

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/27/2026
NAME OF PROVIDER OR SUPPLIER Smyrna Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Mayfield Drive Smyrna, TN 37167	

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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, MedicineNet.com article titled, Normal Blood Sugar Levels in Adults with Diabetes, American Diabetic Association (ADA) factsheet Understanding A1C Test (Glycated Hemoglobin-Blood test that measures average blood glucose levels over the past 2 to 3 months) review, medical record review, and interview, the facility failed to ensure the provider was contacted following Blood Glucose (BG) readings that fell outside of the parameters for notification for 5 of 7 (Resident #1, #2, #3, #6 and #7) sampled residents reviewed for medication administration. The facility's failure to ensure staff followed the facility policy and physician's orders to notify the physician of BG levels that fell outside of the listed parameters placed Resident #1 at the likelihood of developing adverse effects and complications related to uncontrolled blood glucose levels. The facility's failure to ensure Resident #1 received care and services to maintain blood glucose levels within a safe range resulted in Immediate Jeopardy to the resident. Immediate Jeopardy (IJ), a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause serious injury, harm, impairment or death to a resident. The Director of Nursing (DON) was notified of the Immediate Jeopardy for F-684 (J) on 4/13/2026 at 11:16 AM, in the Conference Room. The facility was cited Immediate Jeopardy at F-684 at a scope and severity of J, which is Substandard Quality of Care. A partial-extended survey was conducted on 4/13/2026 through 4/15/2026. An acceptable removal plan, which removed the immediacy of the Jeopardy, was received on 4/14/2026 at 5:15 PM and validated on 4/15/2026 through policy review, record review, review of education, audits, and interviews. The F-684 Immediate Jeopardy began on 1/1/2026 and was removed on 4/16/2026. The facility's noncompliance at F-684 continues at a scope and severity of D for monitoring of the effectiveness of the correction actions. The facility is required to submit a Plan of Correction. The findings include: 1. Review of the facility policy titled Exceptional Living Centers Glucose Monitoring Policy, dated 3/12/2024, revealed .To assist the resident with glucose monitoring by obtaining a quantitative blood glucose level as ordered by the physician/provider.'hypoglycemia'.refers to a glucose concentration below 70mg/dl.Hyperglycemia refers to glucose concentration greater than 125 mg/dL (milligrams per deciliter) while fasting and greater than 180 mg/dL 2 hours postprandial [after a meal].'Ketoacidosis' refers to a life threatening condition and needs immediate treatment. Blood glucose is typically over 250, with other lab abnormalities.'Hyperosmolar Hyperglycemic Nonketotic Syndrome' refers to a condition that arises from complication of diabetes mellitus and occurs mostly in type 2 diabetes. Symptoms include very high blood sugar levels (over 600). Review of the facility policy titled Nursing Care of the Older Adult with Diabetes Mellitus, dated November 2020, revealed .To provide an overview of diabetes in the older adult, its symptoms and complications, and the principles of glucose monitoring. For further diabetes education and guidelines, refer to the provider orders and instructions as well as the American Diabetes Association, Standards of Medical Care in Diabetes. Symptoms Associated with Diabetes .Hyperglycemia. Uncontrolled diabetes from lack of insulin or inadequate insulin results in hyperglycemia.Diabetic Ketoacidosis (DKA) .when hyperglycemia is untreated and the cells begin to metabolize fat for energy .is a life-threatening emergency that needs immediate medical attention (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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>.Hyperglycemia .can lead to cardiovascular and cerebrovascular disease, including heart disease and stroke .Hypoglycemia can lead to .cognitive impairment .functional impairment .falls .The provider will order the frequency of glucose monitoring .Manage hypoglycemia according to protocols and provider orders .Call provider immediately if resident is hypoglycemic (< [less than] 70 mg/dl .Call as soon as possible when: .blood glucose values are > [greater than] 250 mg/dl more than once with a 24-hr [hour] period .blood glucose values are >300 mg/dl more than once over 2 consecutive days .the reading is too high for the glucometer [a device used to measure blood glucose (BG) levels] .the resident is vomiting, has symptomatic hyperglycemia, or poor oral intake . Review of the facility policy Management of Hypoglycemia dated November 2020, revealed .Purpose To provide guidelines for managing hypoglycemia secondary to insulin therapy or therapy with oral hypoglycemic agents .in the diabetic resident .For Level 1 hypoglycemia (<70 mg/dl) .Give the resident an oral form of rapidly absorbed glucose .Notify the provider immediately .For level 2 hypoglycemia (<54 mg/dl) .Administer glucagon (a medication used to treat severe hypoglycemia) .Notify the provider immediately . 2. Review of the Medicine.Net.com article titled, Normal Blood Sugar Levels in Adults with Diabetes, dated 1/24/2025, revealed .Diabetes is defined as a disease in which the body has an impaired ability to either produce or respond to the hormone insulin .People with type 2 diabetes have cells in the body that are resistant to insulin or have a pancreas that slows or stops producing adequate insulin levels .If a person's diabetes is not well controlled, the person may have much higher glucose ranges (for example, 200-400 mg/dl .high blood sugar levels can be dangerous .over time these high blood sugar levels can cause .Kidney and eye damage .A higher risk of heart attack .A higher risk of stroke .Very high blood sugar levels (for example, 1000 or more mg/dl) can cause diabetic ketoacidosis (life-threatening, emergency complication of diabetes which can develop rapidly and requires immediate medical attention) . Review of the undated ADA factsheet titled Understanding A1C Test revealed The A1C test can be used to diagnose diabetes or help you know how your treatment plan is working by giving you a picture of your average blood glucose (blood sugar) over the past two to three months .The higher the levels, the greater your risk of developing diabetes complications .The goal for most adults with diabetes is an A1C that is less than 7 % [percent] . 3. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnoses including Type 2 Diabetes, Acute Kidney Failure, Depression, and Anxiety Disorder. Review of the Comprehensive Care Plan dated 11/14/2025, revealed Resident #1 .has risk of fluctuations in blood glucose levels R/T [related to] Diabetes Mellitus.observe for any s/sx [signs and symptoms] of hyperglycemia.hypoglycemia.has Diabetes Mellitus. Review of the lab results dated 11/21/2025, revealed Resident #1 had a Hemoglobin A1C of 9.2 mg/dl. Review of the Physician's Order dated 11/25/2025, revealed Consistent Carbohydrate diet [designed to keep their carbohydrate (carb) consumption at a steady level, through every meal and snack] Dysphagia Advanced texture [foods that are moist, tender, and bite-sized, avoiding hard, sticky or crunchy items to ensure safe swallowing], Thin Liquids consistency, Fortified foods and large portions for all meals . Review of the Physician's Order dated 12/15/2025, revealed Accuchecks (a blood sugar test that measures blood glucose levels) were ordered before meals and at bedtime for Diabetes. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 3, which indicated Resident #1 was severely cognitively impaired. Resident #1 required Insulin injections on 7 days of the 7-day look back period and required the physician to change insulin orders on 2 days during the 7-day look back period. Review of the Medication Administration Record (MAR) dated January 2026, revealed a Physician's order dated 12/23/2025 for Insulin Lispro Injection Solution sliding scale subcutaneously (SQ) before meals for Diabetes with the following parameters: For a BG of 180 - 200 mg/dl give 4 units For a BG of 201 - 250 mg/dl give 6 units For a BG of 251 - 300 give 8 units For a BG of 301 - 350 give 12 units For a BG of 351 - 400 give 16 units and notify the physician or NP (Nurse Practitioner) For a BG of 401 - 450 give 20 units and notify physician or NP For a BG of 451 - 500 give 24 units and notify the physician or NP Review of (continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>the MAR dated January 2026, revealed Physician's Orders dated 1/10/2026 for Glucose (a form of Glucose medication used to treat hypoglycemia) 15 Gel 40% and to give 1 application orally as needed for a low blood sugar less than 70 mg/dl and an order for Glucagon 1 mg intramuscularly (IM) as needed for a low blood sugar less than 70 mg/dl. Review of Resident #1's Weights and Vitals Summary report for January 2026 revealed the following hypoglycemic and hyperglycemic blood glucose levels, which were not reported to Resident #1's physician or NP. 1/2/2026 11:29 AM 398 mg/dL 1/2/2026 8:35 PM 364 mg/dL 1/3/2026 7:36 AM 498 mg/dL 1/3/2026 9:04 PM 499 mg/dL 1/5/2026 9:49 AM 376 mg/dL 1/6/2026 5:35 PM 66 mg/dL. There was no documentation the Resident received Glucose or Glucagon (a medication to increase the blood glucose in the blood) for the low blood glucose). 1/7/2026 3:54 PM 400 mg/dL 1/8/2026 11:06 AM 363 mg/dL 1/9/2026 7:30 AM 361 mg/dL 1/11/2026 7:33 AM 42 mg/dL. There was no documentation the Resident received Glucose or Glucagon for the low blood glucose. 1/14/2026 4:38 PM 367 mg/dL 1/15/2026 8:35 PM 533 mg/dL 1/16/2026 12:20 PM 500 mg/dL 1/17/2026 12:07 PM 377 mg/dL 1/19/2026 1:58 PM 365 mg/dL 1/23/2026 9:18 PM 407 mg/dL 1/26/2026 9:48 AM 384 mg/dL 1/27/2026 12:36 PM 431 mg/dL 1/29/2026 11:31 AM 62 mg/dL. There was no documentation the Resident received Glucose or Glucagon for the low blood glucose. 1/29/2026 4:41 PM 422 mg/dL 1/30/2026 7:56 AM 369 mg/dL 1/31/2026 7:15 AM 458 mg/dL 1/31/2026 4:15 PM 500 mg/dL Review of the Care Plan Conference Summary dated 1/22/2026, revealed an Interdisciplinary Team (IDT) meeting was conducted and Family Member (FM) Q attended by phone and discussed Resident #1's diabetic diet and glucose levels. FM Q agreed to have Resident #1 referred out to an Endocrinologist (a specialized doctor who diagnoses and treats hormonal imbalances and glandular diseases, such as diabetes). Review of Resident #1's Weights and Vitals Summary report for February 2026, revealed the following hypoglycemic and hyperglycemic blood glucose levels which were not reported to Resident #1's physician or NP. 2/2/2026 9:08 PM 402 mg/dL 2/3/2026 11:58 AM 392 mg/dL 2/6/2026 10:39 AM 412 mg/dL 2/6/2026 3:26 PM 460 mg/dL 2/6/2026 9:00 PM 497 mg/dL 2/7/2026 7:40 AM 54 mg/dL. There was no documentation the Resident received Glucose or Glucagon for the low blood glucose. 2/8/2026 12:25 PM 475 mg/dL 2/9/2026 1:28 PM 365 mg/dL 2/10/2026 1:47 PM 389 mg/dL 2/12/2026 10:46 AM 379 mg/dL 2/13/2026 12:23 PM 496 mg/dL 2/14/2026 7:37 AM 62 mg/dL. There was no documentation the Resident received Glucose or Glucagon for the low blood glucose. 2/14/2026 8:14 PM 359 mg/dL 2/15/2026 11:32 AM 350 mg/dL Blood glucose values over 250 more than once over a 24- hr period. (see above) 2/16/2026 1:28 PM 546 mg/dL 2/17/2026 12:44 PM 353 mg/dL 2/19/2026 4:31 PM 399 mg/dL 2/19/2026 8:40 PM 66 mg/dL. There was no documentation the Resident received Glucose or Glucagon for the low blood glucose. 