STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445303	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andersonville TN Opco LLC	3382 Andersonville Highway Andersonville, TN 37705

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interviews, the facility failed to notify a resident representative of a change in condition for 1 resident (Resident #16) of 6 residents reviewed. The findings include:Review of the facility policy titled, Notification of Changes, undated, revealed .This facility will notify the .resident/resident representative of changes in the resident's condition or status .A facility must immediately .notify .the resident representative(s) when there is .significant change in resident's physical condition .such as deterioration in health .Review of the facility policy titled, Nutrition Guidelines, undated, revealed .Monitoring/revision .interviewing the resident and/or representative to determine if their personal goals and preferences are being met .notify of significant changes in weight, intake .Review of the medical record revealed Resident #16 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Dementia, Protein-Calorie Malnutrition, and Adult Failure to Thrive. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #16 had a Brief Interview for Mental Status (BIMS) assessment score of 03 which indicated the resident had severe cognitive impairment and weight loss. Review of a Dietician Progress Note for Resident #16 dated 8/2/2025, revealed .significant weight loss of 8.3% x 30 days and 11.7% x 90 days .BMI [Body Mass Index] is 17.3 underweight status . Continued review showed no documentation the resident's representative had been notified of the significant weight loss. Review of the Comprehensive Care Plan revised 8/8/2025, revealed Resident #16 .has unplanned/unexpected weight loss r/t [related to] poor food intake . During a telephone interview on 12/2/2025 at 2:56 PM, Resident #16's responsible party/conservator stated he was not notified of the resident's significant weight loss. During an interview on 12/2/2025 at 3:10 PM, the Director of Nursing (DON) confirmed there was no documentation Resident #16's responsible party/conservator had been notified of the resident's significant weight loss.

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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(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 - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interviews, the facility failed to revise a care plan to include a new fall intervention for 1 resident (Resident #16) of 3 care plans reviewed for falls. The findings include:Review of the facility policy titled, Comprehensive Care Plan, undated, revealed .facility will develop and implement a person-centered care plan for each resident, that includes measurable objectives and time frames to meet resident's medical, nursing, mental, and psychosocial needs .maintains a comprehensive care plan participate in the development of and reviewing and revising of the Comprehensive Care Plan .Review of the facility policy titled, Fall Prevention & Management Program guidelines, undated, revealed .when any resident experiences a fall, the facility will .Review the resident's care plan and update as indicated .Review of the medical record revealed Resident #16 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Dementia, Osteoporosis, and Adult Failure to Thrive. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #16 had a Brief Interview for Mental Status (BIMS) assessment score of 03 which indicated the resident had severe cognitive impairment and had no falls since admission. Review of a facility fall incident report for Resident #16 dated 11/19/2025, revealed .Resident [#16] was going to the bathroom unassisted and slipped from W/C [wheelchair] on right hip . New Intervention .Non-Skid footwear and bowel training program . Review of the Comprehensive Care Plan dated 11/29/2025, revealed Resident #16 .at risk for falls related to weakness . Continued review showed no new intervention had been added after the fall on 11/19/2025. During an interview on 12/2/2025 at 1:15 PM, the MDS Coordinator confirmed the care plan had not been revised to include the new intervention after the fall on 11/19/2025. During an interview on 12/2/2025 at 2:27 PM, the Director of Nursing (DON) confirmed Resident #16's comprehensive care plan had not been revised to include nonskid footwear and a toileting program after a fall on 11/19/2025.

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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 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, observations, and interviews, the facility failed to follow infection control practices on 2 of 4 hallways observed. The findings include: Review of the facility policy titled, Infection Control: Hand Hygiene revised 6/2023, revealed, .All staff will perform proper hand hygiene procedures to prevent the spread of infection to .residents .This applies to all staff working in all locations within the facility .Hand Hygiene .is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub .Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice .Review of the facility policy titled, Isolation Precautions guidelines undated, revealed, .Droplet precautions .refer to actions designed to reduce/prevent the transmission of pathogens spread through close respiratory .contact with respiratory secretions .Droplet Precautions .Healthcare personnel will wear a facemask for close contact with an infectious resident .if there is a risk of exposure .gloves and gown as well as goggles (or face shield) should be worn .During an observation and interview on 12/1/2025 at 11:10 AM, Certified Nursing Assistant (CNA) A and CNA B entered room [ROOM NUMBER]. Observation of signage on the outside of room [ROOM NUMBER]'s door revealed Droplet Precautions. Further observation revealed CNA A and CNA B did not don (apply) goggles or a face shield prior to entering the room. CNA A and CNA B stated the resident in 106 A was COVID positive and was on droplet precautions. CNA A and CNA B confirmed they failed to don goggles or a face shield prior to entering the room. During an observation and interview on 12/1/2025 at 12:30 PM, Restorative CNA C entered room [ROOM NUMBER]. Observation of signage on the outside of room [ROOM NUMBER]'s door revealed Droplet Precautions. Further observation revealed Restorative CNA C did not don gloves, gown, mask, and goggles. Restorative CNA C confirmed she failed to don gloves, gown, mask, and goggles prior to entering the room.During an observation on 12/1/2025 at 12:43 PM, CNA D entered room [ROOM NUMBER] and closed the door to the room. The CNA exited the room, failed to wash or sanitize the hands, retrieved a gait belt from the clean linen cart, and entered room [ROOM NUMBER]. CNA D closed the door to room [ROOM NUMBER], exited the room, and failed to wash or sanitize the hands. CNA D re-entered room [ROOM NUMBER], turned the call light off, exited the room, and failed to wash or sanitize the hands. During an interview on 12/1/2025 at 12:51 PM, CNA D stated when he was in room [ROOM NUMBER], he provided incontinence care to the resident in 200B. He also stated he exited room [ROOM NUMBER], failed to wash or sanitize his hands, and entered room [ROOM NUMBER]. Further interview revealed he transferred a resident in 207B from the wheelchair to the bed. The CNA stated he exited room [ROOM NUMBER], failed to wash or sanitize the hands, re-entered the room, turned off the call light, and exited the room without washing or sanitizing the hands. CNA D confirmed he failed to follow the facility's infection control policy when he failed to wash or sanitize the hands after he provided direct care to resident's in rooms 200B and 207B.During an interview on 12/3/2025 at 3:12 PM, the Director of Nursing confirmed CNA A, CNA B, and Restorative CNA C had not followed infection control practices when they failed to don goggles, face shield, gloves, mask, and gown prior to entering a Droplet precaution room (room [ROOM NUMBER]). Further interview confirmed CNA D failed to follow infection control practices when he failed to wash or sanitize the hands after he provided direct care to resident's in rooms 200B and 207B.