STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445238	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Tullahoma	1715 N Jackson St Tullahoma, TN 37388

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews the facility failed to ensure dignity by exposure of a resident's bare shoulder and bra while she sat in front of the building lobby for 1 resident (Resident #10) and failed to promote dignity for residents by the continued use of disposables for resident meals for a prolonged time, potentially effecting 83 of 88 residents reviewed.The findings included: Review of the facility policy titled, Dignity, dated 9/26/2025, revealed .each resident has the right to be treated with dignity and respect .enhancing the resident's self-esteem .preferences, and choices . Review of the medical record revealed Resident #10 was admitted to the facility on [DATE] with diagnoses including Profound Intellectual Disabilities, Bipolar Disorder, and Cognitive Communication Deficit. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #10 was absent of spoken words, rarely/never makes self-understood, rarely/never understand others. During an observation of Resident #10 on 5/11/2026 at 2:20 PM, revealed Resident #10 was sitting in the facility lobby with an ill-fitting blouse exposing the resident bare shoulder and bra. Continued observation revealed when surveyor attempted to talk with Resident #10 multiple staff came up and adjusted the resident blouse. During an observation with the Administrator and Director of Nursing (DON) on 5/11/ 2026 at 2:44 PM, revealed Resident #10 still in the front lobby area with the same ill-fitting blouse. During an interview with the Administrator and DON on 5/11/2026 at 2:45 PM, the Administrator confirmed the exposure of resident shoulder and bra could be a dignity concern. Review of the medical record revealed Resident #18 was admitted to the facility on [DATE] with diagnoses including Stroke, Atrial Fibrillation, Hypertension, Hemiplegia, Anxiety, and Depression. Review of a comprehensive MDS assessment dated [DATE], revealed Resident #18 scored a 15 on the BIMS (Brief Interview for Mental Status) assessment, which indicated intact cognition. Surveyor observations of facility dining conducted on 5/11/2026 to 5/13/2026 revealed the facility utilized disposables for resident meals, which included disposable cups, plates, and utensils for all meals observed. Further observations of the facility dietary department on 5/12/2026, revealed the kitchen remained under construction, with work crews present onsite on 5/12/2025. Observations revealed the facility continued to utilize a temporary mobile kitchen unit, housed in a trailer situated behind the facility, to prepare meals, which was known to the surveyor, to have been implemented after a disaster at the facility which occurred in 2023 (3 years earlier) in which a structure fire disabled the facility kitchen. Further observations of the facility food preparation process conducted on 5/12/2026 between 11:30 AM and 12:15 PM revealed the facility continued to utilize a conference room as a dry storage area and location where foods prepared in the mobile kitchen were plated for resident use. Observations showed the facility reach in coolers remained situated in the dining room. Observations inside the mobile kitchen showed it equipped with a 3-compartment sink for dishwashing, but no commercial dishwasher was available due to space limitations in the mobile unit. The dietary manager reported the facility regularly prepared around 240 meals per day from the mobile kitchen and hand washed and sanitized all cooking utensils between meals in order to prepare them for use in the next meal service. During an (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445238	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Tullahoma	1715 N Jackson St Tullahoma, TN 37388

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	interview on 5/12/2026 at 2:55 PM, Resident #18 reported he had lived at the facility since 2023 and recounted the fire which had occurred and events which transpired during the facility response afterwards. Resident #18 reported since the disaster occurred in 2023 the facility had continuously used the mobile kitchen to prepare meals and served meals on disposable plates, used paper cups etc. as the kitchen repairs had yet to be completed. Resident #18 reported he attended resident council meetings and in those residents frequently questioned prior facility administrations as to when residents could expect the repairs to be complete, and normal dining with plates and non-disposable items would resume but were given various timelines or unclear responses from those questioned. Resident #18 stated he and other peers had previously expressed concerns foods prepared outside in the mobile kitchen sometimes became cold during cooler months, before they were served, which were addressed by the dietary department. Resident #18 also stated residents were patient with the facility, but didn't care for these paper utensils which remained in use daily since the disaster response was initiated. During an interview on 5/12/2026 at 4:00 PM, with the facility Regional Nurse and Regional [NAME] President (RVP), the RVP confirmed the facility used disposable items for meals since the disaster had occurred due to limitations in dish washing capacity of the mobile kitchen unit in use, which had a 3 compartment sink for cleansing items used to prepare meals and no dishwasher, in efforts to ensure meal services were timely and to minimize potential difficulties hand washing all dishes, and utensils three times daily would present to the facility dietary department. The RVP and Regional Nurse confirmed the facility had not sought waivers from the State Agency related to prolonged use of disposables nor had it pursued alternatives to mitigate the prolonged use of disposables while the kitchen remained out of service.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445238	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Tullahoma	1715 N Jackson St Tullahoma, TN 37388

