STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445222	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southern Tenn Medical Center Snf	629 Hospital 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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interviews, the facility failed to ensure 3 residents (Resident #4, Resident #11, and Resident #17) were offered the opportunity to formulate an advanced directive upon admission to the facility of 3 residents reviewed for advanced directives. The findings include: Review of the facility's undated policy titled, Advanced Directives, revealed .The facility will provide information to the resident/ resident representative on Advanced Directives and will assist the resident/ resident representative in formulating advanced care planning .Upon admission, the resident/ resident representative will be provided with written information concerning the right to .formulate an advanced directive if he or she chooses to do so .Prior to or upon admission of a resident, the Social Services Director or designee will inquire of the resident, his/ her family members and/ or his or her legal representative, about existence of any written advanced Directives .If the resident indicates that he or she had not established advanced directives, the facility staff will offer assistance in establishing advanced directives .Nursing staff or designee will document in the medical record the offer to assist and the resident's decision to accept or decline assistance . Review of the medical record revealed Resident #4 was admitted to the facility on [DATE] with diagnoses including Cerebral Infarction, Diabetes Mellitus Type 2, and Muscle Weakness. Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #4 scored a 13 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Review of the medical record for Resident #4 revealed no documentation of an advanced directive and no documentation the facility offered the resident an opportunity to formulate an advanced directive. Review of the medical record revealed Resident #11 was admitted to the facility on [DATE] with diagnoses including Cirrhosis of the Liver, Diabetes, and Acute Respiratory Failure. Review of an admission MDS assessment dated [DATE], revealed Resident #11 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Review of the medical record for Resident #11 revealed no documentation of an advanced directive and no documentation the facility offered the resident an opportunity to formulate an advanced directive. Review of the medical record revealed Resident #17 was admitted to the facility on [DATE] with diagnoses including Urinary Tract Infection, Muscle Wasting, and Chronic Kidney Disease. Review of an admission MDS assessment dated [DATE], revealed Resident #17 scored of 12 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Review of the medical record for Resident #17 revealed no documentation of an advanced directive and no documentation the facility offered the resident or resident's representative an opportunity to formulate an advanced directive. During an interview on 9/3/2025 at 3:33 PM, the Director of Nursing (DON) confirmed there was no documentation in the medical records to indicate Resident's #4, Resident #11, and Resident #17 had an advance directive or documentation to reflect the facility had educated or offered for Resident #4, Resident #11, and Resident #17 to formulate an advanced directive. The DON further confirmed the facility had not provided education or the opportunity to formulate advanced directives to any of the residents in the facility for several months.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and interviews the facility failed to provide the required Notice of Medicare Non-Coverage (NOMNC) and Advanced Beneficiary Notice (ABN) for 3 residents (Resident #3, Resident #5, and Resident #33) of 3 residents reviewed for beneficiary notification.The findings include: Review of the medical record revealed Resident #3 was admitted to the facility on [DATE] with diagnoses including Myocardial Infarction [Heart Attack] and Muscle Weakness. Review of a 5 day Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #3 scored a 4 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Review of a Nursing progress note for Resident #3 dated 8/26/2025, revealed .Patient left unit .to be discharged home, transferred out of unit .EMS [Emergency Medical Services] via stretcher . Review of the medical record for Resident #3, revealed no NOMNC or ABN had been provided to the resident or resident representative. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE] with diagnoses including Chronic Kidney Disease, Severe Protein Calorie Malnutrition, and Muscle Weakness. Review of an admission MDS assessment dated [DATE], revealed Resident #5 scored a 13 on the BIMS assessment which indicated the resident was cognitively intact. Review of a Nursing progress note for Resident #5 dated 8/29/2025, revealed . Patient discharged to home . Review of the medical record for Resident #5, revealed no NOMNC or ABN and been provided d to the resident. Review of the medical record revealed Resident #33 was admitted to the facility on [DATE] with diagnoses including Congestive Heart Failure and Muscle Weakness. Review of an admission MDS assessment dated [DATE], revealed Resident #33 scored a 14 on the BIMS assessment which indicated the resident was cognitively intact. Review of a Nursing progress note for Resident #33 dated 7/31/2025, revealed .Patient discharged to home with home health accompanied by spouse and son . Review of the medical record for Resident #33, revealed no NOMNC or ABN had been provided to the resident. During an interview on 9/3/2025 at 4:21 PM, the MDS Registered Nurse stated Resident #3, Resident #5, and Resident #33 had not been provided a NOMNC or an ABN. The MDS Registered Nurse further stated the staff had not provided ABNs to any residents in the facility for several months. The MDS Registered Nurse continued to state the staff had not provided any residents who received Medicare Part A skilled services while in the facility a NOMNC. During an interview on 9/4/2025 at 8:35 AM, the Administrator confirmed the facility failed to provide Resident #3, Resident #5, and Resident #33 with a NOMNC and ABN. The Administrator further confirmed the staff had not provided ABN to any residents in the facility for several months. The Administrator continued to confirm the staff had not provided a NOMNC to any residents who received Medicare Part A skilled services in the facility since 2024.

