STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445128	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Oak Ridge	300 Laboratory Rd Oak Ridge, TN 37831

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, facility document review, medical record review, observation, and interview, the facility failed to follow the facility's policy related to fluid restrictions for 3 residents (Resident#2, Resident#7, and Resident#23) of 5 residents reviewed for fluid restrictions.The findings include: Review of the facility's policy titled, FNS [Food Nutrition Services] Fluid Restriction Distribution Best Practice, undated, revealed .distribute fluid when a resident has an order for the fluid to be restricted .fluid restrictions order is entered .nursing should go to the Diet Order and to see if there is a Special Instruction note related to the fluid restriction . Review of the facility's document titled, FNS [food nutrition services] Fluid Restriction Distribution Best Practice, undated, revealed .The purpose of this guideline is to recommend how to best distribute fluid when a resident has an order for the fluid to be restricted .Fluid Restriction Orders .Fluid Restrictions are written as .Total volume in ml's (milliliters); fluid to be used by nursing shift for med [medication] passes; fluid to be provided by FNS .The Recommended Baseline Fluid Restriction Distribution is .[fluid restriction of] 1000 [ml] .Nursing Total .280 [ml per 24 hours] .140 [ml per 12 hour shift] .[fluid restriction of] 1500 [ml] .Nursing Total .300 [ml per 24 hours] .150 [ml per 12 hour shift] .[fluid restriction of] 1800 [ml] .Nursing Total .360 [ml per 24 hours] .180 ml [per 12 hour shift] . Review of the medical record revealed Resident #2 was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses including Chronic Stage 5 Kidney Disease and Chronic Congestive Heart Failure. Review of a Significant Change Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #2 scored a 99 on the Brief Interview for Mental Status (BIMS) assessment which indicated the interview was unable to be completed. Review of the Comprehensive Care Plan dated 2/10/2026, revealed .end stage renal disease requiring dialysis .report s/s [signs and symptoms] of fluid deficits . Review of the Physician's Order for Resident #2 dated 1/27/2026, revealed .1000 fluid restriction (280 ml [milliliter] from nsg [Nursing] .720 ml from FNS [food and nutrition services]) daily .no bedside water pitcher . Review of the electronic Medication Administration Record (e-MAR) for Resident #2 dated 2/1/2026 – 2/19/2026, revealed .1000 fluid restriction every day . Further review revealed no documentation which indicated how much fluid nursing staff was to administer each shift (7:00 AM-7:00 PM and 7:00 PM-7:00 AM) or how much fluid had been administered to the resident. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/19/2026, at 2:10 PM, Licensed Practical Nurse (LPN) B stated Resident #2 had a fluid restriction of 1000 ml daily and nursing administered 300 ml each shift. LPN B confirmed she administered 300 ml when she worked (7:00 AM-7:00 PM). Review of the medical record revealed Resident #7 was admitted to the facility on [DATE] with diagnoses including Diabetes, Chronic Kidney Disease, and Congestive Heart Failure. Review of the Comprehensive Care Plan dated 12/01/2025, revealed .Nutritional Status .Diet . 1800 fluid restriction: FNS 1440 ml, Nursing 360 ml, No bedside pitcher . Review of the 5-day admission MDS assessment dated [DATE], revealed Resident #7 scored a 15 on the Brief Interview for BIMS assessment which indicated the resident was cognitively intact. Review of e-MAR dated 2/2026, revealed Resident #7 had no documentation of how much fluid the resident had received in a 24-hour period. Review of the Physician's Order for Resident #7 dated 2/19/2026, revealed Resident #7, .Dietary .2/19/2026-Special Instructions .1800 Fluid Restriction .no bedside water pitcher . Review of a Nursing Progress notes for Resident #7 dated 1/17/2026- 2/17/2026, revealed no documentation of fluid overload or hospitalization. During a medical record review and interview on 2/19/2026 at 9:24 AM, Registered Nurse (RN) A stated if a resident was on fluid restriction, a physician order was obtained and the order was reflected on the e-MAR. RN A reviewed the e-MAR for Resident #7 and stated the resident was not on fluid restrictions (was not reflected on the e-MAR). During an interview on 2/19/2026 at 9:30 AM, LPN C confirmed Resident #7's fluid restriction was not reflected on the e-MAR. During an interview on 2/19/2026 at 10:02 AM, the Regional Dietician (RD) stated when a resident had a Physician's Order for a fluid restriction, dietary provided a certain amount of fluids and nursing provided a certain amount of fluids. The dietary department followed the recommended Baseline Fluid Restriction Distribution form. Review of the medical record revealed Resident #23 was admitted to the facility on [DATE] with diagnoses including Hypertensive Heart Disease with Heart Failure, Chronic Diastolic (Congestive) Heart Failure, Stage 3 Chronic Kidney Disease, and Type 2 Diabetes Mellitus. Review of a Scheduled 5 Day MDS assessment dated [DATE], revealed Resident #23 scored a 7 on the BIMS assessment which indicated the resident had severe cognitive impairment and was dependent with eating. Review of the Comprehensive Care Plan dated 2/18/2026, revealed .1500ml Fluid restriction (300ml NSG [nursing], 1200ml FNS); no bedside water pitcher due to fluid restriction . Review of the Physician's Order for Resident #23 dated 2/18/2026, revealed .Fluid .1500ml daily of fluid provided to patient .