STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445069	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Milan	8017 Dogwood Lane Milan, TN 38358

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 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, resident trust account review, medical record review, and interview, the facility failed to refund the residents' funds within 30 days of death or discharge for 2 of 52 sampled residents (Resident #109 and #110) reviewed for trust fund account statements. The findings include: 1. Review of the facility policy titled, Patient Trust, dated 10/2010, revealed .The balance remaining for a patient's trust fund account should be refunded as soon as all transactions are fully accounted for after a patient is discharged or deceased .the funds should be refunded within 30 days of death or discharge. 2. Review of the medical record revealed Resident #109 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Pneumonia, Dysphagia, and Dementia. Review of the Nurse's Note dated [DATE], revealed .Death pronounced at this time . Review of Resident #109's Quarterly Trust Fund statement from [DATE] through [DATE], revealed an account balance of $3,843.98. 3. Review of the medical record revealed Resident #110 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Dysphagia, Acute Kidney Failure, and Dementia. Review of the Nurse's Note dated [DATE], revealed .pronounced at 5:15 PM . Review of Resident #110's Quarterly Trust Fund statement from [DATE] through [DATE], revealed an account balance of $562.51. During an interview on [DATE] at 8:25 AM, the Accounting Bookkeeper confirmed Resident #109 and #110's account balances with existing funds should have already been refunded.

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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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, job description review, medical record review, observation, and interview, the facility failed to ensure the environment was free from accident hazards when hot water temperatures ranging from 120 degrees Fahrenheit (F) to 138 degrees F were found in 23 of 92 (Resident #2, #11, #13, #23, #27, #28, #33, #46, #58, #63, #65, #66, #71, #76, #77, #82, #84, #87, #88, #90, #95, #105 and #106) Residents' bathrooms. Eleven Residents who were physically and/or cognitively impaired (Residents #11, #27, #28, #33, #46, #63, #65, #66, #71, #77, and #95) resided in a room with elevated hot water temperatures and nine of the cognitively impaired residents were able to access the hot water in their rooms. The findings include: 1. Review of the undated facility policy titled, Water Quality Management Program, revealed . committed to providing a safe environment for our patients. Review of the undated TELS [(The Equipment Lifecycle System) - a platform used to promote a safer environment]: Test and Log the Hot Water Temperatures, revealed .For burn prevention.keep domestic water temperatures below 120 degrees Fahrenheit. 2. Review of the Administrator's job description dated 5/4/2016, revealed .The Administrator has complete administrative and managerial responsibilities within the health care center .Ability to interpret and implement regulations .Assures compliance with State and Federal Regulations . Review of the Maintenance Supervisor's job description dated 10/18/2024, revealed .Plans, directs and supervises maintenance program (.plumbing, water .) .Inspects all equipment and systems regularly for proper functioning and safety .When an outside contractor performs service, it is to be supervised by this position .Regular inspection of . equipment for compliance with safety regulations . Review of the Maintenance Assistant's job description dated 11/11/2024, revealed .Inspects all equipment and systems regularly for proper functioning and safety . 3. Review of the (named supplier) Invoice dated 8/1/2025, revealed .ON HALL 400 THEY HAVE HOT WATER COMING OUT OF BOTH HOT AND COLD .Installed new check valve and expansion tank. Also calibrated mixing valve . 4. Review of the medical record revealed Resident #2 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Diabetes, Anxiety, and Depression. Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #2 was cognitively intact. Resident #2 was dependent on staff to perform Activities of Daily Living (ADLs). Observations in the Resident's bathroom dated 8/25/2025 at 10:25 AM, revealed the water temperature at Resident #2's sink was checked with a calibrated thermometer with a reading of 120 degrees F. 5. Review of the medical record revealed Resident #11 was admitted to the facility on [DATE], with diagnoses including Multiple Sclerosis, Pressure Ulcer, Osteoarthritis, and Anxiety. Review of the admission MDS assessment dated [DATE], revealed a BIMS score of 12, which indicated Resident #11 was moderately cognitively impaired. Resident #11 was dependent on staff to perform ADLs. 6. Review of the medical record revealed Resident #28 was admitted to the facility on [DATE], with diagnoses including Atrial Fibrillation, Failure to Thrive, Hypertensive Heart Disease, and Heart Failure. Review of the admission MDS assessment dated [DATE], revealed a BIMS score of 11, which indicated Resident #28 was moderately cognitively impaired. Resident #28 was dependent on staff to perform ADLs. Observation in the Residents shared bathroom on 8/25/2025 at 9:06 AM, revealed Residents #11 and #28's sink water temperature was checked with a calibrated thermometer with a reading of 134 degrees F. 7. Review of the medical record revealed Resident #13 was admitted to the facility on [DATE], with diagnoses including Chronic Kidney Disease, Diabetes, Chronic Respiratory Failure, and Anemia. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated Resident #13 was cognitively intact. Resident #13 was independent with ambulation. Review of the medical record revealed Resident #33 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Encephalopathy, and Hypertensive Chronic Kidney Disease. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score 00 which indicated Resident #33 was severely cognitively impaired. Resident #33 required supervision assistance with ambulation. Review of the medical record revealed Resident #95 was admitted to the facility on [DATE], with diagnoses including Dementia, Femur Fracture, Depression, Anxiety, and Malnutrition. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 11, which indicated Resident #95 was moderately cognitively impaired. Resident #95 was independent with ADLs. Observation in Residents #13, #33 and #95's shared bathroom on 8/25/2025 at 9:34 AM, revealed the sink water temperature was checked with a calibrated thermometer with

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, record review, observation, and interview, the facility failed to provide care and services for residents with a percutaneous enteral gastrostomy (PEG) tube (a tube inserted through the skin and into the stomach to administer medications and supplements) when staff failed to administer the ordered enteral feeding and failed to check the residual volume for 2 of 2 residents (Resident #4 and #97) reviewed for tube feedings. The findings include: 1. Review of the facility policy titled, Peg tube medication administration, dated 12/2019, revealed .Check to see if the exit of the tube [PEG tube] was marked upon initial insertion. If tube was not marked check gastric residual volume unless the patient is able to verbalize discomfort such as nausea/vomiting, bloating. 2. Review of the medical record revealed Resident #4 was admitted to the facility on [DATE], with diagnoses including Aphasia, Dysphagia, Diabetes, and Heart Failure. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) was not performed due to Resident #4 was unable to be interviewed and was dependent on staff for all care. Resident #4 received enteral feeding (the administration of nutrients, or medication through a tube through the abdomen directly into the stomach). Review of the Physician's Orders dated 3/29/2025, revealed (Named diabetic enteral feeding) 1.2 Calorie (Cal) to infuse at 65 Milliliters per hour (ml/hr) for 22 hours per day for a total volume of 1430 ml per day. Observation on in Resident #4's room on 8/26/2025 at 8:00 AM, revealed a (named) enteral feeding 1.5 Cal infusing at 65 ml/hr through the feeding tube pump. During an interview on 8/26/2025 at 11:10 AM, RN B confirmed Resident #4 was not receiving the correct enteral feeding as ordered by the physician. 3. Review of the medical record revealed Resident #97 was admitted to the facility on [DATE], with diagnoses including Anoxic Brain Damage, Dysphagia following Cerebral Infarction, Gastro-Esophageal Disease, and Gastrostomy. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score was not completed due to Resident #97's severely impaired cognition. Resident #97 was dependent on staff for activities of daily living (ADL's) and received nutrition through an enteral feeding tube. Review of the Physician's Order dated 6/27/2025, revealed .acetaminophen tablet . 500mg [milligram] .1 tab [tablet] .gastric tube . Review of the Physician's Order dated 8/18/2025, revealed . baclofen tablet .10mg .1 tab .gastric tube . Observation in Resident #97's room on 8/26/2025 at 2:27 PM, revealed LPN A checked residual (amount of fluid left in the stomach through a feeding tube between enteral feeding sessions to assess feeding intolerance) by pulling 60 ml of residual gastric contents using an enteral syringe and replaced the contents back into the peg tube without verifying the total gastric residual volume. LPN A then continued with medication administration and reattached to peg feeding tubing with (named) 1.5 Cal infusing at 50 ml/hr with 40 ml/hr water flush via peg pump. Observation in Resident #97's room on 8/27/2025 at 12:37 PM, revealed Resident #97's peg tube exit site had no markings on it for placement verification. During an interview on 8/27/2025 at 2:12 PM, the Director of Nursing (DON) confirmed Resident #97 was unable to verbalize discomfort such as nausea/vomiting and bloating and that staff should verify the full gastric residual volume prior to medication administration. The DON confirmed that by not doing so could result in complications including aspiration or discomfort for the resident and there should be a Physician's Order related to parameters for the gastric residual volume for residents receiving PEG medications or feedings.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interview, the facility failed to maintain emergency supplies at bedside for 2 of 2 (Resident #4 and #97) sampled residents reviewed for tracheostomy care. The findings include: 1. Review of the medical record revealed Resident #4 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Tracheostomy, Chronic Respiratory failure, Chronic Obstructive Pulmonary Disease, Dysphagia, and Heart Failure. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) was not completed due to Resident #4 was unable to be interviewed. Resident #4 was dependent on staff for activities of daily living (ADLs) and received Tracheostomy care. Review of the Care Plan dated [DATE], revealed .He [Resident #4] will not exhibit s/s [signs and symptoms] of complications r/t [related to] presence of tracheostomy . Observations in Resident #4's on [DATE] at 10:25 AM and [DATE] at 8:05 AM, in Resident #4's room, revealed there was no manual resuscitation bag at the bedside for emergencies. During an interview on [DATE] at 11:30AM, Resident Nurse (RN) B confirmed that residents with a tracheostomy should have a manual resuscitation bag at bedside. 2. Review of the medical record revealed Resident #97 was admitted to the facility on [DATE], with diagnoses including Chronic Respiratory Failure, Anoxic Brain Injury, and Tracheostomy. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score was not completed and Resident # 97 had severely impaired cognition, was dependent on staff for ADLs, and was noted for oxygen therapy, suctioning, and tracheostomy care. Review of Resident #97's Care Plan with a revised date of [DATE], revealed .Presence of.trach [tracheostomy].Respiratory Function - at risk for compromise . Review of the Physician's Order dated [DATE], revealed .Tracheostomy care instructions.TRACH CARE DAILY. PATENT [patient] HAS A .TRACH WITH .INNER CANNULA. Review of Resident #97's Tennessee Physician Orders for Scope of Treatment (POST) form dated [DATE], revealed .CARDIOPULMONARY RESUSCITATION [CPR] .Full treatment. Observation in Resident #97's room on [DATE] at 8:40 AM, revealed there was not a manual resuscitation bag present at bedside. During an observation and interview in Resident #97's room on [DATE] at 1:21 PM, Respiratory Therapist (RT) C confirmed there was not a manual resuscitation bag in Resident #97's room. RT C stated, .We use the ones [manual resuscitation bag] on the crash carts that are at the nurses' station.