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to report an allegation of staff to resident verbal abuse for 1 resident (Resident #5) and an allegation of staff to resident physical abuse for 1 resident (Resident#16) of 10 residents reviewed for abuse. The findings include: Review of the facility policy titled, Abuse - Reporting and Response - Suspicion of a Crime, dated 5/7/2025 revealed, .The facility will ensure reporting .against a resident or individual receiving care from the facility within prescribed timeframes to the appropriate entities . Review of the medical record revealed Resident #5 was admitted to the facility on [DATE] with diagnoses which included Persistive Vegetative State, Dysphagia, Anxiety Disorder, and Autistic Disorder. Review of a quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #5 was dependent on staff for all activities of daily living. Review of the comprehensive care plan for Resident #5 revealed .[Resident #5] .has impaired communication r/t (related to) dx (diagnosis) Persistent vegetative state. She does smile appropriately when spoke to . Review of a facility investigation dated 5/8/2025 revealed .On 5/8/2025 .[CNA (Certified Nursing Assistant) A] made a statement that some inappropriate things were said in front of one of the patients [Resident #5]; she made this statement to the Director of Nursing (DON) .this alleged incident took place on 5/2/2025. The issues involved .[Resident #5] having her period and the amount of blood that was at the site . Review of a coaching session for (CNA B and CNA C) dated 5/8/2025 revealed .this document shall serve to verify that a conversation took place with [CNA C] .regarding an allegation on 5/8/2025 .It was suggested in the allegation that [CNA C] may have made inappropriate comments in front of a resident [Resident #5] . During an interview with CNA C on 5/12/2026 at 8 AM, CNA C stated she normally didn't work on the west hallway (the hallway Resident #5 was on) she did remember the incident about a year ago. CNA C stated Resident #5 was having her menstrual cycle and it caused CNA C to have anxiety with her having to step out of room. Continued interview revealed CNA C stated she was questioned by facility staff about inappropriate comments and was suspended pending an investigation by the Administrator and DON. Review of the medical record revealed Resident #16 was admitted to the facility on [DATE] with diagnoses which included Multiple Sclerosis, Cognitive Communication Deficit, Irritable Bowel Syndrome, and Diverticulitis of Intestine. Review of an admission MDS dated [DATE] revealed Resident #16 had a Brief Interview of Mental Status (BIMS) score of 13 indicating the resident was cognitively intact. Review of the comprehensive care plan for Resident #16 revealed .[Resident #16] .has an ADL (activity of daily living) self-care performance deficit r/t (related to) weakness .dx (diagnosis) multiple sclerosis) . Review of a facility investigation dated 5/2/2026 revealed .on 5/2/2206 .received a call from my unit manager .that a resident [Resident #16] had some concerns about her ADL care .The resident stated, I called for help on Friday because I had a bowel movement and .[CNA D] came to help .she stated the care was harsh when he was cleaning her .[CNA D] was removed from all care areas . During an interview with CNA D on 5/12/2026 at 4:30 PM, CNA D stated when questioned about a separate investigation if he has had any other allegations of abuse against him with the CNA stating, yes about a month ago Continued interview revealed the CNA was accused by Resident #16 of abuse. The CNA stated he was pulled off the unit and told to wait, with the CNA off work 1 day following the allegation. Further interview revealed the CNA was told not to go into Resident #16 room after the allegation. During an interview with the DON on 5/13/2026 at 7:08 Am, the DON stated she felt it has a customer service issue is the reason the allegation concerning Resident #5 was not reported, the DON also stated she failed to report the allegation concerning Resident #16. Continued interview with the DON confirmed it was the facility policy to report any allegation of abuse to state entities.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445238	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Tullahoma	1715 N Jackson St Tullahoma, TN 37388