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on job description review, facility policy review, medical record review, and interview, the facility failed to provide effective administrative leadership and oversight to ensure the required documentation was maintained or obtained related to Notice of Medicare Non Coverage (NOMNC) for 3 residents (Resident #3, Resident #5, and Resident #33), failed to maintain or obtain the required documentation related to Advanced Beneficiary Notices (ABN) for 3 residents (Resident #3, Resident #5, and Resident #33), failed to offer assistance with the formulation of Advanced Directives for 3 residents (Resident #4, Resident #11, and Resident #17), and had not documented staff or residents received education on COVID-19 vaccination for 5 residents (Resident #7, Resident #11, Resident #19, Resident #24, and Resident #32), and had not offered the COVID-19 vaccine to the staff since 2022.The findings include: Review of a Job Description Report for Post Acute/ Skilled Care Administrator dated 10/11/2024, revealed .Develops and implements Skilled Care goals, plans, and standards consistent with the clinical, administrative .requirements/ objectives of the organization .Directs and evaluates departmental operations .to achieve performance and quality control objectives .Plans and monitors staffing activities, including .orientating, evaluating, disciplinary actions, and continuing education . Review of a Job Description Report for Post Acute Director of Nursing (DON) dated 5/1/2025, revealed .Develops and implements .standards consistent with the clinical, administrative .requirements/objectives of the organization .Directs and evaluates departmental operations .to achieve performance and quality control objectives .Plans and monitors staffing, including .orientating, evaluating, disciplinary actions, and continuing education .ensures that the department operates in compliance .Coordinates and directs internal/ external audits .Integrates evidence-based practices into operations and clinical protocols .Assures quality of care by adhering to established best practices and standards .by the .Board of Nursing, and other governing agencies . Review of the medical record revealed Resident #3 was admitted to the facility on [DATE] with diagnoses including Myocardial Infarction [Heart Attack] and Muscle Weakness. Review of a 5 day Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #3 scored a 4 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Review of a Nursing progress note for Resident #3 dated 8/26/2025, revealed .Patient left unit .to be discharged home, transferred out of unit .EMS [Emergency Medical Services] via stretcher . Review of the medical record for Resident #3, revealed no NOMNC or ABN had been provided to the resident or resident representative. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE] with diagnoses including Chronic Kidney Disease, Severe Protein Calorie Malnutrition, and Muscle Weakness. Review of an admission MDS assessment dated [DATE], revealed Resident #5 scored a 13 on the BIMS assessment which indicated the resident was cognitively intact. Review of a Nursing progress note for Resident #5 dated 8/29/2025, revealed . Patient discharged to home . Review of the medical record for Resident #5, revealed no NOMNC or ABN had been provided to the resident. Review of the medical record revealed Resident #33 was admitted to the facility on [DATE] with diagnoses including Congestive Heart Failure and Muscle Weakness. Review of an admission MDS assessment dated [DATE], revealed Resident #33 scored a 14 on the BIMS assessment which indicated the resident was cognitively intact. Review of a Nursing progress note for Resident #33 dated 7/31/2025, revealed .Patient discharged to home with home health accompanied by spouse and son . Review of the medical record for Resident #33, revealed no NOMNC or ABN had been provided to the resident. During an interview on 9/3/2025 at 4:21 PM, the MDS Registered Nurse stated Resident #3, Resident #5, and Resident #33 had not been provided a NOMNC or an ABN. The MDS Registered Nurse further stated the staff had not provided ABNs to any of the residents in the facility for several months. The MDS Registered Nurse continued to state the staff had not provided any residents who received Medicare Part A skilled services while in the (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	facility a NOMNC. During an interview on 9/4/2025 at 8:35 AM, the Administrator confirmed the facility failed to provide Resident #3, Resident #5, and Resident #33 with a NOMNC and ABN. The Administrator further confirmed the staff had not provided ABN to any residents in the facility for several months and was not aware the facility staff had not issued the required documents. The Administrator continued to confirm the staff had not provided a NOMNC to any residents who received Medicare Part A skilled services in the facility since 2024. Review of the facility's undated policy titled, Advanced Directives, revealed .The facility will provide information to the resident/ resident representative on Advanced Directives and will assist the resident/ resident representative in formulating advanced care planning .Upon admission, the resident/ resident representative will be provided with written information concerning the right to .formulate an advanced directive if he or she chooses to do so .Prior to or upon admission of a resident, the Social Services Director or designee will inquire of the resident, his/ her family members and/ or his or her legal representative, about existence of any written advanced Directives .If the resident indicates that he or she had not established advanced directives, the facility staff will offer assistance in establishing advanced directives .Nursing staff or designee will document in the medical record the offer to assist and the resident's decision to accept or decline assistance . Review of the medical record revealed Resident #4 was admitted to the facility on [DATE] with diagnoses including Cerebral Infarction, Diabetes, and Muscle Weakness Review of an admission MDS assessment dated [DATE], revealed Resident #4 scored a 13 on the BIMS assessment which indicated the resident was cognitively intact. Review of the medical record for Resident #4 revealed no documentation of an advanced directive and no documentation the facility had offered the resident an opportunity to formulate an advanced directive. Review of the medical record revealed Resident #11 was admitted to the facility on [DATE] with diagnoses including Cirrhosis of the Liver, Diabetes, and Acute Respiratory Failure. Review of an admission MDS assessment dated [DATE], revealed Resident #11 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Review of the medical record for Resident #11 revealed no documentation of an advanced directive and no documentation the facility had offered the resident an opportunity to formulate an advanced directive. Review of the medical record revealed Resident #17 was admitted to the facility on [DATE] with diagnoses including Urinary Tract Infection, Muscle Wasting, and Chronic Kidney Disease. Review of an admission MDS assessment dated [DATE], revealed Resident #17 scored of 12 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Review of the medical record for Resident #17 revealed no documentation of an advanced directive and no documentation the facility had offered the resident or resident representative an opportunity to formulate an advanced directive. During an interview on 9/3/2025 at 3:33 PM, the Director of Nursing (DON) confirmed there was no documentation in the medical records to indicate if Resident's #4, Resident #11, and Resident #17 had an advance directive or documentation to reflect the facility had educated or offered for Resident #4, Resident #11, and Resident #17 to formulate an advanced directive. The DON further confirmed staff had not provided education to any residents in the facility on their right to formulate an advanced directive for several months. Review of the facility's policy titled, Infection Prevention and Control Plan, effective 8/2023, revealed .Referral for assessment, potential testing, immunization .counseling as appropriate of hospital staff, independent practitioners .is providers when there is a risk of occupational exposure, or illness from an infectious disease that may put the population they serve at risk .continued education is provided to all staff .including their responsibilities in preventing the spread of infection . Review of the facility's policy titled, Managing COVID-19 Post PHE [Public Health Emergency], effective 3/2024, revealed .everyone 6 years and older should get 1 updated .vaccine, regardless of whether they've received any original COVID-19 vaccine .facility will ensure compliance with federal and state guidance for managing COVID-19 after the expiration of the Public Health Emergency .facility will encourage .staff, residents .to remain up to date with all recommended COVID-19 vaccine doses .staff and residents will be offered resources and counseled about the (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	importance of receiving the COVID-19 vaccine .facility will provide education to resident/representative on the COVID-19 vaccination .will offer COVID-19 vaccinations to all residents .medical record will document the offering, acceptance/refusal and administration of the vaccination to the resident .facility will provide education on benefit of COVID vaccination to staff and will encourage staff to obtain vaccination . Review of the Centers for Disease Control and Prevention (CDC) documentation titled, COVID-19 Vaccination for Long-term Care Residents dated 6/11/2025, revealed .If you live or work in long-term care .you can help protect yourself and the people around you by getting your updated COVID-19 vaccine .CDC recommends an updated COVID-19 vaccine for most adults ages 18 years and older, including people who live and work in long-term care (LTC) .settings .CDC recommends everyone ages 65 years and older, including people who live and work in LTC settings, get 2 doses of an updated COVID-19 vaccine 6 months