STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445126	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Sequatchie	360 Dell Trail Po Box 878 Dunlap, TN 37327

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to resubmit a Pre-admission Screening and Resident Review (PASARR) timely after a new mental health diagnosis for 6 resident's (Resident #6, Resident #9, Resident #10, Resident #47, Resident #48, & Resident #63) of 12 residents reviewed for PASARR. The findings include: Review of the facility's policy titled, PRE-ADMISSSION SCREENING AND RESIDENT REVIEW (PASRR), revised date 11/2016, revealed .For those patients found nursing facility appropriate .center should refer any patient for Level II resident review upon a significant change in status/condition such as newly evident or possible serious mental disorder, intellectual disability or a related condition . 1. A PASARR was not submitted after new mental health diagnoses of Anxiety Disorder, Delusional Disorder, and Psychotic Disorder were added for Resident #6. Review of a Level 1 Pre-admission Screening Resident Review (PASARR) dated 10/31/2025, revealed Resident #6 had 1 mental health diagnosis of Depression (mild or situational). Review of the medical record revealed Resident #6 was admitted to the facility on [DATE] with diagnoses including Diabetes Mellitus, Acute Pulmonary Edema, and Anxiety Disorder. Continued review revealed the resident received a new mental health diagnosis of Major Depression on 11/11/2025 and Delusional Disorders on 11/20/2025. Review of a significant Minimum Data Set (MDS) assessment for Resident #6 dated 3/4/2026, revealed Resident #6 had an active diagnosis which included Dementia, Anxiety Disorder, Depression, and Psychotic Disorder. Review of the medical record for Resident #6 revealed a new Level II PASARR had not been submitted to the state designated authority after the mental health diagnoses of Major Depression, Delusional Disorders, and Psychotic Disorder were added. 2. A PASARR was not submitted after a new mental health diagnosis of Delusional Disorder was added for Resident #9. Review of a PASARR Level 1 screen for Resident #9 dated 1/23/2026, revealed the resident had mental health diagnoses including Major Depression, Bipolar Disorder, and Anxiety Disorder. Review of the medical record revealed Resident #9 was admitted to the facility on [DATE] with diagnoses including Chronic Pain, Muscle Spasms, and Dementia. Continued review revealed the resident received a new mental health diagnosis of Delusional Disorder on 1/29/2026. Review of the admission MDS assessment dated [DATE], revealed Resident #9 had diagnoses including Bipolar, Depression, and Anxiety. Review of the medical record for Resident #9 revealed a new Level II PASARR had not been submitted to the state designated authority after new mental health diagnoses were added. 3. A PASARR was not submitted after a new mental health diagnosis of Psychotic/Delusional Disorder was added for Resident #10. Review of a PASARR Level 1 screen for Resident #10 dated 6/10/2025, revealed the resident had a diagnosis of Schizophrenia. Review of the medical record revealed Resident #10 was admitted to the facility on [DATE] with diagnoses including Schizophrenia and Anxiety Disorder. Continued review revealed the resident received a new mental diagnosis of Psychotic/Delusional Disorder on 8/4/2025. Review of a quarterly MDS assessment for Resident #10 dated 3/19/2026, revealed Resident #10 had active diagnoses of Schizophrenia and Anxiety Disorder. Review of the medical record for Resident #10 revealed a new level II PASARR had not been submitted to the state designated authority after the (continued on next page)