2/21/2026 11:23 AM 417 mg/dL Review of the medical record revealed Physician Order for the use of the Insulin Lispro Sliding Scale was discontinued on 2/24/2025, and the facility followed the facility's policy to call the physician for blood glucose values > (greater than) 250mg/dL more than once within a 24 hour period and for blood glucose values > 300mg/dL more than once over 2 consecutive days from 2/25/2025 to 4/2025. Review of Resident #1's Weights and Vitals Summary report for February 2026, revealed the following hypoglycemic and hyperglycemic blood glucose levels which were not reported to Resident #1's physician or NP. 2/25/2026 10:24 AM 437 mg/dL BG value > 250mg/dl more than once over a 24-hr period. (2/24/2026 at 12:51PM--530 mg/dL) 2/25/2026 4:52 PM 407 mg/dL 2/26/2026 9:11 AM 575 mg/dL 2/26/026 4:55 PM 497 mg/dL 2/27/2026 8:20 AM 426 mg/dL 2/27/2026 9:04 PM 402 mg/dL Review of Resident #1's Weights and Vitals Summary report for March 2026, revealed the following hypoglycemic and hyperglycemic blood glucose levels which were not reported to Resident #1's physician or NP. 3/1/2026 4:18 PM 421 mg/dL BG value over 250 more than once in a 24-hr period. (3/1/2026 at 7:43 AM--303 mg/dL) 3/1/2026 9:54 PM 360 mg/d 3/4/2026 8:38 PM 472 mg/dL BG value over 250 more than once in a 24-hr period. (3/4/2026 at 12:54 PM--320 mg/dL) 3/5/2026 8:02 AM 380 mg/dL 3/5/2026 9:28 PM 69 mg/dL. There was no documentation the Resident received Glucose or Glucagon for the low blood glucose. 3/6/2026 7:24 AM 447 mg/dL 3/6/2026 11:17 AM 374 (continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>mg/dL 3/7/2026 7:15 AM 433 mg/dL 3/9/2026 5:13 PM 351 mg/dL BG value over 250 more than once over a 24- hr period. (3/9/2026 at 7:27 AM--310 mg/dL) 3/10/2026 9:30 AM 442 mg/dL 3/10/2026 6:37 PM 453 mg/dL 3/12/2026 8:53 PM 373 mg/dL BG greater than 300 more than once over 2 consecutive days. (3/11/2026 at 5:32 PM--332 mg/dL) 3/14/2026 9:26 AM 500 mg/dL BG value over 250 more than once within a 24-hr period. (3/13/2026 at 12:16 PM--382 mg/dL) 3/15/2026 8:21 AM 355 mg/dl Review of the Progress Note for Resident #1 dated 3/16/2026 at 2:13 PM, revealed .Evaluation are/were: Altered mental status Functional decline (worsening function and/or mobility) Unresponsiveness .At the time of evaluation resident/patient Blood Pressure: BP 83/42 .Pulse: P 106 .Regular RR: R 18 .Temp: T 96.1 .Pulse Oximetry: O2 [oxygen saturation] 97 % .Blood Glucose: BS (blood sugar) 600.0 . Altered level of consciousness (hyperalert, drowsy but easily aroused, difficult to arouse) Decreased mobility .Neurological Status Evaluation: Altered level of consciousness (hyperalert, drowsy but easily aroused, difficult to arouse) Nursing observations, evaluation, and recommendations Send out to the ED [Emergency Department] . Review of the hospital Computerized Tomography (CT) scan (a type of imaging that uses X-ray techniques to create detailed images of the body) for Resident #1 dated 3/16/2026 at 8:15 AM, revealed .No acute intracranial abnormality .Prominent, stable ventricular (fluid filled cavities containing fluid to cushion the brain) and sulcal spaces (grooves along the brains surface) . Review of the hospital Assessment and Plan for Resident #1 dated 3/17/2026 at 11:24 AM, revealed Resident #1 .presented to the ED on 3/16/2026 after she was found to be, reportedly gradually worsening over the past 2-3 days. Upon presentation noted to be hypoxic [low, inadequate oxygen levels] requiring 4L [liters] nasal cannula [oxygen delivered by a tube to the nose].Work up revealed blood glucose of 1025.Pt [patient] was then started on insulin drip and admitted to ICU [intensive care unit] for management. Review of the hospital therapy assessment for Resident #1 dated 3/17/2026, revealed the Resident with a history of Diabetic Ketoacidosis, hyperglycemia with BG of 1000 plus (+), Acute Kidney Injury (AKI), Urinary Tract Infection (UTI), acute toxic metabolic encephalopathy (a rapid-onset, reversible or progressive dysfunction of the brain caused by systemic