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to thoroughly investigate an allegation of staff to resident verbal abuse for 1 resident (Resident #5) and an allegation of staff to resident physical abuse for 1 resident (Resident#16) of 10 residents reviewed for abuse. The findings include: Review of the facility policy titled, Abuse - Conducting an Investigation, dated 4/1/2026 revealed, .It is the policy of this facility that allegations .are promptly and thoroughly investigated . Review of the medical record revealed Resident #5 was admitted to the facility on [DATE] with diagnoses which included Persistive Vegetative State, Dysphagia, Anxiety Disorder, and Autistic Disorder. Review of a quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #5 was dependent on staff for all activities of daily living. Review of the comprehensive care plan for Resident #5 revealed .[Resident #5] .has impaired communication r/t (related to) dx (diagnosis) Persistent vegetative state. She does smile appropriately when spoke to . Review of a facility investigation dated 5/8/2025 revealed .On 5/8/2025 .[CNA (Certified Nursing Assistant) A] made a statement that some inappropriate things were said in front of one of the patients (Resident #5); she made this statement to the Director of Nursing (DON) .this alleged incident took place on 5/2/2025. The issues involved .[Resident #5] having her period and the amount of blood that was at the site . Continued review of the facility investigation dated 5/8/2025 revealed additional residents other than Resident #5 were asked the flowing question: Are you treated with respect at this facility? Continued review of the facility investigation revealed 2 residents on interview stated no (indicating they were not treated with respect at the facility) without any documentation of follow up investigation. During an interview with Social Services Director (SSD) A on 5/13/2026 at 9:30 AM, SSD A stated she was the interviewer of the patient questioner as the documentation suggested. Continued interview and record review revealed no documentation the 2 residents answering no were followed up on. Review of the medical record revealed Resident #16 was admitted to the facility on [DATE] with diagnoses which included Multiple Sclerosis, Cognitive Communication Deficit, Irritable Bowel Syndrome, and Diverticulitis of Intestine. Review of an admission MDS dated [DATE] revealed Resident #16 had a Brief Interview of Mental Status (BIMS) score of 13 indicating the resident was cognitively intact. Review of the comprehensive care plan for Resident #16 revealed .[Resident #16] .has an ADL (activity of daily living) self-care performance deficit r/t (related to) weakness .dx (diagnosis) multiple sclerosis) . Review of a facility investigation dated 5/2/2026 revealed .on 5/2/2206 .received a call from my unit manager .that a resident [Resident #16] had some concerns about her ADL care .The resident stated, I called for help on Friday because I had a bowel movement and .[CNA D] came to help .she stated the care was harsh when he was cleaning her .[CNA D] was removed from all care areas . Continued review of the facility investigation revealed no further residents were interviewed regarding the allegation of physical abuse. During an interview with CNA D on 5/12/2026 at 4:30 PM, CNA D stated when questioned about a separate investigation if he has had any other allegations of abuse against him, CNA D stated, yes about a month ago. Continued interview revealed CNA D was accused by Resident #16 of abuse. CNA D stated he was pulled off the unit and told to wait, with CNA D off work 1 day following the allegation. Further interview revealed CNA D was told not to go into Resident #16 room after the allegation. During an interview with the DON on 5/13/2026 at 7:08 Am, the DON confirmed thorough investigations had not been completed for Resident #5 and Resident #16 after allegations of abuse.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445238	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Tullahoma	1715 N Jackson St Tullahoma, TN 37388

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on facility policy review, observation, and interview, the facility failed to ensure chemicals were stored and secured properly on 1 of 3 housekeeping carts for 6 wandering residents of 88 residents observed for accidents and hazards. The findings include: Review of the facility's policy titled, Storage of Chemicals, dated 4/1/2026, revealed .the facility will store chemicals in accordance with manufacture's guidelines while maintaining supervision while in use . During an observation on 5/11/2026 at 2:20 PM, a housekeeping cart was observed unlocked and unattended by housekeeping staff. During an interview with Housekeeper A on 5/11/2026 at 2:22 PM, the housekeeper stated the cart with chemicals should have been locked when not in direct view. During an interview with the Housekeeping Supervisor on 5/13/2026 at 12:33 PM, that included a review of chemicals stored on the 3 housekeeping carts, the chemicals identified included one 32 fluid ounce (oz) bottle of Enzyme Treatment labeled Keep out of reach of children and one 15.5 oz spray can of Disinfectant Deodorant labeled Keep out of reach of children. Continued interview with the Housekeeping Supervisor revealed all housekeeping carts were to be locked when not in view of a housekeeper.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445238	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Tullahoma	1715 N Jackson St Tullahoma, TN 37388

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observation and interview, the facility failed to ensure proper infection control practices during the medication administration for 1 resident (Resident #17) of 9 residents reviewed for medication administration. The findings include: Review of the facility policy titled Medication Administration .,dated 9/15/2025, revealed .The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment . Review of the medical record revealed Resident #17 was admitted to the facility on [DATE] with diagnoses including Cerebral Palsy, Encounter for Attention to Gastrostomy, Adult Failure to Thrive, and Dysphagia. Review of the current physician's recapitalization orders for Resident #17 revealed, .Buspirone (medication to treat anxiety) 10 mg (milligram) .via (by) G (gastrostomy) tube three times a day .Dicyclomine (medication to treat irritable bowel syndrome) 20 mg .via G tube four times a day .Ferrous Sulfate (Iron) oral solution 300 mg .give 5 ml (milliliters) via G tube one time a day every other day .Magnesium Oxide (used as antacid) 400 mg .via G tube two times a day .Polyethylene Glycol (medication used as laxative) .17 grams via G tube one time a day .Senna 8.6-50 mg (medication used as laxative) give 1 tablet via G tube two times a day . During observation of a medication administration on 5/12/2026 at 7:25 AM, Licensed Practical Nurse (LPN) A prepared medications for Resident #17, failed to cover prepared medications while carrying throughout the facility to obtain a feeding tube syringe, returned to Resident #17 room, failed to wash the hands prior to donning gloves, administered the medications via G tube, and failed to clean the residents tube feeding prior to restarting tube feeding which had been hanging exposed over the residents tube feeding pole. During an interview on 5/12/2026 at 2:48 PM, LPN A stated hands should be cleaned prior to placing gloves, medications should not be uncovered while carrying throughout facility, and Resident #17's tube feeding should have been cleaned prior to restarting. During an interview on 5/13/2026 at 6:40 AM, the Director of Nursing (DON) confirmed it was her expectation for hands to be washed prior to donning gloves, exposed medications to be covered while carrying through facility, and exposed tube feeding to be cleaned prior to restarting