STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445138	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Waters of Union City , LLC	1105 Sunswept Dr Union City, TN 38261

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when 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 assure residents received care and services for the provision of parenteral fluids for 1 of 1 sampled resident (Resident #66) reviewed for a peripheral inserted central catheter (PICC) line. The findings include: Review of a facility policy titled, .Maintenance Flushing.Peripherally Inserted Central Catheters (PICC), dated 6/2025, revealed .The SASH method will be used when administering intermittent medications or fluids through an open-ended PICC. SASH [an intravenous normal saline and heparin combination to keep access open] = Saline>Administer Medicine>Saline>Heparin.In 10 cc [cubic centimeter] syringe, draw up 5 cc normal saline.In second syringe draw up 3 cc or prescribed amount of Heparin solution.Insert.saline syringe.and inject saline.Insert Heparin syringe.and inject. Review of the medical record review revealed Resident #66 was admitted to the facility on [DATE], with diagnosis of Orthopedic Aftercare, Osteomyelitis (an infection in a bone), Sepsis (a life-threatening condition caused by the body's extreme response to an infection), Diabetes, and Heart Failure. Review of the Medication Administration Record (MAR) dated 3/1/2026 - 3/31/2026, revealed Resident #66 from 3/12/2026 - 3/16/2026 had blank/unsigned documentation for the administration of Normal Saline and Heparin flushes, indicating the medication had not been administered. Review of the Physician Orders dated 3/12/2026, revealed .ceftriaxone [an antibiotic].intravenously [fluids administered by vein].DAPTOmycin [an antibiotic] intravenously one time a day.Heparin Flush Solution.intravenously as needed for PICC maintenance.Normal Saline Flush.intravenously as needed for PICC line Maintenance. Review of the Care Plan dated 3/15/2026, revealed I have a PICC line.right upper arm.Flush PICC with Normal Saline per MD [medical doctor] orders.I am receiving IV [intravenous] medications related to .osteomyelitis (a serious infection of the bone marrow and tissue caused by bacteria or fungi) .Flush IV tubing and port per facility protocol. During an interview on 3/16/2026 at 2:30 PM, the Director of Nursing (DON) was asked do you follow the SASH protocol when flushing a PICC line. The DON stated, Yes. The DON was asked what the policy for SASH is. The DON stated, You give saline, medication, saline and heparin when you are using the line [PICC line]. The DON was asked to look at the Normal Saline and Heparin as needed orders on the MAR. The DON was asked should Normal Saline and Heparin have times to administer according to the meds given. The DON stated, Yes, it should not be PRN [as needed]. The DON was asked to look at the empty blanks on the MAR and confirmed she could not provide any additional information verifying that the flushes of Normal Saline and Heparin were given. During an interview on 3/16/2026 at 2:48 PM, Registered Nurse (RN) A was asked how do you normally flush a PICC line after a medication is administered. RN A stated, With 10 cc of normal saline and 5 cc heparin . RN A was asked how do you know what to use to flush a PICC line. RN A stated, I flush per PICC protocol. RN A was asked should the flush times have been on the MAR scheduled with the medication. RN A stated, Yes it should have been, but it is listed as PRN.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 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, medical record review, observation, and interview, the facility failed to ensure the prevention and spread of infection when 1 of 4 staff (Registered Nurse (RN) A) failed to use appropriate Personal Protective Equipment (PPE) during medication administration through a Peripherally Inserted Central Catheter (PICC) for 1 of 8 (Residents #66) sampled residents reviewed for medication administration. The findings include: 1. Review of the facility policy titled, Guidelines for Enhanced Barrier Precautions-(EBP) AN Extension of Personal Protective Equipment---(PPE), dated December 2022, revealed .It is the policy of the facility to ensure that additional and appropriate PPE (Personal Protective Equipment) is utilized, when indicated.Enhanced Barrier Precautions are defined as the use of PPE (gown and gloves) during high contact resident care activities.Who is at High Risk.Resident(s) with an indwelling medical device including.Central Venous Catheters.Feeding Tubes (any type).Examples of High Contact Resident Care Activities at which time EBP is to be practiced are.Device Care or Use to include.Central Lines.Feeding Tubes. 2. Review of the medical record revealed Resident #66 was admitted to the facility on [DATE], with diagnoses including with diagnoses Osteomyelitis (Bone infection) of the right ankle and foot, Heart Failure, and Sepsis. Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed it was still in progress at the time of the survey. Review of the Physician's Order dated 3/12/2026, revealed .Normal Saline Flush Use 10 ml [milliliters] intravenously as needed for PICC line Maintenance.Daptomycin [antibiotic] Intravenous Solution Reconstituted 500 MG [milligram] Use 500 mg intravenously [medical technique that delivers medication directly into a vein for immediate absorption] one time a day for osteomyelitis. Review of the Physician's Orders dated 3/16/26, revealed .Enhanced Barrier Precautions every shift for osteomyelitis/IV [intravenously] PICC. Observation during medication administration on 3/16/2026 at 1:32 PM, revealed RN A gathered supplies to administer IV medications to Resident #66. RN A entered Resident #66's room, there was no EBP signage on the door or in the room to indicate that Resident #66 was on EBP. RN A placed a barrier on the table and placed supplies on top of the table. RN A washed her hands and donned (put on) gloves, cleaned the top of the medication bottle, cleaned the stopper to the 500 ml bag of fluids, mixed medication, removed gloves and performed hand hygiene. RN A donned gloves, attached the tubing to the bag of fluids/medication, removed gloves, and performed hand hygiene. RN A donned gloves, primed the tubing line, removed gloves, performed hand hygiene, donned gloves, cleaned top of port for 15 seconds with alcohol wipe, flushed PICC line with 10 ml of Normal Saline, cleaned the port for 15 seconds with alcohol wipe, cleaned the end of tubing connector for 15 seconds, and connected the tubing to the PICC line. RN A set the rate at 100 ml with a volume of 50 ml to run over 30 minutes. RN A removed gloves, threw away her supplies, washed her hands, and exited the room. RN A failed to wear a gown when administering the IV antibiotic through the PICC line. During an interview on 3/16/2026 at 1:50PM, RN A was asked should Resident #66 have been in Enhanced Barrier Precautions due to his PICC line. RN A stated, Yes, he should be. RN A was asked if PPE should have been worn during IV medication administration. RN A stated, Yes, it should. RN A was asked if she should have worn PPE when administering IV medication to Resident #66. RN A stated, Yes I should have. During an interview on 3/16/2026 at 2:24 PM, the Director of Nursing (DON) was asked if Enhanced Barrier Precautions should have been used during medication administration via a PICC line. The DON stated, Yes.