issues), and hypotension (low blood pressure). Resident #1 was an unreliable historian due to cognitive status and had general weakness. Resident #1 was able to take 4-5 steps and was able to follow very simple commands. She was able to sit in a recliner and was pleasantly confused. Review of the facility Nurse's Note for Resident #1 dated 3/21/2026, revealed .Resident returned 09:39 [9:39 AM] back from [Named hospital] .she is alert and oriented to self and place. Denies pain or discomfort. Skin clean, dry, and intact no bruising, redness, observed at this time. Vs [vital signs] 141/67, Hr [heart rate] 75, O2 sat [saturation] 98% RA [room air], BS 274. Resident was admitted to hospital DKA and received insulin drip per EMS [Emergency Medical Services]. On-call physician made aware . Review of Resident #1's Weights and Vitals Summary Report for March 2026, revealed the following hypoglycemic and hyperglycemic blood glucose levels which were not reported to Resident #1's physician or NP. 3/21/2026 4:12 PM 67 mg/dL. There was no documentation the Resident received Glucose or Glucagon for the low blood glucose. Review of the Nurse's Note dated 3/23/2026 at 1:39 PM, revealed the nurse was notified by the therapist that Resident #1 was uncomfortable and weak. Resident #1 was assessed, her vital signs were within normal range and her left arm and eye were drooping, while she continued to move her left leg. The NP was notified and gave an order to send her out to the emergency room for further evaluation. Review of the hospital CT scan for Resident #1 dated 3/23/2026 at 12:11 PM, revealed Large acute [sudden onset] to subacute [not a sudden onset, but not chronic] infarct [localized area of tissue death resulting from decreased blood supply] involving the right parietal [upper middle part of the brain] and occipital [back part of the brain] lobes with cytotoxic edema [accumulated fluid in the brain] and mass effect on the right lateral [outer side] ventricle. Review of the hospital Consultation note dated 3/23/2026 at 3:40 PM, revealed Resident #1 was treated in the emergency room for Chief Complaint of Stroke on CT scan. Pt [Resident #1] was discovered this morning w/LT [with left] hemiparesis [weakness stiffness or loss of control on the affected side]and VFD [Visual Field (continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Deficit] .CT brain done today [3/23/2026] showed large acute/subacute .infarct . Review of the Emergency Department Note for Resident #1 dated 3/23/2026 at 11:35 PM, revealed .L [left] sided weakness and facial droop .The pt [patient] recently discharged to the facility after an admission [to the hospital] for DKA with DC [discharge] on 03/21/26 [3/21/2026] . Review of the Nurse's Note dated 3/26/2026 at 1:06 PM, revealed Resident arrived to the facility .[12:08 PM from hospital] .where she was admitted d/t [due to] DKA. Per report received .was found to have some infarct . Review of the Physician's Order dated 3/27/2026, revealed Consistent Carbohydrate diet Dysphagia Mechanical Soft texture [foods that are soft moist and require minimal chewing], Thin Liquids consistency, Fortified foods and large portions for all meals. Review of Resident #1's Weights and Vitals Summary report for March 2026, revealed the following hypoglycemic and hyperglycemic blood glucose levels which were not reported to Resident #1's physician or NP. 3/26/2026 6:13 PM 68 mg/dL. There was no documentation the Resident received Glucose or Glucagon for the low blood glucose. 3/27/2026 12:46 PM 69 mg/dL. There was no documentation the Resident received Glucose or Glucagon for the low blood glucose. 