/2023 at 9:15 AM, Dietary Staff #2, was asked if she should be going back and forth between the clean dishes and dirty dishes without washing her hands. Dietary Staff #2 stated, No ma'am, but I don't know how else to do it because there is no time to stop.</p> <p>4. During an interview on 8/23/2023 at 9:15 AM, the Dietary Manager confirmed that staff should not be going back and forth between the dirty dishes and clean dishes without washing their hands.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37532</p> <p>Based on policy review, observation, and interview the facility failed to ensure infection control practices to prevent the spread of infection when 4 of 4 nurses (LPN #1, LPN #3, LPN #4, and LPN #6) (Licensed Practical Nurses) failed to perform hand hygiene during medication administration.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled, Handwashing/Hand Hygiene, dated 3/1/2023, revealed .This facility considers hand hygiene the primary means to prevent the spread of infections .All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors .Use an alcohol-based hand rub .or .soap and water for the following situations .Before and after direct contact with residents .Before preparing or handling medications .After contact with a resident's intact skin .After contact with objects .After removing gloves .Hand hygiene is the final step after removing and disposing of personal protective equipment .The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections . 2. Observation on the 300 Hall during medication (med) administration on 8/22/2023 at 5:07 PM, revealed LPN #1 placed a Novolog insulin pen on a tissue barrier on the med cart. LPN #1 stated, I'm going to have to put a one time order in . LPN #1 entered the order on the laptop on her med cart, closed the laptop, wrote the open date and time on the insulin pen, entered Resident #27's room, donned gloves, and administered Resident #27's insulin. LPN #1 failed to perform hand hygiene prior to donning gloves and administering Resident #27's insulin injection. 3. Observation on the 100 Hall during med administration on 8/23/2023 at 9:18 AM, revealed LPN #4 retrieved a lidocaine patch from the med cart and entered Resident #28's room. LPN #4 lowered the head of Resident #28's bed, donned gloves, removed the patch from Resident #28's lower back, disposed of the patch and put gloves in the trash can, donned gloves, and placed the new lidocaine patch on Resident #28's back. LPN #4 failed to perform hand hygiene prior to donning and after doffing gloves. 4. Observation on the 200 Hall during med administration on 8/23/2023 at 9:37 AM, revealed LPN #3 opened the med cart, retrieved a bottle of Vitamin B tablets, removed a tablet from the bottle, placed the tablet in a pill cutter, cut the tablet, removed the tablet with her bare hands, and placed it in the pill cup. 5. Observation and interview on the 100 Hall during med administration on 8/24/2023 beginning at 9:17 AM, LPN #6 removed each of Resident #2's medications from the med cart and stated, We have no D3 [vitamin D3] in the drawer. I will have to go see if there's any in the med room . LPN #6 placed the pill cup containing Resident #2's medications in the top drawer of the med cart and locked the cart. LPN #6 went to the med room, opened a cabinet, and moved medication bottles around with her hands looking for a bottle of vitamin D3. LPN #6 returned to the med cart, unlocked the med cart, removed Resident #2's medications from the med cart, went to Resident #2's room and administered Resident #2's medications. LPN #6 did not perform hand hygiene prior to removing medications from the med cart, after going to the med room, or prior to administering Resident #2's medications. <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6. During an interview on 8/25/2023 at 6:18 PM, the Director of Nursing (DON) was asked when should hand hygiene be performed during medication pass. The DON stated, A lot .before handling anything with the elderly .when entering the patient room, after administering meds and exiting the room. The DON confirmed that hand hygiene should be completed prior to donning and after doffing gloves. The DON was asked should staff remove a medication from the pill cutter with their bare hands. The DON stated, No.		