

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Nhc Healthcare, Sparta		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to document if residents had an advanced directive and residents advance directive decisions in the medical record for 5 residents (Residents #5, #33, #57, #67, and #76) of 24 residents reviewed for advanced directives.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Social Work Services Manual revised 11/2017, revealed .Included in the Patient Rights booklet is the Patient's Right to Form Advanced Directives .All information regarding advance directives is to be included directly in the Patient Rights booklet .</p> <p>Review of the medical record revealed Resident #5 was admitted to the facility on [DATE], with readmission on [DATE], with diagnoses which included Displaced Fracture of Surgical Neck of Left Humerus, Type 2 Diabetes Mellitus with Neuropathy, Chronic Obstructive Pulmonary Disease, and Chronic Kidney Disease.</p> <p>Review of a Significant Change in Status Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #5 scored a 9 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment.</p> <p>Review of the medical record revealed no documentation for Resident #5's decisions regarding advanced directives to include advanced care planning, living will, and power of attorney.</p> <p>Review of the medical record revealed Resident #33 was admitted to the facility on [DATE], with diagnoses including Dementia, Hypothyroidism, and Anxiety.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #33 was severely impaired for daily decision making.</p> <p>Review of the medical record revealed no documentation for Resident #33's decisions regarding advanced directives to include advanced care planning, living will, and power of attorney.</p> <p>Review of the medical record revealed Resident #57 was admitted to the facility on [DATE], with readmission on [DATE], with diagnoses which included Discitis, Sepsis, Osteomyelitis, Dysphagia, Chronic Respiratory Failure, and Metabolic Encephalopathy.</p> <p>(continued on next page)</p>

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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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of an admission MDS assessment dated [DATE], revealed Resident #57 scored a 13 on the BIMS assessment which indicated the resident had intact cognition.</p> <p>Review of the medical record revealed no documentation for Resident #57's decisions regarding advanced directives to include advanced care planning, living will, and power of attorney.</p> <p>Review of the medical record revealed that Resident #67 was admitted to the facility on [DATE], with diagnoses which included Dementia, Atrial Fibrillation, and Adult Failure to Thrive.</p> <p>Review of a significant change MDS assessment dated [DATE], revealed Resident #67 scored a 3 on the BIMS assessment which indicated the resident was severely cognitively impaired.</p> <p>Review of the medical record revealed no documentation for Resident #67's decisions regarding advanced directives to include advanced care planning, living will, and power of attorney.</p> <p>Review of the medical record revealed that Resident #76 was admitted to the facility on [DATE], with diagnoses which included Heart Failure, Chronic Obstructive Pulmonary Disease, and Adult Failure to Thrive.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #76 scored a 4 on the BIMS assessment which indicated the resident was severely cognitively impaired.</p> <p>Review of the medical record revealed no documentation for Resident #76's decisions regarding advanced directives to include advanced care planning, living will, and power of attorney.</p> <p>During an interview on 6/11/2025 at 12:04 PM, the Director of Nursing (DON) stated there were no documentation in the medical records to indicate if Resident's #5, #33, #57, #67, and #76 had an advance directive or information regarding the residents advance directive decisions. During further interview the DON confirmed the facility failed to document if the residents had an advance directive and resident advance directive decisions in the medical record for Residents #5, #33, #57, #67, and #76.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**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 date and properly store a nebulizer with mask (a drug delivery device used to administer medication in the form of a mist inhaled into the lungs) for 1 resident (Resident #63) of 8 sampled residents reviewed.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Infection Control Manual Volume 1, updated and reviewed February 2025, revealed, .306 .Respiratory Therapy Equipment . 1. Equipment associated with machines such as oxygen, nebulizers, IPPB (Intermittent Positive Pressure Breathing) machines and suction machines are not shared among patients .2. Respiratory equipment is dated when placed at bedside and replaced on schedule .3. Respiratory equipment (i.e. [that is], nasal cannula, aerosols, etc. (et cetera [and so on]) at bedside will be covered with a plastic bag when not in use .</p> <p>Medical record review revealed Resident #63 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included Dementia, Anxiety, Major Depressive Disorder, Psychotic Disorder with Delusions, Hypertension, and Type 2 Diabetes Mellitus.</p> <p>Review of a Quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #63 was unable to complete the Brief Interview of Mental Status (BIMS) assessment due to severe cognitive impairment.</p> <p>Review of a Care Plan, initiated 12/7/2023 and last reviewed/revised 5/22/2025, revealed Resident #63 was care planned for, .Problem: Respiratory Function-at risk for compromise related to: Dysphagia, oropharyngeal phase, times of nasal stuffiness, Chronic sinusitis, unspecified .Approach: Administer medications as ordered .</p> <p>Review of the Physician Order Report for Resident #63, dated 2/1/2025-3/31/2025, revealed an order with a start date of 2/5/2025, for .ipratropium-albuterol solution for nebulization; 0.5 mg (milligrams)-3 mg (2.5 mg base)/3 mL (milliliters); amt (amount):1 vial; inhalation .Special Instructions: prn shortness of breath/congestion Twice A Day-PRN (as needed) . Continued review revealed the order was discontinued on 3/18/2025.</p> <p>During an observation in Resident #63's room on 6/9/2025 at 12:14 PM, a nebulizer with mask and tubing was observed, undated and uncovered, not stored in a bag, hanging on the wall near the resident's bed.</p> <p>During an observation and interview in Resident #63's room on 6/11/2025 at 10:05 AM, a nebulizer with mask and tubing was observed, undated and uncovered, not stored in a bag, hanging on the wall near the resident's bed. The Director of Nursing (DON) confirmed the nebulizer with mask and tubing was undated and uncovered, not stored in a bag, hanging on the wall near the resident's bed. The DON stated that nebulizers should be stored in plastics bags. The DON then removed and discarded the nebulizer that was observed in Resident #63's room.