apart . Review of the medical record revealed Resident #7 was admitted to the facility on [DATE] with diagnoses including Urinary Tract Infection, Muscle Weakness, and Abnormal Gait. Review of an admission MDS assessment dated [DATE], revealed Resident #7 scored an 8 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Review of the medical record for Resident #7 revealed no documentation education on COVID 19 was provided or that the facility offered Resident #7 the COVID vaccination. Further review revealed there was no signed declination form in Resident #7's medical record. Review of the medical record revealed Resident #11 was admitted to the facility on [DATE] with diagnosis including Cirrhosis of Liver, Acute Respiratory Failure, and Diabetes. Review of an MDS assessment dated [DATE], revealed Resident #11 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Review of Resident #11's medical record revealed no documentation education on COVID 19 was provided or that the facility offered Resident #11 the COVID vaccination. Further review revealed there was no signed declination form in Resident #11's medical record. Review of the medical record revealed Resident #19 was admitted to the facility on [DATE] with diagnoses including Left Femur Fracture and Abnormal Gait. Review of an MDS assessment dated [DATE], revealed Resident #19 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Review of Resident #19's medical record revealed no documentation education on COVID 19 was provided or that the facility offered Resident #19 the COVID vaccination. Further review revealed there was no signed declination form in Resident #19's medical record Review of the medical record revealed Resident #24 was admitted to the facility on [DATE] with diagnoses including Dementia, Left Femur Fracture, Need for Assistance with Personal Care and Pain. Review of an MDS assessment for Resident #24 dated 8/22/2025, revealed the BIMS assessment had not been completed because the assessment was in progress. Review of Resident #24's medical record revealed no documentation education on COVID 19 was provided or that the facility offered Resident #24 the COVID vaccination. Further review revealed there was no signed declination form in Resident #24's medical record. Review of the medical record revealed Resident #32 was admitted to the facility on [DATE] with diagnoses including Myocardial Infarction [Heart Attack] and Unsteadiness on feet. Review of an MDS assessment for Resident #24 dated 8/31/2025, revealed the BIMS assessment had not been completed because the assessment was in progress. Review of the medical record for Resident #32 revealed no documentation education on COVID 19 was provided or that the facility offered Resident #32 the COVID vaccination. Further review revealed there was no signed declination form in Resident #32's medical record. During a medical record review and interview on 9/3/2025 at 3:00 PM, the Infection Preventionist (IP) stated the facility follows National Healthcare Safety Network and Centers for Disease Control recommendations. The IP provided resident vaccination information for Resident #7, #11, #19, #24, and #32. The IP stated COVID education had been provided to Resident #7, #11, #19, #24, and #32 and all declined the COVID vaccine. The IP stated she did not ask Resident #7, # 11, #19, #24, and #32 to sign a declination form or document the education had been provided because it was not required any longer. The IP stated she only documents education was provided to residents when they agree to the vaccine, then the (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	education and vaccination are documented in the medical record. The IP stated she did not have any information on staff who had declined the COVID vaccine. The IP stated the facility has not offered education on covid vaccination or provide the COVID vaccine to staff in several years. She added the employee health nurse may be able to provide that information. During an interview on 9/4/2025 at 8:10 AM, the Employee Health Nurse stated she was not able to identify an employee who had declined the COVID vaccine or signed a declination form because the facility has not offered education on the COVID vaccine or had administered the COVID vaccines to the facility staff since 2022. During an interview on 9/4/2025 at 12:15 PM, the Human Resources Director confirmed the facility no longer offered COVID-19 education or the COVID-19 vaccine to the staff .it is no longer a requirement. During an interview on 9/4/2025 at 2:31 PM, the Administrator confirmed the facility had not provided the residents with the opportunity to formulate advanced directive, had not provided the residents with Advance Beneficiary Notices (ABN) or Notice of Medicare Non-Coverage (NOMNC), and had not documented the staff or residents had received education on the COVID-19 vaccine, and had not offered the COVID-19 vaccine to the staff. The Administrator confirmed the deficiencies had not been identified by staff at the facility and no action plans had been developed to correct the identified concerns.

