STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445318	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Waters of Cheatham, LLC	2501 River Road Ashland City, TN 37015

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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 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on policyˆreview, Centers for Medicare & Medicaid Services guidelines, Infection Prevention Control Officerˆ Training certificateˆreview, and interview,ˆthe facilityˆfailed toˆensure employment of a qualified Infection Control Preventionist toˆmonitorˆand maintain the facility's Infection Prevention and Control Program.ˆˆThis could have affected 54 out of 54 residentsˆresidingˆin the facility.ˆ The findings include: 1. Review of the undated facility policy titled, Infection Prevention and Control-Policy and Procedure (IPCP), revealed .It is the policy of the facility to ensure that a comprehensive system is in place that prevents, identifies, investigates reports, records, and controls infections and prevent the development and transmission of communicable disease processes for residents/ care providers, staff, visitors, and others within the facility to include those providing contractual services in an effort to provide a safe, sanitary, comfortable environment. Further, to determine the most effective practices to reduce infection rates as well as identifying ways to integrate these practices into the everyday workday to create a culture of safety as related to Infection Control.There will be an appointed person to spearhead the Infection Prevention and Control Program. This person will be a licensed nurse.This person will be the Infection Preventionist for the facility.The Infection Preventionist will make facility wide rounds at least weekly to identify any breaches visible within the physical environment. 2. ˆReview of theˆCenters for Medicare & Medicaid Services factsheet titled, Updated Guidance for Nursing Home Resident Health and Safety, dated June 29, 2022, revealed .Requires facilities have a part-time Infection Preventionist (IP) .The IP must physically work onsite and cannot be an off-site consultant or work at a separate location .IP role is critical to mitigating infectious diseases through an effective infection prevention and control program .IP specialized Training is required and available .ˆˆ The facility was unable to provide documentation that the facility had an ICP at least part-time. The current interim Director of Nursing (DON) was unable to provide documentation, and the newly hired Assistant Director of Nursing (ADON) as of 3/25/2026, was currently taking the course and had only completed 7 of the 12 required modules. The Regional DON was able to provide the required training certificate but did not physically work part-time at the facility. The facility failed to ensure there was an ICP at least part time to assess, develop, monitor, and manage the facility's IC program. During interview on 3/25/2026 at 7:30 AM, the Interim DON confirmed that she had completed infection control training for Infection Preventionist many years ago but was unable to provide the documentation. During an interview on 3/25/2026 at 9:52 AM, with the Regional DON and newly hired ADONˆrevealed, the ADON has completed 7 of the 12 modules required to receive certificate, and the Regional DON had the required certificate, but does not work at this facility the minimal part time required.

