STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445130	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Sparta	34 Gracey St Sparta, TN 38583

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, review of facility documents, and interview, the facility failed to protect the resident's right to be free from physical abuse by a resident for 1 resident (Resident #200) of 24 residents reviewed for abuse. Findings include: Review of the facility's policy titled, Patient Protection and Response Policy for Allegations/Incidents of Abuse, Neglect, Misappropriation of Property and Exploitation, revised 2/1/2023 revealed, .Abuse .will not be tolerated by anyone, including staff, patients, consultants, volunteers, family members or legal guardians, friends, visitor or any other individual in this center. The patient has the right to be free from abuse . Definitions. Abuse: the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish .Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm . Physical Abuse: includes hitting, slapping, pinching, and kicking .Procedure. All alleged violations and all substantiated incidents will be reported immediately to the Administrator or her/his designated representative and to other officials in accordance with State and Federal law (including to the State survey and certification agency). A. Internal Investigation Policy. 1. Policy. All events reported as possible abuse .will be investigated to determine whether the alleged abuse .did or did not take place. The Administrator or Director of Nurses will determine the direction of the investigation once notified of alleged incident .Procedure. a. The investigation is conducted immediately under the following circumstances .When it is identified that an alleged incident may have occurred .7. Protection Policy .Patients will be protected from harm during an investigation. Procedure. 1. Staff will respond immediately to protect the alleged victim and integrity of the investigation .4. Examining the alleged victim for any sign of injury .Increased supervision of the alleged victim and patients . Resident #38 was admitted to the facility on [DATE] with diagnoses including Chronic obstructive pulmonary disease, Encounter for palliative care, Peripheral vascular disease, Unspecified dementia, moderate, with other behavioral disturbance, and Delusional disorders. Medical record review of Resident #38's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident scored a 00 on the Brief Interview of Mental Status (BIMS) which indicated the resident was severely cognitively impaired. (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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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Sparta	34 Gracey St Sparta, TN 38583

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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #200 was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease, Dementia with Agitation, and Delusional disorders. Medical record review of Resident #200's significant change MDS assessment dated [DATE] revealed the resident scored a 5 on the Brief Interview of Mental Status (BIMS) which indicated the resident was severely cognitively impaired. Review of the facility's investigation revealed on 7/3/2024, Resident #38 and Resident #200 were observed at the Nurses Station. Resident #38 was observed slapping another resident (Resident #200) as he propelled in front of him. Resident #200 exchanged a slap back with his fist per facility documentation. Both residents were separated and assessed. No apparent injuries were noted to either resident. Law Enforcement arrived and no report was filed. Both residents were followed up with from social services, no lingering psychosocial effects were noted from either resident. Review of Resident #38's nurses progress note dated 7/3/2024 at 11:09 PM, Resident #38 was 1:1 and sent to the local hospital for evaluation and treatment. Resident #200 was escorted to his room. Resident #38 had a stay at the local hospital from [DATE]-[DATE]. Interviews were attempted with staff during the complaint investigation, due to the length of time since the allegation was reported, staff were unfamiliar with Resident# 200. During an interview on 6/11/2025 at 1:50 PM, the Director of Nursing (DON) stated she was involved with the reporting of the altercation to the State Agency, she recalled the altercation was witnessed. Resident #200 had rolled in front of Resident #38; Resident #38 then swung at Resident #200 making contact. Resident #200 returned a swing at Resident #38 with his fist and made contact. The DON stated the altercation did happen.