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on facility policy review, job description review, Quality Assurance Performance Improvement (QAPI) meeting minutes review, medical record review, and interview, the facility's leadership and QAPI Committee failed to identify, address and initiate corrective action plans for quality deficiencies to ensure the residents attained or maintained their highest practicable physical, functional, mental, and psychosocial well-being when the residents were not offered the opportunity to formulate advanced directives upon admission, were not provided Advance Beneficiary Notices (ABN) or Notice of Medicare Non-Coverage (NOMNC) documentation upon discharge, and had not documented the staff or residents received education on the COVID-19 vaccine for 5 residents (Resident #7, Resident #11, Resident #19, Resident #24, and Resident #32), and had not offered the COVID-19 vaccine to the facility's staff since 2022.The findings include: Review of a facility policy titled Quality Assurance Performance Improvement Committee [QAPI], dated 7/19/2025, revealed .The facility will maintain systems and processes to ensure that the Quality Assurance/ Performance Improvement Committee provides oversight and direction to the facility in identifying and addressing issues and/or risk and that responsive action plans for improvement and/or correction are implemented and monitored for identified outcomes .appropriate and reasonable efforts will be made, and resources provided to maintain compliance with applicable regulations for nursing facilities, and to meet needs of residents in a manner that promotes their physical, mental, and psychosocial well- being .The facility will maintain a QAPI committee consisting at a minimum of the director of nursing [DON]. The medical director .three members of the facilities staff .infection preventionist .QAPI committee meeting will be held at least quarterly or more often as necessary to fulfill the committee's responsibilities to identify and correct quality deficiencies effectively and/or to monitor quality improvement initiatives .The data will be reviewed with enough frequency to enable the committee to know if improvements or correction is needed or if previously identified opportunities are achieving desired outcomes . Review of a Job Description Report for Post Acute/ Skilled Care Administrator dated 10/11/2024, revealed .Develops and implements Skilled Care goals, plans, and standards consistent with the clinical, administrative .requirements/ objectives of the organization .Directs and evaluates departmental operations .to achieve performance and quality control objectives .Plans and monitors staffing activities, including .orientating, evaluating, disciplinary actions, and continuing education . Review of a Job Description Report for Post Acute Director of Nursing dated 5/1/2025, revealed .Develops and implements .standards consistent with the clinical, administrative .requirements/objectives of the organization .Directs and evaluates departmental operations .to achieve performance and quality control objectives .Plans and monitors staffing, including .orientating, evaluating, disciplinary actions, and continuing education .ensures that the department operates in compliance .Coordinates and directs internal/ external audits .Integrates evidence-based practices into operations and clinical protocols .Assures quality of care by adhering to established best practices and standards .by the .Board of Nursing, and other governing agencies . Investigation revealed the facility had failed to obtain an advanced directive or offer the opportunity to formulate an advanced directive for 3 of 3 sampled residents (Resident #4, #11, and #17). Investigation through record review and interview revealed the facility had failed to offer any resident or resident representative the opportunity to formulate and advanced directive for several months. The facility's QAPI Committee failed to identify a system was not in place to ensure the residents or resident representatives were provided with this opportunity. The facility's failure had been ongoing and had not been identified by the facility's leadership or QAPI Committee. Refer to F-578 Investigation revealed the facility failed to ensure the required NOMNC and ABN documentation was provided to the 3 of 3 resident's (Resident #3, #5, and #33) reviewed. Continued investigation through medical record review and interview revealed the facility's QAPI Committee failed to identify a system was not in place to ensure the appropriate (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	notices were provided to any of the facility's residents or resident representatives for several months (an unknown period of time). The facility's failure had been ongoing and had not been identified by the facility's leadership or QAPI Committee. Refer to F-582 Investigation revealed the facility failed to