3/28/2026 5:01 PM 533 mg/dL BG greater than 300 more than once over 2 consecutive days. (3/27/2026 at 8:38 AM--308 mg/dL) 3/29/2026 8:51 AM 388 mg/dL 3/29/2026 11:16 AM 397 mg/dL 3/30/2026 5:23 PM 548 mg/dL Review of the Care Conference Summary dated 3/26/2026, revealed FM Q attended and voiced concerns about Resident #1's glucose levels. FM Q wanted Resident #1 to eat high protein and vegetables. Review of the physician's order dated 3/26/2026, revealed Accuchecks-FBS (fasting blood sugar), before each meal . Review of Resident #1's Weights and Vitals Summary Report for April 2026 revealed the following hypoglycemic and hyperglycemic blood glucose levels which were not reported to Resident #1's physician or NP. 4/1/2026 4:55 PM 54 mg/dL. There was no documentation the Resident received Glucose or Glucagon for the low blood glucose. 4/2/2026 9:31 AM 373 mg/dL BG value over 250 more than once in a 24-hr period. (4/1/2026 at 1:52 PM--256 mg/dL) 4/4/2026 5:23 PM 351 mg/dL 4/5/2026 7:44 AM 358 mg/dL 4/5/2026 11:57 AM 378 mg/dL 4/6/2026 7:40 AM 354 mg/dL 4/7/2026 9:49 AM 422 mg/dL 4/7/2026 1:19 PM 600 mg/dL 4/7/2026 4:34 PM 555 mg/dl Review of facility Lab Results Report for Resident #1 dated 4/3/2026, revealed a blood glucose level of 81mg/dl and Hemoglobin A1C level at 10.8 (normal being 4.1-6.0) which indicated uncontrolled Diabetes. Resident #1's A1c increased 1.6 mg/dL from 9.2 in November 2025 to 10.8 in April 2026. During an interview on 4/7/2026 at 11:30 AM, the Nurse Practitioner (NP) was asked when she was at the facility and the NP stated, .I am at the facility on Monday through Friday The NP was asked how the staff communicated the abnormal glucose readings to her, the NP stated, .The staff usually makes me aware when the residents have abnormal blood glucose readings . When the NP was asked about Resident #1's blood glucose readings. The NP stated, [Resident #1] was a brittle diabetic. The NP said she has had to make several changes to Resident #1's medication orders, and stated Resident #1 wandered around the unit and had been known to eat other residents' snacks which may have been some of the reason for her irregular blood glucose readings. During an interview on 4/7/2026 at 3:25 PM, Registered Nurse (RN) G said that if the BG was lower than 70 mg/dl, Glucagon should be given and the abnormal blood glucose reading should be documented in the progress notes, documented on the Medication Administration Record and the provider [MD or NP] should be contacted. When asked what should be done when there was an abnormally high or low blood glucose reading, RN G said the Nurse Practitioner (NP) should be given a verbal report when the NP was on duty (in the facility) and there should also be a progress note written. RN G said she was Resident #1's nurse on (316/2026) the day Resident #1 was transferred to the ED and stated .[Named Resident #] was not acting right, was lethargic and had a decreased appetite.They served her favorite meal that day and she [Resident #1] didn't want it.[Named Resident #1's] blood sugar remained elevated even though she did not eat. RN G also said on 3/16/2026, Resident #1's blood glucose reading was 600 mg/dL, and she was drowsy but easily aroused prior to being transported to the hospital. The NP was notified and she recommended Resident #1 be transported to the ED (emergency department). During an interview on (continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>4/7/2026 at 3:40 PM, Licensed Practical Nurse (LPN) C was asked what should be done when a resident's blood glucose was less than 70 mg/dl. LPN C said that she would provide either juice or glucose to bring the blood glucose up and recheck the blood glucose in an hour. LPN C said if it was at breakfast time then she would feed the meal and then recheck the blood glucose. When asked where staff documented hypoglycemic and hyperglycemic episodes, LPN C said staff documented in the nursing notes and would notify the Nurse Practitioner. LPN C said an on-call company can be contacted on the weekend and if the NP was on vacation, there would be someone to replace her. LPN C said the NP was supposed to be notified if the blood glucose was greater than 400mg/dl or less than 70 mg/dl which was mentioned