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observations and interviews, the facility failed to ensure posted Daily Staffing information was accurate for dates 8/26/2025 and 8/27/2025. The findings include: Observations in the hallway at the North Wing nurse's station and the South Wing nurse's station on 8/26/2025 at 7:31 AM, 10:10 AM, and 1:22 PM, revealed the posted Daily Staffing information was dated 8/25/2025. Observations in the hallway at the North Wing nurse's station and the South Wing nurse's station on 8/27/2025 at 9:00 AM and 10:35 AM, revealed the Daily Staffing information was dated 8/26/2025. During an interview on 8/27/2025 at 10:37 AM, the Assistant Director of Nursing (ADON) confirmed that she was responsible for posting the Daily Staffing at the North Wing nurse's station and the South Wing nurse's station, and the Daily Staffing should be posted first thing in the morning. During an interview and observation at the North Wing nurses' station on 8/27/2025 at 10:46 AM, the ADON confirmed the Daily Staffing posted was dated 8/26/2025.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on the Refrigerator Temperature Log review, observation, and interview the facility failed to ensure medications were properly stored when 1of 3 (South Wing) medication refrigerator temperature logs had no documentation for 13 out of 26 days. The findings include: 1. Review of the facility's Refrigerator Temperature Log, dated 8/2025, revealed .Proper medication refrigerator temperature range is between 36 [degrees] - (and) 46 [degrees] Fahrenheit. 2. Observation in the South Wing Medication Storage Room on 8/27/2025 at 9:36 AM, revealed the Refrigerator Temperature Log dated 8/2025, revealed there was no documentation for the refrigerator temperature on 8/3/2025-8/5/2025, 8/9/2025, 8/10/2025, 8/12/2025, 8/14/2025, 8/16/2025, 8/17/2025, 8/20/2025, and 8/22/2025-8/24/2025. 3. During an interview on 8/27/2025 at 3:50 PM, the Director of Nursing (DON) was asked how often the medication refrigerator temperatures should be checked and logged. The DON stated, Daily. The DON confirmed that staff would not be able to ensure refrigerated medications were being stored at the proper temperature with an incomplete temperature log.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to ensure proper infection control practices were followed when 1 of 1 staff members (Registered Nurse (RN) B) failed to wear personal protective equipment (PPE) and failed to perform hand hygiene during medication administration for 1 of 5 (Resident #11) sampled residents. The findings include: 1. Review of the undated facility policy titled, Hand Washing and Hand Sanitizer, revealed .Hand Hygiene is the primary means to prevent the spread of infection.Wash or sanitize hands after contact with patient .removal of gloves. Review of the facility policy titled, .Enhanced Barrier Precautions, dated 2/2025, revealed .Enhanced Barrier Precautions (EBP) refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms .that employs targeted gown and glove use during high contact activities .Providers and partners must wear gloves and a gown for the following.Device care or use .Indwelling Medical Devices.Central lines. 2. Review of the medical record revealed Resident #11 was admitted to the facility on [DATE], with diagnoses including Multiple Sclerosis, Gastrostomy, Dysphagia, and Small Bowel Resection Status. Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for [NAME] Status (BIMS) score of 12, which indicated Resident #11 was moderately cognitively impaired, was dependent of staff for activities of daily living, and received Total Parenteral Nutrition (TPN) (a method of delivering nutrients directly into the bloodstream). Review of the Care Plan dated 7/8/2025, revealed .ENHANCED BARRIER PRECAUTIONS: Presence of .central line.Use of gown and gloves during high-contact care activities. Review of the Physician Order dated 8/4/2025, revealed .Enhanced Barrier Precautions presence. Review of the Physician Order dated 8/9/2025, revealed an order for TPN intravenous infusion at 195 milliliters (ml) per hour for 11 hours than 105 ml per hour for one hour then take down. Observation during medication administration in Resident #11's room on 8/26/2025 at 11:02 AM, revealed Registered Nurse (RN) B failed to perform hand hygiene between glove changes when preparing TPN medications and did not wear a gown when cleaning and accessing Resident #11's central line (an indwelling device inserted into a large vein used to administer medication or fluids During an interview on 8/27/2025 at 10:11 AM, the Director of Nursing (DON) confirmed staff should wear gloves and a gown when accessing a central line of a resident in EBP and staff should perform hand hygiene between glove changes.