STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445088	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Springfield	608 8th Ave East Springfield, TN 37172

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to provide an environment free of hazardous materials for 2 of 93 (Resident #3 and #96) sampled for accident hazards. The findings include: 1. Review of the facility's policy titled Environmental Services Toolkit, dated 8/2025, revealed .Keep chemicals locked up away from patients when not in use . The facility was unable to provide a policy regarding razors and hazardous sharps unsecured and unattended in a resident's room. 2. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses including Obstructive Pulmonary Disease, Atrial Fibrillation, Heart Failure, Diabetes, and Major Depressive Disorder. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #3 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment, which indicated Resident #3 was cognitively intact. Observation in Resident #3's room on 12/1/2025 at 11:47 AM and 3:17 PM, revealed 7 teal-colored disposable razors in a bowl on the Resident's over bed table. During an observation and interview in Resident #3's room on 12/1/2025 at 3:29 PM, Licensed Practical Nurse (LPN) A was asked should disposable razors be left out unsecured and unattended in a Resident's room. LPN A stated, No, they should not be. During an interview on 12/3/2025 at 11:52 AM, the Director of Nursing (DON) was asked if disposable razors should be left out unsecured and unattended in a resident's room. The DON stated, I would say for safest practice, no. 3. Review of the medical record revealed Resident #96 was admitted to the facility on [DATE], with diagnoses including Heart Failure, Myocardial Infarction, Atrial Fibrillation, and Cardiac Arrest. Review of the admission MDS assessment dated [DATE], revealed Resident #96 scored a 9 on the BIMS assessment, which indicated he was moderately cognitively impaired. Observation in Resident #96's room on 12/1/2025 at 11:10 AM and 12:27 PM, revealed a can of disinfecting spray, a bottle of hand sanitizer, a container of disinfecting wipes and a clear box containing unused lancets (an instrument with a sharp pointed blade) and alcohol pads on Resident #96's nightstand. During an observation and interview in Resident #96's room on 12/1/2025 at 3:45 PM, LPN D was asked if alcohol pads, disinfecting spray, lancets, hand sanitizer and disinfecting wipes should be on the Resident's nightstand. LPN D stated, No, they should not be in the Resident's room. During an interview on 12/3/2025 at 7:44 AM, the DON was asked if sharps, hand sanitizer, alcohol pads, lancets, disinfecting spray and disinfecting wipes should be at the Resident's bedside. The DON stated, No.

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 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 policy review, observation and interview, the facility failed to ensure medications were properly stored and secured when 2 of 6 nurses (Registered Nurse (RN) B and Licensed Practical Nurse (LPN) C) left medication carts unsecured and unattended. The findings include: 1. Review of the facility policy titled, Medication Storage in the Facility.Controlled Substance Storage, dated 2/25/2025, revealed .Medications included in the Drug Enforcement Administration (DEA) classifications as controlled substances are subject to special handling, storage, disposal and recordkeeping in the facility in accordance with federal, state and other applicable laws and regulation.Schedule II medications are stored in an affixed, double locked compartment separate from all other non-controlled medications or per state regulations. The facility was unable to provide a policy related to medication cart drug storage. During an observation and interview on the 14 Hall on 12/2/2025 at 3:34 PM, RN B left the Medication Skilled Cart 3 unsecured and unattended when RN B entered a resident's room without locking the medication cart. RN B was asked if a medication cart should be left unlocked when unattended. RN B stated, No . During an observation and interview on the 30 Hall on 12/3/2025 at 8:02 AM, LPN C walked away from the 30 Hall Medication Cart and into a resident's room. LPN C was out of sight of the surveyor and an unsecured medication cart while the surveyor was performing a medication cart check. LPN C was asked if they should have left the surveyor alone with the medication cart open and unsupervised. LPN C stated No, I should not have. During an interview on 12/3/2025 at 11:13 AM, the Director of Nursing (DON) was asked if a medication cart should be left unsecured and unattended when staff are in a resident's room, out of sight of the cart. The DON stated, No. The DON was asked if staff should leave a surveyor alone when performing a medication cart check with the cart unsecured, open, and out of sight of staff. The DON stated, No.

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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 6 (Licensed Practical Nurse (LPN) A) nurses failed to wear Personal Protective Equipment (PPE) for Enhanced Barrier Precautions (EBP) while administering medications through a Gastrostomy (surgically placed device used to give direct access to the stomach) tube. The findings include: 1. Review of the facility policy titled, 706 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 High-Contact Patient Care Activities.Device care of use.feeding tube. 2. Review of the medical record revealed Resident #34 was admitted to the facility on [DATE], with diagnoses including Hemiplegia and Hemiparesis, Aphasia (an inability or impaired ability to understand or produce speech), Dysphagia (difficulty swallowing), and Gastrostomy. ^ Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score was unable to be completed. Resident #34 had severely impaired cognitive skills for daily decision making. Resident #34 was noted to have a feeding tube. Review of the Physician's Order dated 11/11/2025, revealed .simethicone [a medication used for gas relief] .tablet, chewable.125 mg [milligram].gastric tube.Three Times A DAY. ^ Review of the Physician's Order dated 11/11/2025, revealed .Enhanced Barrier Precautions r/t [related to] (indwelling medical device) q [every] shift. ^ Observation in Resident #34's room on 12/2/2025 at 4:16 PM, revealed LPN A administered simethicone 125 mg by way of Resident #34's Gastrostomy tube without donning a gown. During an interview on 12/2/2025 at 4:30 PM, LPN A was asked if PPE to include a gown and gloves should have been worn when administering medications or care to a resident's gastric tube. LPN A stated, I should have worn a gown because [Resident #34] is in EBP. ^ During an interview on 12/3/2025 at 11:13 AM, the Director of Nursing (DON) was asked if staff should wear PPE in EBP rooms when performing enteral medication administration. The DON stated, Yes.