in the sliding scale order. LPN C said the family was notified when Resident #1 was sent to the ER [DATE] and when there was a change in the Resident's condition. During an interview on 4/7/2026 at 3:57 PM, LPN D said when there were abnormal blood glucose readings a note should be made and the physician or NP should be contacted. When asked what should be done for low blood glucose, LPN D said they would administer a Glucagon shot and if the resident was alert, they may give juice. LPN D stated the facility NP was verbally informed of abnormal blood glucose values when she was in-house and the facility NP was on-call until 7:00 PM. After 7:00 PM, the on-call service physician or NP was contacted. LPN D said that the orders should specify when to contact the NP or Medical Director (MD) and should be in place for all Diabetic residents who receive insulin. LPN D said that all of the Nursing Notes should be reviewed every morning and discussed in the daily Clinical Meeting Monday through Friday. During an interview on 4/9/2026 at 4:00 PM, the Social Service Director (SSD) was asked what was discussed during the care conference meeting on 3/26/2026. The SSD said the Interdisciplinary Team had concerns related to Resident #1's BG and FM Q wanted Resident #1 to have no carbohydrates and increased protein/vegetables. FM Q was requested to provide the facility with the name of an endocrinologist for Resident #1 to see, but FM Q has yet to do so and the facility had plans to find a new endocrinologist if one is not provided by FM Q. During an interview on 4/15/2026 at 2:30 PM, the [NAME] President of Operation was asked how the facility will track whether the provider (physician or NP) was being accurately notified according to the current policy. The VPO said she would review the policy and make the appropriate changes to ensure there was no confusion. The VPO then presented the surveyor with a revised undated copy of the facility policy Nursing Care of the Older Adult with Diabetes Mellitus without the section titled Glycemic Targets which listed the parameters for notifying the provider. These parameters were in place at the beginning of the survey. The facility failed to follow Physician's Orders and facility policy for notification of the physician or NP of Resident #1's episodes of severe hypoglycemia and hyperglycemia. 4. Review of the medical record revealed Resident #2 was admitted to the facility on [DATE], with diagnoses including Diabetes, Dysphagia, Presence of Insulin Pump and Chronic Kidney Disease. Review of the Care Plan for Resident #2 dated 12/9/2025, revealed .Nutritional Risk r/t NPO [nothing by mouth] status, uncontrolled T1DM [Type 1 DM].dependence on enteral feeds [method of delivering nutrients directly into the stomach or small intestine for individuals who cannot eat or drink enough by mouth].requires tube feeding r/t [related to] Dysphagia [difficulty swallowing].has Diabetes Mellitus.Implanted insulin pump [a surgically implanted device that delivers insulin directly into the abdominal cavity]. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score was not assessed. Resident #2 was assessed as having short and long-term memory problems which indicated severely impaired cognition, required Insulin injections on 7 days of the 7-day look back period and required insulin order changes on 6 of the 7-day look back period. Review of Resident #2's Order Summary Report dated 3/1/2026, revealed .Observe resident for signs and symptoms of hypoglycemia/hyperglycemia.Glucagon Kit 1 MG, Inject 1MG intramuscularly as needed for Low blood sugar.blood sugar less than 70 and unresponsive.Glucose 15 Gel 40%, Give 1 application orally as needed for low blood sugar.Humulin N [an intermediate-acting, man-made insulin used to control high blood sugar] Kwipen [a multidose, prefilled syringe] 100 Unit/ML, Inject 20 unit subcutaneously at (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/27/2026
