STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445099	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Athens	1204 Frye St Athens, TN 37303

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 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. **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 properly store medications and medical supplies in 1 of 2 medication carts observed for medication storage. The findings include: Review of the facility's policy titled, Medication Storage in the Facility, dated 2/25/2025, revealed .Medications and biologicals are stored safely, securely, and properly .Drugs dispensed in the manufacturer's original container will expire upon manufacturer's expiration date .All expired medications will be removed from the active supply . Review of the medical record revealed Resident #49 was admitted to the facility on [DATE] with diagnoses including Essential Hypertension, Gastro-Esophageal Reflux Disease, and Low Back Pain. Review of the Physician's Orders for Resident #49, revealed .Start Date .03/31/2025 .ondansetron [medication used to treat nausea] .4 mg [milligrams] .1 tab .for nausea/vomiting Every 6 Hours- PRN [as needed] .Review of the Medication Administration Records (MARs) for Resident #49 dated from 3/1/2026-6/9/2026 revealed the resident had not received the ondansetron 4 mg.During an observation of the 200 long hall medication cart and interview with Licensed Practical Nurse (LPN) A on 6/9/2026 at 8:00 AM, revealed an ondansetron 4 mg tablet for Resident #49 with an expiration date of 12/3/2025. Further observation revealed an unopened package of 6 breathable adhesive skin closures, an opened package with 3 breathable adhesive skin closures with an expiration date of 4/16/2026. Continued observation revealed (3) 20 gauge by 1-inch intravenous (IV) needles with an expiration date of 3/2/2025, and (1) 20 gauge by 1-inch IV needle with an expiration date of 12/4/2025. LPN A confirmed Resident #49 had an ondansetron 4 mg tablet that expired on 12/3/2025, the skin closures and IV needles had expired, and were available for resident use.

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