ensure the Centers for Disease Control (CDC) recommendations were followed related to COVID-19 education and vaccination documentation and failed to follow the facility's policy related to COVID-19. The facility failed to document the offering of the COVID-19 vaccine to any of the facility's staff since 2022, failed to document the education provided or have COVID-19 vaccine declination documentation signed for 5 of 5 residents reviewed (Residents #7, #11, #19, #24, and #32). Investigation through medical record review and interview revealed the facility had failed to have any COVID-19 declination forms signed for any resident who declined and failed to document COVID-19 education was provided to those residents. The facility's failure had been ongoing and had not been identified by the facility's leadership or QAPI Committee. Refer to F-887 During an interview on 9/3/2025 at 3:33 PM, the Director of Nursing (DON) confirmed there was no documentation in the medical records to indicate if Resident's #4, Resident #11, and Resident #17 had an advance directive or documentation to reflect the facility had educated or offered for Resident #4, Resident #11, and Resident #17 to formulate an advanced directive. The DON further confirmed staff had not provided education to any residents in the facility on their right to formulate an advanced directive for several months (an unknown period of time). During an interview on 9/3/2025 at 4:21 PM, the MDS Registered Nurse stated Resident #3, Resident #5, and Resident #33 had not been provided a NOMNC or an ABN. The MDS Registered Nurse further stated the staff had not provided ABNs to any residents in the facility. The MDS Registered Nurse continued to state the staff had not provided any residents who received Medicare Part A skilled services while in the facility a NOMNC for several months. During an interview on 9/4/2025 at 8:35 AM, the Administrator confirmed the facility failed to provide Resident #3, Resident #5, and Resident #33 with a NOMNC and ABN. The Administrator further confirmed the staff had not provided ABN to any residents in the facility. The Administrator continued to confirm the staff had not provided a NOMNC to any residents who received Medicare Part A skilled services in the facility since 2024. During a medical record review and interview on 9/3/2025 at 3:00 PM, the Infection Preventionist (IP) stated the facility follows National Healthcare Safety Network and Centers for Disease Control recommendations. The IP provided resident vaccination information for Resident #7, #11, #19, #24, and #32. The IP stated COVID education had been provided to Resident #7, #11, #19, #24, and #32 and all declined the COVID vaccine (the IP was unable to provide the documentation to verify the information was provided). The IP stated she had not asked Resident #7, # 11, #19, #24, and #32 to sign a declination form or document the education had been provided because it was not required any longer. The IP stated she had only documented the education was provided to residents when the residents had agreed or consented to the vaccine, then the education and vaccination were documented in the medical record. The IP stated she did not have any information on the staff who had declined the COVID vaccine. The IP stated the facility has not offered education on covid vaccination or provided the COVID vaccine to the facility staff in several years. During an interview on 9/4/2025 at 8:10 AM, the Employee Health Nurse stated she was not able to identify an employee who had declined the COVID-19 vaccine or signed a declination form because the facility has not offered education on COVID vaccine or administered COVID vaccines to the staff since 2022. During an interview on 9/4/2025 at 12:15 PM, the Human Resources Director confirmed the facility no longer offered COVID-19 education or the COVID-19 vaccine to the staff .it is no longer a requirement. During an interview on 9/4/2025 at 2:31 PM, the Administrator stated the QAPI Committee consisted of the Interdisciplinary Team Including the Administrator, the Director of Nursing, the Infection Preventionist, the Medical Director, the Social Worker, the MDS Coordinator, and the Therapy Director. The Administrator stated the QAPI Committee met monthly to review and correct any deficient practices identified. The Administrator confirmed the facility had not provided the residents with the opportunity to formulate advanced directive, had not provided the residents with Advance Beneficiary (continued on next page)

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	445222	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southern Tenn Medical Center Snf	629 Hospital Road Winchester, TN 37398