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, review of the United States Department of Agriculture's website, observation and interview the facility failed to maintain a sanitary kitchen, failed to ensure kitchen equipment was maintained in a sanitary condition, and failed to ensure food was served at the appropriate temperature during the pre-plating temperature check.</p> <p>Review of the facility policy titled, Cleaning Equipment, revised 11/2017, revealed .Equipment must be cleaned and/or sanitized after every use and according to manufacturers' recommendations .The physical facilities shall be cleaned as often as necessary to keep them clean.</p> <p>Review of the United States Department of Agriculture's website, an article titled, Danger Zone (40 degrees Fahrenheit - 140 degrees Fahrenheit) undated, revealed .Leaving food out too long at room temperature and cause bacteria .to grow to dangerous levels that can cause illness. Bacteria grow more rapidly in the range of temperatures between 40 degrees and 140 degrees Fahrenheit, doubling in number in as little as 20 minutes. This range of temperatures is often called the danger zone .Keep cold food cold-at or below 40 degrees Fahrenheit .Place food in containers on ice .</p> <p>The findings include:</p> <p>During an observation of the dietary department with the Dietary Manager (DM) and Registered Dietitian (RD) on 6/9/2025 at 11:05 AM, revealed the floor in the dish washing room was observed to have a large amount of foodstuff remains present on various parts of the dish washing room, the garbage disposal had the same foodstuff in and around it's opening as it had been turned on with a large amount of food present in the [NAME] on the disposal. The wall beside the dishwasher appeared to have a large area of discoloration with multiple tiles broken on the wall.</p> <p>Continued observation revealed the dry goods storage area was observed, the door of the dry storage was noted to be held open by a large industrial fan; a partially used commercial sized bag of brown sugar was noted which was packaged in a plastic lined paper bag material. The brown sugar bag on the storage shelf was not resealed after the last use. The end of the bag appeared to be folded over on itself which created an air gap, allowing the potential contamination of the product from insects. The bag of brown sugar was not labeled with the date the product was opened for use; a housefly was also observed crawling on the outside of the bag near the opening.</p> <p>The DM stated the bag of brown sugar should have been labeled with the date it was opened, and the bag should be sealed before being put back on the shelf. Neither the DM nor the RD voiced when the last time the pest control technician visited the kitchen.</p> <p>Continued observation revealed the 4-burner gas stove, steamer, deep fryer, and convection oven were observed to be in unsanitary condition. The stove had dark brown food debris on the handle to the oven compartment. The steamer had light brown food debris on the bottom front of the door and the operational control panel of the unit. The deep fryer had copious amount of granular food debris present on the top drip tray of the unit. The sides of the deep fryer was observed to have the same food debris granules present with dried tan fluid streaked on both sides of the unit.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The DM stated the kitchen equipment was cleaned daily, and a deep cleaning of the kitchen and equipment was completed weekly.</p> <p>The nutrition rooms was toured with the DM, 1 container of employee food stuff was observed in the 200-hall nourishment room refrigerator, the outside of the container was not labeled with the correct contents, resident name, or date it was opened. The contents were pasta salad stored in a plastic container.</p> <p>During an observation/interview on 6/9/2025 at 11:50 AM, with the DM to observe the food temperatures for Lunch service. The following food temperatures were observed as out of safe range:</p> <p>1.No bake cheesecake scoop - 55 degrees fahrenheit.</p> <p>The no bake cheesecake scoop temperature was checked on 2 separate containers, and both were 55 degrees. The trays of the no bake cheesecake scoops were arranged on metal trays of an uncovered cart while distributed on the residents' lunch trays.</p> <p>The RD stated she thought the no bake cheesecake could be served at room temperature. The label on the back of the product advised to refrigerate after mixing.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observations, interviews, facility documentation review, and review of the facility's policy, the facility failed to maintain an effective pest control system to ensure the kitchen's environment was free of pests. This failure had the potential to affect all residents of the facility.</p> <p>Review of the facility's policy titled, Safety and Sanitation Best Practice Guidelines, revised 11/2017 revealed, .The Center will implement preventive measures which focus on denying pests access to the building, eliminating sources of food and shelter, and by working with a pest control operator .1. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the premises by routinely inspecting incoming shipments of food and supplies. 2. Premises should be routinely inspected for evidence of pests and finding reported to appropriate personnel .5. Center should work with a pest control operator (PCO) in using preventive and control measures to eliminate pests and keep them from infesting the building .</p> <p>During an observation on 6/9/2025 between 11:05 AM - 11:50 AM, with the Dietary Manager (DM) and Registered Dietitian (RD) , revealed the dry goods storage area was observed, the door of the dry storage was noted to be held open by a large industrial fan; a partially used commercial sized bag of brown sugar was noted which was packaged in a plastic lined paper bag material. The brown sugar bag on the storage shelf was not resealed after the last use. The end of the bag appeared to be folded over on itself which created an air gap , thus allowing the potential contamination of the product from insects. A housefly was also observed crawling on the outside of the bag near the opening.</p> <p>During an observation/interview on 6/11/2025 at 3:00 PM, the dry goods room was observed without the partially used bag of brown sugar. When the RD was asked the disposition of the brown sugar bag, she stated it was discarded.</p> <p>Neither the Dietary Manager nor the Registered Dietitian (RD) voiced when the last time the pest control technician visited the kitchen.</p>		