STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445145	A. Building B. Wing	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Place Care & Rehabilitation LLC	1360 Bypass Road Winchester, TN 37398

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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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. Based on facility policy review, facility Infection Surveillance documents review, and interviews, the facility failed to ensure implementation of an effective Antibiotic Stewardship Program to identify specific or potential infectious outbreaks, identify, report, and track antibiotic usage which had the potential to affect 75 of 75 residents. The findings include: Review of the facility's policy titled, Infection Prevention and Control Program, dated 2024, revealed .A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases . Review of the facility's policy titled, Antibiotic Stewardship Program, dated 2023, revealed .The purpose of the [Antibiotic Stewardship] program is to optimize the treatment of infections while reducing the adverse events associated with antibiotic use .utilizes expertise and data to inform strategies to improve antibiotic use to include tracking of antibiotic starts, monitoring adherence to evidence-based published criteria during the evaluation and management of treated infections, and reviewing antibiotic resistant patterns in the facility . Review of the undated Infection Control monthly surveillance log for 1/2026, revealed several residents received antibiotics for multiple types of symptoms and/or infections, which included 6 residents with Influenza. The log contained no room numbers, and the facility map was blank with no data indicating tracking or trending of the infections. Review of the undated Infection Control monthly surveillance log for 2/2026, revealed several residents received antibiotics for multiple types of symptoms and/or infections. The log contained no room numbers, and the facility map was blank with no data indicating tracking or trending of the infections. During an interview on 4/7/2026 at 10:30 AM, the Director of Nursing (DON) stated the previous Infection Preventionist (IP) left the facility's employment at the end of 12/2025 or beginning of 1/2026 (3 months prior). The DON stated, .there isn't an IP nurse right now . Licensed Practical Nurse (LPN) A has been doing the Infection Control stuff since 1/2026 . During an interview on 4/7/2026 at 10:40 AM, LPN A stated, .we haven't been tracking antibiotics when they are ordered as far as I know .the antibiotic report is printed from the Electronic Health Record at the beginning of the month for the entire previous month, and then the log is filled out .the previous Regional Nurse emailed me 1/2026's Infection Control log in February for QAPI [Quality Assurance and Performance Improvement] meeting and emailed me 2/2026's Infection Control log in March for QAPI meeting . LPN A stated there was no Infection Control monthly surveillance log for 3/2026. During an observation and interview on 4/8/2026 at 2:04 PM, the DON confirmed she (the DON) was not aware of the diseases that were reportable to the State of Tennessee Health Department and confirmed the Influenza outbreak in 1/2026 was not reported to the State. The DON confirmed antibiotics have not been monitored proactively, infection tracking and trending has not been completed, and confirmed there was no Infection Control monthly surveillance log for 3/2026.

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 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on facility policy review, job description review, current employee list review, and interviews, the facility failed to designate an individual as the Infection Preventionist with completion of specialized training in Infection Prevention and Control, which had the potential to affect 75 of 75 residents. The findings include: Review of the facility's policy titled, Infection Prevention and Control Program, dated 2024, revealed .The designated Infection Preventionist is responsible for oversight of the program .infectious diseases .implementing isolation .serves as the leader in surveillance activities .maintains documentation .reports surveillance findings . Review of the facility's undated job description titled, Infection Control, revealed .Infection Control is responsible [for] the Infection Prevention Program .Education/Experience: Completion of training on infection prevention . Review of the facility's current employee listing dated 4/7/2026, revealed no employees with a role of Infection Control or Infection Preventionist. During an interview on 4/7/2026 at 10:30 AM, the Director of Nursing (DON) stated the previous Infection Preventionist (IP) left the facility's employment at the end of 12/2025 or beginning of 1/2026 (3 months prior). The DON stated, .there isn't an IP nurse right now . Licensed Practical Nurse (LPN) A has been doing the Infection Control stuff since 1/2026 . During an interview on 4/7/2026 at 10:40 AM, LPN A stated, .the Infection Control books were in the office I use .the previous Regional Nurse emailed me 1/2026's Infection Control Log in February for QAPI [Quality Assurance and Performance Improvement] meeting and emailed me 2/2026's Infection Control Log in March for QAPI .I've tried to keep up with residents requiring Transmission or Enhanced Barrier Precautions .[LPN B] is supposed to do Infection Control now . LPN A confirmed she [LPN A] had not received Infection Control training and was not an Infection Preventionist. During an interview on 4/7/2026 at 10:50 AM, LPN B stated, .I was told yesterday [4/6/2026] that I would start doing Infection Control . LPN B stated she [LPN B] had not received any training in Infection Control and was told by the new Regional Nurse she needed to complete the Centers for Disease Control (CDC) training program and was unsure of the date the training was to begin. During an interview on 4/8/2026 at 2:00 PM, LPN B confirmed she had not enrolled or started an Infection Control training program at this time. During an interview on 4/8/2026 at 2:04 PM, the DON confirmed there were no nurses at the facility with the required Infection Preventionist training, and the facility had not had an Infection Preventionist for the last 3 months.