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notices (ABN) or Notice of Medicare Non-Coverage (NOMNC), and had not documented the staff or residents had received education on the COVID-19 vaccine, and had not offered the COVID-19 vaccine to the staff. The Administrator confirmed the quality deficiencies had not been identified by the QAPI committee, was not included in the past 3 months of QAPI minutes, and no action plans had been developed to correct the identified concerns.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review , facility policy review, review of current Centers for Disease Control (CDC) recommendations and interviews the facility failed to document education was provided to residents and staff regarding COVID-19 vaccination, failed to document offering the COVID vaccine to residents and completing a declination form if the vaccine was declined, and failed to offer staff COVID-19 vaccines affecting all staff and 5 of 5 (Resident #7, #11, #19, #24 and #32) sampled residents reviewed. The findings include: Review of the facility's policy titled, Infection Prevention and Control Plan effective 8/2023, revealed .Referral for assessment, potential testing, immunization .counseling as appropriate of hospital staff, independent practitioners .is providers when there is a risk of occupational exposure, or illness from an infectious disease that may put the population they serve at risk .continued education is provided to all staff .including their responsibilities in preventing the spread of infection . Review of the facility's policy titled, Managing COVID-19 Post PHE [Public Health Emergency] effective 3/2024, revealed .everyone 6 years and older should get 1 updated .vaccine, regardless of whether they've received any original COVID-19 vaccine .facility will ensure compliance with federal and state guidance for managing COVID-19 after the expiration of the Public Health Emergency .facility will encourage .staff, residents .to remain up to date with all recommended COVID-19 vaccine doses .staff and residents will be offered resources and counseled about the importance of receiving the COVID-19 vaccine .facility will provide education to resident/representative on the COVID-19 vaccination .will offer COVID-19 vaccinations to all residents .medical record will document the offering, acceptance/refusal and administration of the vaccination to the resident .facility will provide education on benefit of COVID vaccination to staff and will encourage staff to obtain vaccination . Review of the Centers for Disease Control and Prevention (CDC) documentation titled, COVID-19 Vaccination for Long-term Care Residents dated 6/11/2025, revealed .If you live or work in long-term care .you can help protect yourself and the people around you by getting your updated COVID-19 vaccine .CDC recommends an updated COVID-19 vaccine for most adults ages 18 years and older, including people who live and work in long-term care (LTC) .settings .CDC recommends everyone ages 65 years and older, including people who live and work in LTC settings, get 2 doses of an updated COVID-19 vaccine 6 months apart .Review of the medical record revealed Resident #7 was admitted to the facility on [DATE] with diagnoses including Urinary Tract Infection, Muscle Weakness, and Abnormal Gait. Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #7 scored an 8 on the Brief Interview for Mental Status (BIMS) assessment indicating the resident had moderate cognitive impairment. Review of Resident #7's medical record revealed no documentation education on COVID 19 was provided or that the facility offered Resident #7 the COVID vaccination. Further review revealed there was no signed declination form in Resident #7's medical record. Review of the medical record revealed Resident #11 was admitted to the facility on [DATE] with diagnosis including Cirrhosis of Liver, Acute Respiratory Failure, and Type 2 Diabetes. Review of an MDS assessment dated [DATE], revealed Resident #11 scored a 15 on the BIMS assessment indicating the resident was cognitively intact. Review of Resident #11's medical record revealed no documentation education on COVID 19 was provided or that the facility offered Resident #11 the COVID vaccination. Further review revealed there was no signed declination form in Resident #11's medical record. Review of the medical record revealed Resident #19 was admitted to the facility on [DATE] with diagnoses including Left Femur Fracture and Abnormal Gait.Review of an MDS assessment dated [DATE], revealed Resident #19 scored a 15 on the BIMS assessment indicating the resident was cognitively intact. Review of Resident #19's medical record revealed no documentation education on COVID 19 was provided or that the facility (continued on next page)