NAME OF PROVIDER OR SUPPLIER Smyrna Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Mayfield Drive Smyrna, TN 37167	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>bedtime for hyperglycemia. Inject 20 unit subcutaneously in the afternoon. Inject 25 unit subcutaneously in the morning. Lantus [a long-acting man-made insulin] Solostar subcutaneous Solution Pen-injector 100 Unit/ML, Inject 30 unit sq at bedtime for Diabetes Hold if glucose level is 150. Review of the Medication Administration Record (MAR) dated March 2026, revealed an order for Humalog [a rapid acting injection to lower blood glucose] Kwikpen [multi-dose, prefilled, injection pen] 100 UNIT/ML (milliliter) Solution subcutaneously five times a day for diabetes adjusted by sliding scale [dosages based on blood glucose level] as follows: a. For a BG of 150-200 give 3 units b. For a BG of 201-250 give 6 units c. For a BG of 251-300 give 9 units d. For a BG of 301-350 give 12 units e. For a BG of 351-400 give 15 units and notify provider f. For a BG of 451-500 give 18 units and notify provider g. For a BG of 501-550 give 25 units and notify provider Review of the Weights and Vitals Summary Report for Resident #2 for March 2026, revealed the following hypoglycemic and hyperglycemic Blood Glucose (BG) results were not reported to the physician or NP: 3/4/2026 1:35 PM 376 mg/dL 3/10/2026 1:57 PM 51 mg/dL There was no documentation the Resident received Glucose or Glucagon for the low blood glucose. 3/10/2026 6:08 PM 402 mg/dL 3/13/2026 10:10 AM 440 mg/dL 3/13/2026 8:32 PM 43 mg/dL There was no documentation the Resident received Glucose or Glucagon for the low blood glucose. 3/14/2026 10:32 AM 478 mg/dL 3/24/2026 9:37 AM 49 mg/dL There was no documentation the Resident received Glucose or Glucagon for the low blood glucose. 3/24/2026 12:59 PM 386 mg/dL Review of Resident #2's medical record showed the order for Humalog Kwikpen sliding scale insulin was discontinued on 3/26/2026, and the facility followed the facility's policy to call the physician for blood glucose values > (greater than) 250mg/dl more than once within a 24 hour period and for blood glucose values > 300mg/dl more than once over 2 consecutive days from 3/26/2026-4/13/2026. Review of the Weights and Vitals Summary Report for Resident #2 for March 2026, revealed the following hypoglycemic and hyperglycemic Blood Glucose (BG) results were not reported to the physician or NP: 3/29/2026 10:16 PM 408 mg/dL BG greater than 300 more than once over 2 consecutive days. (3/28/2026 at 8:30 PM--377 mg/dL) 3/30/2026 5:55 PM 43 mg/dL Medication treatment was given Review of the Weights and Vital Signs Summary Report for Resident #2 for April 2026, revealed the following hypoglycemic and hyperglycemic BG results were not reported to the Resident's physician or NP. 4/1/2026 4:55 PM 54 mg/dL There was no documentation the Resident received Glucose or Glucagon for the low blood glucose. 4/5/2026 7:44 AM 58 mg/dL There was no documentation the Resident received Glucose or Glucagon for the low blood glucose. 4/5/2026 11:57 AM 378 mg/dL BG value over 250 more than once in a 24-hr period. (4/4/2026 at 5:23 PM--351 mg/dL) 4/5/2026 4:35 PM 453 mg/dL 4/6/2026 7:40 AM 354 mg/dL 4/7/2026 9:49 AM 422 mg/dL 4/7/2026 1:19 PM 600 mg/dL 4/7/2026 4:34 PM 555 mg/dL 4/11/2026 6:29 PM 410 mg/dL 4/12/2026 12:22 PM 350 mg/dL 4/12/2026 4:49 PM 383 mg/dL 4/13/2026 8:02 AM 386 mg/dL 5. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses including Diabetes, Hypertension, and Disruption of External Operation Wound. Review of the Care Plan for Resident #3 dated 2/13/2026, revealed .risk of fluctuations [continuing changes] in blood glucose levels R/T DM. Review of the admission MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated Resident #3 was cognitively intact. Resident #3 required insulin injections on 5 days of the 7-day look back period. Review of Resident #[TRUNCATED</p>		