STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445002	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Oakwood	244 Oakwood Dr Lewisburg, TN 37091

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. Based on the facility's Work In/Out Report and interviews the facility failed to ensure there was Registered Nurse (RN) coverage for 8 consecutive hours a day, 7 days a week, for 2 of 30 days reviewed. The facility's census was 51. The findings include: Review of the facility's Work In/Out Report for time punches dated 1/10/2026, revealed RN A worked from 12:00 AM until 12:45 AM and RN A and RN B worked from 7:00 PM until 12:00 AM, which provided a period of 5 hours of RN coverage, resulting in no RN coverage for 8 consecutive hours. The facility was unable to provide documentation of RN coverage between 12:46 AM and 6:59 PM, resulting in no consecutive 8 hour interval of RN coverage for 1/10/2026. Review of the facility's Work In/Out Report for time punches dated 1/11/2026, revealed RN A worked from 12:00 AM until 3:00 AM and 3:30 AM until 7:30 AM. RN B worked from 12:45 AM until 7:15 AM, and from 7:00 PM until 12:00 AM, which provided a period of 7.5 hours of RN coverage, resulting in no RN coverage for 8 consecutive hours. The facility was unable to provide documentation of RN coverage between the hours of 7:31AM and 6:59 PM, resulting in no consecutive 8 hour interval of RN coverage for 1/11/2026. During an interview on 1/22/2026 at 8:03 AM, the Staffing Coordinator was asked if they were aware of the requirement to staff RN coverage 8 consecutive hours, 7 days a week. The Staffing Coordinator stated, Yes. The Staffing Coordinator was asked to provide documentation for RN coverage for the dates of 1/10/2026 and 1/11/2026. The Staffing Coordinator was unable to provide documentation to reflect RN coverage for 8 consecutive hours for the requested dates. During an interview on 1/22/2026 at 4:05 PM, the Administrator was asked, if there should be RN coverage for 8 consecutive hours, 7 days a week. The Administrator stated, Yes. The Administrator was asked, if the lack of RN coverage could result in medical concerns or the opportunity for missed medication doses for residents if not available. The Administrator stated, Yes. The Administrator was asked, who is responsible to ensure RN coverage is available 8 consecutive hours, 7 days a week. The Administrator stated, The ADON [Assistant Director of Nursing], DON [Director of Nursing], and the Staffing Coordinator.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interview, the facility failed to provide care and services to promote dignity for 1 of 1 (Resident #39) sampled residents reviewed for indwelling urinary catheter (plastic tube inserted into the bladder to drain urine).The findings include: 1. Review of the facility policy titled, Patient Rights, dated 9/2024, revealed .Privacy.we provide you with privacy so that you may maintain a dignified existence, self-determination. 2. Review of the medical record revealed Resident #39 was admitted to the facility on [DATE], with diagnoses including Aphasia, Obstructive and Reflux Uropathy (a condition that prevents normal urine flow), and Hypertensive Heart and Chronic Kidney Disease. ^ Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #39 scored a 5 on the Brief Interview for Mental Status (BIMS) assessment, which indicated Resident #39 was severely cognitively impaired, and was coded for the use of an indwelling urinary catheter. Review of the Physician Order dated 1/6/2026, revealed .Indwelling catheter change as needed accidental removal/occlusion. Observations in the dining room on 1/20/2026 at 11:05 AM and 4:52 PM, revealed Resident #39 was sitting in a high back reclining wheelchair at the dining table for meal service with a urinary catheter bag secured to the wheelchair with dark yellow urine noted in bag without a privacy cover to the bag. During an interview on 1/22/2026 at 4:05 PM, the Administrator was asked, if residents who have an indwelling urinary catheter should be provided a privacy bag to ensure dignity. The Administrator stated Yes, they should. The Administrator was asked, who is responsible for ensuring the residents have a privacy bag. The Administrator stated, The nurses should ensure we have those. The Administrator was asked, if a resident did not have a privacy bag and were in a common area, if that could cause a dignity concern or embarrassment for that resident. The Administrator stated, Yes .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, admission and financial agreement review, resident trust fund account review, medical record review, and interview, the facility failed to refund the resident's funds within 30 days of death or discharge for 3 of 3 (Resident #64, #65, and #66) sampled residents reviewed for personal funds. The findings include: 1. Review of the facility policy titled, Patient Trust, dated 10/2010, revealed .The funds should be refunded within 30 days of death or discharge, unless the state guidelines specify a shorter time frame. Review of the facility's admission and Financial Agreement revealed .Monies held for a Patient in trust will be paid to Patient's estate within 30 days of death. 2. Review of the medical record revealed Resident #64 was admitted to the facility on [DATE], with diagnoses including Dementia, Adult Failure to Thrive, Depression, and Anxiety.^ Review of Resident #64's face sheet listed Family Member A as the Resident Representative. Review of the Nurse's Note dated [DATE], revealed Resident #64 expired at the facility.^ Review of Resident #64's Resident Trust Fund Account dated [DATE], revealed an account balance remaining of $4,012.18.^ The facility failed to refund the remaining balance to Resident's 64's estate within 30 days of death. 3. Review of the medical record revealed Resident #65 was admitted to the facility on [DATE], with diagnoses including Alzheimer's Disease, Anxiety, Diabetes Mellitus, and Heart Failure.^ Review of Resident #65's face sheet listed Family Member A as the Resident Representative. Review of the Nurse's Note dated [DATE], revealed Resident #65 expired at the facility.^ Review of Resident #65's Resident Trust Fund Account dated [DATE], revealed an account balance of $1,948.00.^ The facility failed to refund the remaining balance to Resident #65's estate within 30 days of death. 4. Review of the medical record revealed Resident #66 was admitted to the facility on [DATE], with diagnoses including Dementia, Epilepsy, and Dysphagia. Review of the Nurse's Note dated [DATE] at 7:07 AM, revealed Resident #66 expired at the facility.^ Review of Resident #66's Resident Trust Fund Account dated [DATE], revealed an account balance of $573.91. The facility failed to refund the remaining balance to Resident #66's estate within 30 days of death. During an interview on [DATE] at 1:48 PM, the Business Office Manager (BOM) was asked if resident trust fund balances should be refunded within 30 days of death or discharge. The BOM stated .our policy states if they have a balance that is pending with insurance we hold those funds until the balance is paid, so we have those funds to pay that balance. Once that balance due is zero, we issue the checks . The BOM was asked if those balances have been paid out. The BOM stated The checks for these three residents were actually wrote out on [DATE], after the last quarter statements were issued .All three of these resident's refunds are going back to the [Named state reimbursement program] .[Resident #66] had a conservator, [Residents #64 and #65] did not have anyone to refund it to . During an interview on [DATE] at 4:04 PM, the Administrator was asked if resident trust fund balances should be refunded within 30 days of death or discharge. The Administrator stated, Yes.