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	new mental health diagnosis of Psychotic/Delusional Disorder was added on 8/4/2025. 4. A PASARR was not submitted after a new mental health diagnosis of Psychotic/Delusional Disorder was added for Resident #47. Review of a PASARR Level I screen for Resident #47 dated 3/3/2023, revealed a mental health diagnoses of Major Depression. Review of the medical record revealed Resident #47 was admitted to the facility on [DATE] with diagnosis including Hypothyroidism, Major Depressive Disorder, Hyperlipidemia, and Osteoporosis. Continued review revealed the resident received a new mental health diagnosis of Delusional Disorders on 4/17/2024. Review of a quarterly MDS assessment for Resident #47 dated 3/13/2026, revealed Resident #47 had active diagnoses which included Depression and Psychotic Disorder. Review of the medical record for Resident #47 revealed a new level II PASARR had not been submitted to the state designated authority after the new mental health diagnosis of Delusional Disorder was added on 4/17/2024. 5. A PASARR was not submitted after mental health diagnoses of Major Depressive Disorder, Anxiety Disorder, and Psychotic/Delusional Disorder were added for Resident #48. Review of a PASARR Level 1 screen for Resident #48 dated 7/15/2022, revealed the resident had no mental health diagnosis known or suspected. Review of the medical record revealed Resident #48 was admitted to the facility on [DATE] with diagnoses including Major Depressive Disorder and Anxiety Disorder. Continued review revealed the resident received a new mental health diagnosis of Psychotic/Delusional Disorder on 3/31/2023. Review of a quarterly MDS assessment for Resident #48 dated 3/6/2026, revealed Resident #48 had active diagnoses of Anxiety, Depression, and Psychotic/Delusional Disorder. Review of the medical record for Resident #48 revealed a new Level II PASARR had not been submitted to the state designated authority after the mental health diagnoses of Major Depressive Disorder, Anxiety Disorder, and Psychotic/Delusional Disorder were added. 6. A PASARR was not submitted after a new mental health diagnosis of Psychotic/Delusional Disorder was added for Resident #63. Review of a PASARR Level 1 screen for Resident #63 dated 8/27/2024, revealed the resident had diagnoses of Major Depression and Bipolar Disorder. Review of the medical record revealed Resident #63 was admitted to the facility on [DATE] with diagnoses including Major Depressive Disorder and Bipolar Disorder. Continued review revealed the resident received a new mental diagnosis of Psychotic/Delusional Disorder on 10/7/2025. Review of a quarterly MDS assessment for Resident #63 dated 4/7/2026, revealed Resident #63 had active diagnoses including Depression, Bipolar Disorder, and Anxiety Disorder. Review of the medical record for Resident #63 revealed a new Level II PASARR had not been submitted to the state designated authority after the mental health diagnosis of Psychotic/Delusional Disorder was added. During a record review and interview on 4/22/2026 at 10:50 AM, the Assistant Director of Nursing (ADON) stated she was responsible for referring to the state designated agency for PASARRs after new mental health diagnoses were identified and added to the resident's medical record. The ADON confirmed she had failed to refer Resident #6, Resident #9, Resident #10, Resident #47, Resident #48 and Resident #63 to the state designated agency for a Level II PASARRS after the new mental health conditions were added. During an interview on 4/22/2026 at 12:05 PM, the Director of Nursing (DON) confirmed the facility policy for referring to the state agency for PASARRS after identifying new mental health conditions was not followed.

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F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents have reasonable access to and privacy in their use of communication methods. Based on facility policy review and interviews, the facility failed to ensure mail was delivered on Saturdays to 9 residents (Resident #11, Resident #12, Resident #15, Resident #18, Resident #20, Resident #29, Resident #37, Resident #51, and Resident #56) of 9 residents reviewed for mail delivery. The findings include: Review of the facility's policy titled Mail Distribution to Patients, undated, revealed .CMS requires mail to be distributed to the patients within 24 hours of delivery by Postal Service .Be sure your center has a system set up to deliver mail to the patients within 24 hours, including weekends and when Life Enrichment is out of the building . During the Resident Council meeting and interviews on 4/21/2026 at 10:15 AM, Residents #11, Resident #12, Resident #15, Resident #18, Resident #20, Resident #29, Resident #37, Resident #51, and Resident #56 stated they did not receive mail on Saturdays and must wait until Monday when staff were in the front office. During an interview on 4/21/2026 at 10:58 AM, the Administrator confirmed the mail was not being delivered to the residents by the facility staff on Saturdays. The Administrator further confirmed that the Postal Service delivered mail on Saturdays to the facility, and it was his expectation the residents receive their mail on Saturdays as they would on weekdays. Amended F-576 on 5/6/2026.