

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445191	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2025
NAME OF PROVIDER OR SUPPLIER Nhc Healthcare, Hendersonville		STREET ADDRESS, CITY, STATE, ZIP CODE 370 Old Shackle Island Rd Hendersonville, TN 37075	

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. (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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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observations, and interviews, the facility failed to revise resident care plans to include the resident-specific transfer method to prevent falls for 4 of 10 (Resident #3, #4, #5, and #6) residents reviewed for transfers. The findings include: 1. Review of the facility policy titled, Patient Care Plans, dated 5/2025, revealed .care plan approaches are specific individualized steps partners and patients will take together to assist the patient to achieve the goal .approaches serve as instructions for patient care and provide for continuity of care by all partners .care plans are updated as needed .new problems are handled as they arise and are to be added to the current care plan even if the change in condition is not considered significant enough for complete revision . Review of the facility document titled, Can-Do-Process [information sheet for resident's Activities of Daily Living [ADL] care], undated, revealed .skilled admissions . Therapy Evaluation to establish current LOC [Level of Care] required .Can-Do initiated during first visit and placed in Can-Do Book (Daily Book) at Nursing Station .Forms are updated with changes by nursing/therapy . Non-Skilled Admissions .Fall Coordinator assess patient's fall risk and initiates Can-Do form .Forms are updated with changes by nursing/therapy .LTC [Long Term Care] Patients .The Can-Do will follow the patients as they transition to long term care . Forms are updated with changes by nursing/therapy . Review of the facility policy titled, Lifting Machine, Using a Mechanical Hoyer Lift [a total body mechanical lift used by caregivers to transfer individuals with limited mobility], dated 7/2017, revealed .the purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device .at least (2) two certified or licensed personnel are needed to safely move a resident with a mechanical lift .mechanical lifts may be used for tasks that require .lifting a resident from the floor .transferring a resident from bed to chair .lifting limbs .repositioning . 2.Review of the facility transfer list for the use of a mechanical lift dated 10/20/2025, revealed Resident #3, Resident #5, and Resident #6 required a Hoyer lift (full-body mechanical lift) for transfers, and Resident #4 required a Stand-Up (sit-to-stand mechanical lift) lift for transfers. 3. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses including History of Tibia Fracture, Kidney Disease, Heart Disease, and History of Falling. Review of a Physical Therapy discharge form for Resident #3 dated 3/26/2025, revealed, .chair/bed to chair transfers-CLOF [Current Level of Function]: dependent/total assistance .[Resident #3] currently uses a hoyer to transfer . Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #3 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Resident #3 was dependent on staff for transfers. Review of the Care Plan dated 10/9/2025, revealed . Resident is at risk for falls r/t [related to] requires assist .hx [history] of falling .substantial assistance with transfers and self-care .Activities of daily living .substantial assistance with transfers and self-care .assist with transfers, bed mobility . Continued review revealed there was an intervention added on 10/21/2025 for . hoyer sling to remain under pt [patient] [Resident #3] while up in chair as pt prefers . Review of the facility's Can-Do Information Sheet for Resident #3 updated 10/20/2025, revealed .Sit to Stand Assist: Hoyer lift 2-person . The facility failed to ensure the Care Plan was revised to include an intervention for method of transfer, including the use of a hoyer lift, as was documented in Physical Therapy notes and on Can-Do Information Sheet. During an interview on 10/20/2025 at 1:26 PM, Certified Nurse Assistant (CNA) H stated, . we use a hoyer lift to get [Resident #3] up, I usually do it by myself .she can hold on . 4. Review of the medical record revealed Resident #4 was admitted to the facility on [DATE] with diagnoses including History of Knee Replacement, Heart Disease, and Kidney Disease. Review of the facility Can-Do Information Sheet for Resident #4 dated 8/9/2025, revealed .Sit to Stand Assist: STS [sit-to-stand mechanical lift] [a mechanical lift device that allows individuals to stand with transfers from a sitting to standing position for individuals who have partial limited mobility] 2-person . Review of the quarterly MDS assessment dated [DATE], revealed Resident #4 scored a 14 on the BIMS assessment which indicated the resident was cognitively intact. Resident #4 required Substantial/Maximal Assistance for sit-to-stand and chair/bed-to-chair transfers. Review of the comprehensive Care Plan for Resident #4 dated 8/19/2025, revealed .Resident is at risk for falls r/t requires staff assist .substantial assistance with transfers and self-care .Activities of daily living . substantial assistance with transfers and self-care . The facility