(300ml NSG, 1200ml FNS) . (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the e-MAR for Resident #23 dated 2/4/2026-2/18/2026, revealed the resident's fluid intake was documented as follows: 2/4/2026 7:00 AM-7:00 PM-800 ml 2/4/2026 7:00 PM-7:00 AM-800 ml 2/5/2026 7:00 AM-7:00 PM-300 ml 2/5/2026 7:00 PM-7:00 AM-800 ml 2/6/2026 7:00 AM-7:00 PM-300 ml 2/6/2026 7:00 PM-7:00 AM-200 ml 2/7/2026 7:00 AM-7:00 PM-300 ml 2/7/2026 7:00 PM-7:00 AM-200 ml 2/8/2026 7:00 AM-7:00 PM-300 ml 2/8/2026 7:00 PM-7:00 AM-200 ml 2/9/2026 7:00 AM-7:00 PM-300 ml 2/9/2026 7:00 PM-7:00 AM-200 ml 2/10/2026 7:00 AM-7:00 PM-300 ml 2/10/2026 7:00 PM-7:00 AM-300 ml 2/11/2026 7:00 AM-7:00 PM-300 ml 2/11/2026 7:00 PM-7:00 AM-240 ml 2/12/2026 7:00 AM-7:00 PM-300 ml 2/12/2026 7:00 PM-7:00 AM-200 ml 2/13/2026 7:00 AM-7:00 PM-300 ml 2/13/2026 7:00 PM-7:00 AM-500 ml 2/14/2026 7:00 AM-7:00 PM-300 ml 2/14/2026 7:00 PM-7:00 AM-300 ml 2/15/2026 7:00 AM-7:00 PM-300 ml (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2/15/2026 7:00 PM-7:00 AM-240 ml 2/16/2026 7:00 AM-7:00 PM-240 ml 2/16/2026 7:00 PM-7:00 AM-300 ml 2/17/2026 7:00 AM-7:00 PM-300 ml 2/17/2026 7:00 PM-7:00 AM-300 ml 2/18/2026 7:00 AM-7:00 PM-300 ml 2/18/2026 7:00 PM-7:00 AM-350 ml During an interview on 2/19/2026 at 10:10 AM, LPN C stated Resident #23 returned from the hospital on 2/2/2026, and fluid restrictions were ordered on 2/4/2026. Review of Nursing Progress Notes for Resident #23 dated 2/2/2026-2/19/2026, revealed Resident #23 had not been hospitalized since return on 2/2/2026. During an interview on 2/19/2026 at 2:33 PM, the Director of Nursing confirmed the facility did not follow the fluid restriction policy. During an interview on 2/19/2026 at 2:45 PM, the Medical Director (MD) stated if a resident had a Physician's Order for fluid restrictions, he expected the orders to be followed. The MD also stated Residents #2, #7, and #23 were not harmed due to the facility not following Physician Orders for fluid restrictions.

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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 facility policy review, observation and interview, the facility failed to ensure proper infection control practices during the medication administration for 2 residents (Resident #33 and Resident #34) of 4 residents reviewed for medication administration. The findings include: Review of the facility policy titled, Medication Administration, dated 2/25/2025, revealed .medications are administered as prescribed in accordance with good nursing principles and practices .the person administering medications adheres to good hand hygiene .gloves must be worn to prevent touching tablets . Review of the medical record revealed Resident #32 was admitted to the facility on [DATE] with diagnoses including Chronic Kidney Disease, Hypertensive Heart Disease, Dementia, and Generalized Anxiety Disorder. Review of the current physician's recapitulation orders for Resident #32 revealed, .Eliquis [medication to thin blood] 5 mg [milligram] .twice a day .Risperidone [antipsychotic medication] 0.5 mg .once a day .Lexapro [medication for depression]10mg .once a day .Benazepril [medication for high blood pressure] 20mg .once a day .Carvedilol [medication for high blood pressure]12.5mg .twice a day .Acetaminophen [medication for pain] 325mg .twice a day .Buspirone [medication for anxiety] 5mg .twice a day . Review of a discontinued prescription order change for Resident #32 dated 2/17/2026, revealed .buspirone [medication for anxiety] 7.5 mg discontinue order. Review of the medical record revealed Resident #33 was admitted to the facility on [DATE] with diagnoses including Hemiplegia, Anxiety Disorder, and Major Depressive Disorder. Review of the current physician's recapitulation orders for Resident #34 revealed .Aspirin [medication to reduce pain] 81mg .once a day .Clopidogrel [medication to prevent blood clots] 75 mg .once a day .Loratadine [medication for allergies] 10 mg .once a day .Senna [laxative] 8.6 mg .twice a day .Flouxetine [medication for depression] .60 mg .once a day .Lisinopril [medication to treat high blood pressure] 10mg .Bupropion [medication for depression] .150 mg once a day .Abilify [medication for depression] .5 mg .once a day .Lyrica [medication for pain] .150 mg twice a day . During observation of a medication administration on 2/18/2026 at 8:22 AM, Licensed Practical Nurse (LPN) A prepared medications for Resident #33, failed to wash hands or don gloves, and removed the discontinued Buspirone 7.5 mg from Resident #33's medication packet coming in contact with the resident's additional medications. Continued observation revealed the LPN administered the medications to Resident #33. During observation of a medication administration on 2/18/2026 at 8:30 AM, LPN A prepared medications for Resident #34, dropped the resident's medications on the unclean medication cart, picked up the medications with an ungloved hand, and put into a medication cup and administered the medications to Resident #34. During an interview on 2/18/2026 at 8:40 AM, LPN A stated gloves should be donned before touching medications and medications should be discarded when come in contact with the unclean medication cart. During an interview on 2/18/2026 at 2:35 PM, the Director of Nursing (DON) confirmed it was her expectation for medications dropped on the medication cart to be discarded, hands washed, and gloves donned prior to touching medications to be administered.