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	offered Resident #19 the COVID vaccination. Further review revealed there was no signed declination form in Resident #19's medical record Review of the medical record revealed Resident #24 was admitted to the facility on [DATE] with diagnoses including Dementia, Left Femur Fracture, Need for Assistance with Personal Care and Pain. Review of an MDS assessment for Resident #24 dated 8/22/2025, revealed the BIMS assessment had not been completed because the assessment was in progress. Review of Resident #24's medical record revealed no documentation education on COVID 19 was provided or that the facility offered Resident #24 the COVID vaccination. Further review revealed there was no signed declination form in Resident #24's medical record. Review of the medical record revealed Resident #32 was admitted to the facility on [DATE] with diagnoses including Myocardial Infarction [Heart Attack] and Unsteadiness on feet. Review of an MDS assessment for Resident #24 dated 8/31/2025, revealed the BIMS assessment had not been completed because the assessment was in progress. Review of Resident #32's medical record revealed no documentation education on COVID 19 was provided or that the facility offered Resident #32 the COVID vaccination. Further review revealed there was no signed declination form in Resident #32's medical record. During a medical record review and interview on 9/3/2025 at 3:00 PM, the Infection Preventionist (IP) stated the facility follows National Healthcare Safety Network and Centers for Disease Control recommendations. The IP provided resident vaccination information for Resident #7, #11, #19, #24, and #32. The IP stated COVID education had been provided to Resident #7, #11, #19, #24, and #32 and all declined the COVID vaccine. The IP stated she did not ask Resident #7, # 11, #19, #24, and #32 to sign a declination form or document education had been provided because it was not required any longer. The IP stated she only documents education was provided to residents when they agree to the vaccine, then the education and vaccination are documented in the medical record. The IP stated she did not have any information on staff who had declined the COVID vaccine. The IP stated the facility has not offered education on covid vaccination or provide the COVID vaccine to staff in several years. She added the employee health nurse may be able to provide that information. During an interview on 9/4/2025 at 8:10 AM, the Employee Health Nurse stated she was not able to identify an employee who declined the COVID vaccine or signed a declination form because the facility has not offered education on COVID vaccine or administered COVID vaccines to staff since 2022. During an interview on 9/4/2025 at 12:15 PM, the Human Resources Director confirmed the facility no longer offered COVID-19 education or the COVID-19 vaccine to the staff .it is no longer a requirement.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interviews, the facility failed to obtain a physician's order for the use of an indwelling urinary catheter [a tube inserted into the bladder that drains urine] for 1 resident (Resident #12) of 4 residents reviewed for the use of an indwelling catheter.The findings include: Review of the facility policy titled Foley Catheter, dated 10/2024, revealed .Insertion of .[an indwelling urinary] .catheter should only be used for appropriate indications .Indications should be documented by the physician in the .[indwelling urinary] .catheter order .indications, date of insertion, time of insertion, staff inserting, catheter type, size, and proper technique . Review of the medical record revealed Resident #12 was admitted to the facility on [DATE] with diagnoses including Pressure Ulcer of the Sacral Region and Urinary Tract Infection. Review of the baseline care plan for Resident #12 dated 8/23/2025, revealed the resident had an indwelling urinary catheter. Review of a Progress Note for Resident #12 dated 8/23/2025, revealed .Urinary catheter intact . Review of a Progress Note for Resident #12 dated 8/24/2025, revealed .Catheter in place . Review of Physicians Orders for Resident #12 dated 8/30/2025 to 9/3/2025, revealed Resident #12 did not have an order for the use of an indwelling urinary catheter. During an observation in Resident #12's room on 9/2/2025 at 1:11 PM, revealed an indwelling urinary catheter secured to bottom of the bed in a dignity bag. Review of a Progress Note for Resident #12 dated 9/3/2025, revealed .Catheter in place . During an observation in Resident #12's room on 9/3/2025 at 9:05 AM, revealed an indwelling urinary catheter secured to bottom of the bed in a dignity bag. During an observation in Resident #12's room on 9/4/2025 at 10:15 AM, revealed an indwelling urinary catheter secured to bottom of the bed in a dignity bag. During an interview on 9/4/2025 at 10:15 AM, Licensed Practical Nurse (LPN) A stated Resident #12 had an indwelling urinary catheter. During an interview on 9/4/2025 at 12:56 PM, the Director of Nursing (DON) confirmed there was not a physician's order for the indwelling urinary catheter for Resident #12. The DON stated it was her expectation that if a resident is admitted with an indwelling urinary catheter, staff obtain a physician's order for an indwelling urinary catheter.