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. Based on facility policy review, activity calendar review, observations, and interviews, the facility failed to ensure an ongoing program of activities were implemented in the Alzheimer's Care Unit (ACU) to meet the needs and interests of the residents, which had the potential to affect 20 of 20 residents residing in the ACU.The findings include: Review of the facility's undated policy titled, Activities Program, revealed .Facility will develop specialized activities for residents with Alzheimer's Disease and/or other Dementia related conditions. Nursing and Social Services Director (SSD) will assist with this endeavor .The Activity Director will see that supplies are available for activities . Review of the ACU's Activity Calendar Memory Springs dated 4/2026, revealed the following activities:4/6/2026 Morning: Monday Manicures, 1:1 Visits; Afternoon: Movie, Milk and Cookies. 4/7/2026 Morning: Arts and Crafts, Balloon Volley; Afternoon: Patio Time, Music and Soda4/8/2026 Morning: Sit and Be Fit Table, Sensory; Afternoon: Table Top Games, Snack Social During observations of the ACU 4/6/2026, 4/7/2026, and 4/8/2026, revealed a lack of ongoing activity programming to meet the needs of the resident population as noted by the following:During frequent intermittent observations on 4/6/2026 from 8:00 AM to 12:30 PM, revealed there were no activities taking place on the unit and no items for sensory stimulation out and offered to the residents. 5 residents were in the dining room seated at empty tables with the television (TV) on a news channel, the volume was low and inaudible. 2 residents were wandering in the hallway, and in and out of other resident rooms. Residents were often redirected by staff to the dining room. The television (TV) was on in the dining room with the volume low and inaudible. During frequent intermittent observations on 4/6/2026 from 1:45 PM to 4:00 PM, revealed 3 residents in the dining room seated at empty tables, and the TV was turned off. 2 residents were wandering in the hallways with 1 sitting by the exit door, 1 resident was wandering in the hallway, and in and out of other resident rooms. There were no activities taking place, nor were any sensory stimulation or independent leisure supplies out or offered. During frequent intermittent observations on 4/7/2026 from 8:00 AM to 1:00 PM, revealed 5 residents were in the dining room sitting at empty tables, and the TV was turned off. 2 residents were wandering in the hallways with 1 resident wandering in and out of other resident rooms. The residents were redirected by staff to the dining room. There were no activities taking place, nor were any sensory stimulation or independent leisure supplies out or offered. During frequent intermittent observations on 4/7/2026 from 2:15 PM to 3:30 PM, revealed no activities were taking place in unit. Several residents were ambulating in and out of the dining room, wandering the halls, and in and out of other resident rooms. The TV was on in the dining room with the volume low and inaudible. Residents in the dining room were seated at empty tables with no items for activity or stimulation available. During the frequent observations from 4/6/2026 - 4/8/2026 on the ACU, revealed the scheduled activities noted on the ACU calendar did not occur. During an interview on 4/8/2026 at 3:00 PM, Licensed Practical Nurse (LPN) C confirmed she worked 7:00 AM to 7:00 PM on 4/6/2026, 4/7/2026, and 4/8/2026. LPN C stated, .they [activities] haven't been on this unit for activities from 4/6/2026 until late yesterday [4/7/2026] around 3:30-4:00 PM, they came and did some painting .one of them [activities personnel] has been out of work and just returned .hopefully it will get better .we [ACU nurses and CNA's] do the best we can . During an interview on 4/8/2026 at 3:15 PM, CNA E confirmed she worked 7:00 AM to 7:00 PM on 4/6/2026, 4/7/2026, and 4/8/2026. CNA E stated, .the activity person is busy on the other side [of the facility] .there is only one person right now, but the other one just returned to work .we [ACU nurses and CNA's] try to do things with them when we can, we take them to the patio, put the TV on, but it's not enough for these residents, and we have our jobs to do too . During an interview on 4/8/2026 at 4:30 PM, the Activities Director (AD) confirmed the residents on the ACU had limited activities.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on facility policy review, manufacturer guideline review, observations, and interviews, the facility failed to monitor refrigerator temperatures daily, maintain correct temperatures, and properly store medications and/or biologicals in 2 of 3 medication rooms reviewed.The findings include: Review of the facility's policy titled, Storage of Medication Requiring Refrigeration, dated 4/2026, revealed .The facility will ensure that all drugs and biologicals used will be labeled in accordance with professional standards, including expiration dates .ensure that all medications and biologicals will be stored at proper temperatures .Refrigerated refers to temperature maintained between 36 - 46 degrees Fahrenheit .refrigerators used for the storage of medications and biologicals .temperature to be monitored daily to ensure proper temperature control and documented on the temperature log . Review of the undated manufacturer guideline titled, TUBERSOL - tuberculin purified protein derivative [TB ppd] injection [an injectable medication used to detect the bacteria that causes Mycobacterium tuberculosis], revealed .Storage .This product should be stored between .35* [degrees] F (Fahrenheit] to 46*F .a vial of TUBERSOL which has been entered and in use for 30 days should be discarded .due to possible oxidation and degradation which may affect potency . Review of the undated manufacturer guideline titled, FLUAD - Seqirus Inc [influenza vaccine], revealed, .Store FLUAD refrigerated at .36*F to 46*F .Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency . During an observation and interview on 4/8/2026 at 1:47 PM, the Alzheimer's Care Unit (ACU) medication room refrigerator revealed a 30 milliliter (ml) opened multi-dose vial of TB ppd, the vial was 3/4 full and was labeled with an open date of 10/4/2025. Licensed Practical Nurse (LPN) C confirmed the opened vial of TB ppd was labeled with an open date of 10/4/2025 and was available for resident use. LPN C stated the vial was approximately 6 months past the open date and should have been discarded after 30 days. Further observation revealed the refrigerator temperature log had spaces for daily monitoring of the temperature, with instructions .temperature should not be greater than 40 degrees Fahrenheit, or less than 37 degrees Fahrenheit . The temperature log was blank 3 of 7 days (4/1/2026, 4/2/2026, and 4/5/2026), and the temperatures recorded on 4 of 7 days was 32 degrees Fahrenheit (4/3/2026, 4/4/2026, 4/6/2026, and 4/7/2026) which was out of the range per the directions, facility policy, and manufacturer guideline, with no documented corrective action. During an observation and interview on 4/8/2026 at 4:00 PM, the B-Wing medication room refrigerator revealed a 30 ml opened multi-dose vial of TB ppd, the vial was 1/2 full and was not labeled with an open date. The pharmacy label revealed the TB ppd vial was sent to the facility on 9/5/2025. The Director of Nursing (DON) confirmed the opened vial of TB ppd was not labeled with an open date, was sent to the facility on 9/5/2025, and was available for resident use. The DON stated the vial was approximately 7 months past the open date and should have been discarded after 30 days. Further observation revealed the refrigerator temperature log had spaces for twice daily monitoring of the temperature. The temperature log was blank on 4 day shifts and 4 night shifts (4/2/2026, 4/3/2026, 4/4/2026, and 4/5/2026). During an interview on 4/8/2026 at 4:05 PM, the DON confirmed TB ppd vials should be dated when opened and should be discarded within 30 days of opening, were not discarded and available for resident use. The DON confirmed both medication room refrigerator temperatures were not documented daily, and the ACU refrigerator temperatures containing TB ppd and Influenza vaccines were out of range.

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility failed to ensure expired foods were not available for resident use for 3 residents (Residents #9, #65, and #8) of 11 resident personal refrigerators observed. The findings include: Review of the facility's policy titled, Resident Refrigerators, dated 4/1/2026, revealed .it is the policy of this facility to ensure safe and sanitary use of any resident-owned refrigerators .staff shall .discard any foods that are out of compliance .Foods with use-by dates shall be discarded accordingly . Review of the medical record revealed Resident #9 was admitted to the facility on [DATE] with diagnoses including Vascular Dementia, Morbid Obesity, and Functional Quadriplegia. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #9 scored a 12 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. During an observation in Resident #9's room and interview on 4/6/2026 at 11:19 AM, Resident #9's personal refrigerator revealed 1 unopened half pint milk carton with a manufacturer's use by date of 3/31/2026 (6 days past use by date) and 1 opened 1 gallon jug (approximately 2/3's full) of milk with a manufacturer's use by date of 4/2/2026 (4 days past the use by date). Licensed Practical Nurse (LPN) D confirmed the 1 unopened half pint of milk and the 1 gallon jug of milk was expired and available for resident use. Review of the medical record revealed Resident #65 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Unspecified Dementia, Essential Hypertension, and Hyperlipidemia. Review of a quarterly MDS assessment dated [DATE], revealed Resident #65 scored a 13 on the BIMS assessment which indicated the resident was cognitively intact. During an observation in Resident #65's room and interview on 4/6/2026 at 12:11 PM, Resident #65's personal refrigerator revealed 1 unopened carton of milk with a manufacturer's use by date of 2/16/2026 (49 days past the use by date). LPN D confirmed the milk was expired and available for resident use. Review of the medical record revealed Resident #8 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Vascular Dementia, and Primary Osteoarthritis. Review of a quarterly MDS assessment dated [DATE], revealed Resident #8 scored a 14 on the BIMS assessment which indicated the resident was cognitively intact. During an observation in Resident #88's room and interview on 4/6/2026 at 12:13 PM, Resident #8's personal refrigerator revealed 3 unopened milk cartons with a manufacturer's use by date of 3/16/2026 (21 days past the use by date) and 1 unopened No Bake Blueberry Cheesecake Parfait with a best if used by date of 3/2/2026 (35 days past the use by date). LPN D confirmed the food items (continued on next page)

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	were expired and available for resident use. During an interview on 4/8/2026 at 12:36 PM, the Director of Nursing stated it was the responsibility of the nursing department to check resident personal refrigerators at the beginning of each week and confirmed it was her expectation for outdated items to be discarded and not available for resident use. The DON further confirmed the expired food items had not been discarded and were available for resident use.