failed to ensure the Care Plan was revised to include an intervention for the method of transfer and the use of a sit-to-stand lift, as was documented on the Can-Do Information Sheet . Review of a Physical Therapy discharge form for Resident #4 dated 9/26/2025</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, review of medical records, review of fall investigation documents, hospital record review, and interviews, the facility failed to ensure 1 of 10 (Resident #1) residents were free from accident hazards when staff failed to follow the resident-specific care plan for transfers. On 6/25/2024, 1 staff member transferred Resident #1 without using a lift (a mechanical device to assist caregivers in transferring residents with limited mobility), which resulted in a fall, and right tibia fracture. On 12/12/2024, 2 staff members attempted a stand/pivot transfer, without using a Hoyer lift (a mechanical lift designed to lift, suspend, and transfer a patient using a sling that slides under the patient to provide full body support), which resulted in a fall and a right lower femur fracture, which required surgical intervention. The facility's failure resulted in 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) for Resident #1 and placed other residents who required assistance for transfers at risk for Immediate Jeopardy. The Administrator and Director of Nursing (DON) were notified of the Immediate Jeopardy on 10/29/2025 at 11:45 AM, in the Conference Room. The facility was cited Immediate Jeopardy at F-689 at a scope and severity of J which constitutes Substandard Quality of Care. The IJ began on 6/25/2024 and continued through 12/16/2024. The facility's corrective actions were completed on 12/17/2024. An acceptable Removal Plan/Allegation of Compliance for the past noncompliance, which removed the immediacy, was provided by the facility on 10/29/2025 and was validated on site. The IJ was cited as past noncompliance for F-689 and the facility is not required to submit a Plan of Correction. The findings include: 1.Review of the facility policy titled, Lifting Machine, Using a Mechanical, dated 7/2017, revealed .the purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device .at least at least (2) two certified or licensed personnel are needed to safely move a resident with a mechanical lift .mechanical lifts may be used for tasks that require .lifting a resident from the floor .transferring a resident from bed to chair . lifting limbs .repositioning . Review of the facility policy titled, [Named Facility] Falls Management Process Resource, dated 10/2023, revealed .The Falls Management Program (FMP) is an interdisciplinary quality initiative .The FMP provides personalized and individualized care for patients through educational and quality improvement .FMP includes two primary approaches to the management of falls and injuries .the first is through immediate response .when fall occurs, careful evaluation and investigation, along with immediate intervention during the first 24 hours, can help identify risk, contributing factors, and prevent future incidents . the second approach is long-term management .screening at admission, quarterly, annually and change of condition are key in identifying patients at high risk of a fall .in both approaches, assessment should be used to develop individualized care plan interventions . Review of the facility policy titled, Patient Care Plans, dated 11/2023, revealed .care plan approaches are specific individualized steps partners and patients will take together to assist the patient to achieve the goal .approaches serve as instructions for patient care and provide for continuity of care by all partners .care plans are updated as needed .new problems are handled as they arise and are to be added to the current care plan even if the change in condition is not considered significant enough for complete revision . Review of the facility's undated document titled, Can-Do-Process [information sheet for resident's ADL [Activities of Daily Living] care], revealed .skilled admissions .Therapy Evaluation to establish current LOC [Level of Care] required .Can-Do initiated during first visit and placed in Can-Do Book [Daily Book] at Nursing Station .Forms are updated with changes by nursing/therapy . Non-Skilled Admissions .Fall Coordinator assess patient's fall risk and initiates Can-Do form .Forms are updated with changes by nursing/therapy .LTC [Long Term Care] Patients .The Can-Do will follow the patients as they transition to long term care . 2.Review of the medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnoses including Spinal Stenosis, Cervical Spine Fusion, History of Falls, and Lumbosacral Disc Disorder. Review of the medical record revealed on 2/1/2024, Resident #1 fell from the bed while reaching for something on her table and sustained bilateral hip fractures, requiring hospitalization and surgery. Resident #1 returned to the facility on 2/9/2024. Review of Resident #1's Care Plan dated 2/7/2024, revealed .perimeter mattress for edge awareness . Review of the facility Can-Do Information Sheet for Resident #1 dated 2/8/2024, revealed .transfer assist .Hoyer lift . Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #1 scored a 12 on the BIMS assessment which indicated the resident had moderate cognitive impairment .Resident #1 was dependent on</p>		