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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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview the facility failed to ensure wound assessments and treatments were completed correctly as ordered by the physician for 2 of 4 (Resident #8 and #51) sampled residents reviewed for pressure ulcers/wounds. The findings include: 1.Review of the facility's policy titled GUIDELINES FOR PREVENTION / TREATMENT OF PRESSURE INJURIES . dated 10/9/2023, revealed .It is the intent of the facility to recognize the following information and to act on it in such a way as to practice evidence-based recommendations for the prevention/treatment of pressure injuries to the residents who reside in the facility .A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing .Pressure injuries are significant health issues and one of the biggest challenges for long term care facilities . Review of the facility's policy titled GUIDELINES FOR PHYSICIAN ORDERS- (FOLLOWING PHYSICIAN ORDERS), dated 6/18/2023, revealed .It is the policy of the facility to follow the orders of the physician .All physician orders received pertaining to the resident will be implemented and followed throughout the course of the resident's stay in the facility as the orders are received . 2. Review of the medical record revealed Resident #8 was admitted to the facility on [DATE], with diagnoses including Acute and Chronic Respiratory Failure with Hypoxia, Diabetes, Pressure Ulcer Sacral Stage 4, and Osteomyelitis of Vertebra, Sacral and Sacrococcygeal Region. Review of the Care plan dated 2/25/2026 revealed, .Focus .I have a pressure ulcer to .Stage IV Sacrum POA [present on admission] .Interventions .Treatment per physician orders . Review of the admission Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact, and was admitted with 1 stage 4 pressure wound. Review of the March Physician orders revealed, .Stage 4 sacral wound cleanse with Dakin's 1/4 solution, [is a solution used to cleanse wounds to remove dead tissue] pat dry, apply medihoney [promotes for faster wound healing and offers protection against invading bacteria .] to calcium alginate [an absorbent dressing used to maintain a moist environment that promotes healing] pack wound, apply border foam dressing daily every day shift for Sacral wound .Order Date 02/17/2026 .Start Date .2/18/2026 . Review of the Medication Administration Record (MAR) dated 3/1/2026 - 3/31/2026, revealed no treatments were completed on the following days: a. 3/6/2026 b. 3/13/2026 c. 3/14/2026 d. 3/15/2026 e. 3/20/2026 f. 3/22/2026 The facility failed to ensure the wound treatments were provided as prescribed and in accordance with facility policy. During an interview on 3/26/2026 at 10:25 AM, the Assistant Director of Nursing (ADON) was shown Resident #8's March MAR for wound care and was asked should there be blanks on the MAR for wound care. The ADON stated, .no .I tried to put all the wounds at night .the new NP [Nurse Practitioner] moved some to days .I think that's what happened .I moved them back to nights .just not marking them off . The ADON was asked should physician orders be followed. The ADON stated, .yes . During an interview on 3/26/2026 at 12:31 PM, the Director of Nursing (DON) was asked should there be blanks in the MAR for wound care. The DON stated, Is the expectation that the MAR's and TAR's [Treatment Administration Record] should be filled out . The DON was asked how often was wound care ordered for the stage 4 sacrum. The Interim DON stated, The order says every day shift . The DON was shown Resident #8's MAR and was asked if wound care was provided on the 6th, 13th, 14th, 15th, 21st, and 22nd. The DON stated, .on the MAR you cannot prove that they did it .it shows care was not delivered. 3. Review of the medical record revealed Resident #51 was admitted to the facility on [DATE], with diagnoses including Vascular Dementia, Psychosis, Morbid (Severe) Obesity, and Diabetes. Review of the quarterly MDS dated [DATE], revealed a BIMS assessment score of 15, which indicated she was cognitively intact. Resident #51 had impairment on both sides to lower extremities that required substantial to maximal assist with rolling left and right and was dependent on staff for sit to lying and chair/bed to chair (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	transfer. Review of the Wound assessment dated [DATE] revealed an In-house Acquired Pressure Injury to Sacrum Stage 3 that was identified on 2/15/2026 and staged as a 3 due to being a previous stage 3 wound. Review of the Physician Order dated 2/25/2026 revealed Cleanse wound to sacrum with NS [Normal Saline] pat dry, apply collagen [used in wound healing] sheet and border foam dressing daily and PRN [as needed] every day shift for wound . Review of the TAR dated 2/1/2026 - 2/28/2026 revealed staff failed to provide wound care to Resident #51's Stage 3 sacrum wound as ordered on the following dates: a. 2/27/2026 b. 2/28/2026 Review of the TAR dated 3/1/2026 - 3/31/2026 revealed staff failed to provide wound care to Resident #51's Stage 3 sacrum wound as ordered on the following dates: a. 3/1/2026 b. 3/6/2026 c. 3/8/2026 d. 3/12/2026 e. 3/13/2026 f. 3/14/2026 g. 3/16/2026 The facility failed to ensure the wound treatments were provided as prescribed and in accordance with facility policy. During an interview on 3/26/2026 at 1:15 PM, the ADON was asked if there should be blanks on the TAR for a resident that has orders for a wound treatment daily. She replied, .no, I'm sure the treatment was done, they just didn't click it off, and I know if you don't chart it .it didn't happen . During an interview on 3/26/2026 at 1:45 PM, the Interim DON was asked if there should be blanks on the TAR for a resident that has orders for a wound treatment daily. She replied, .No .

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on Quarterly Payroll Based Journal (PBJ) review, facility staffing information review, and interview, the facility failed to submit accurate staffing data for Quarter 1 for PBJ 2026 (October 1, 2025- December 31, 2025) reviewed for staffing data. The findings include: 1. Review of the Centers for Medicare & [and] Medicaid Services Electronic Staffing Data Submission Payroll-Based Journal Long-Term Care Facility Policy Manual dated June 2025, revealed . Direct care staffing and census data will be collected quarterly, and is required to be timely and accurate. 2. Review of the PBJ (Payroll-Based Journal) Staffing Data Report for Quarter 1 of 2026 (October 1, 2025 - December 31, 2025) revealed excessively low weekend staffing. 3. Review of LICENSURE STAFFING REQUIREMENTS for the following dates between October 1, 2025 - December 31, 2025, revealed the weekend staffing percentages as follows:a. 10/4/2025 - 3.65% (percent) b. 10/5/2025 - 3.32% c. 10/11/2025 - 3.18% d. 10/12/2025 - 3.12% e. 10/18/2025 - 2.81% f. 10/19/2025 - 2.93% g. 10/25/2025 - 3.0% h. 10/26/2025 - 3.23% i. 11/1/2025 - 2.96% j. 11/2/2025 - 2.93% k. 11/8/2025 3.52% l. 11/9/2025 - 2.93% m. 11/15/2025 - 2.25% n. 11/16/2025 - 2.92% o. 11/22/2025 - 3.39% p. 11/23/2025 - 3.80% q. 11/29/2025 - 3.86% r. 11/30/2025 - 2.77% s. 12/6/2025 - 3.23% t. 12/7/2025 - 3.21% u. 12/13/2025 - 2.57% v. 12/14/2025 - 2.37% w. 12/20/2025 - 2.97% x. 12/21/2025 - 3.04% y. 12/27/2025 - 2.83% z. 12/28/2025 - 3.04% The facility's Licensure Staffing documentation indicated the Quarter 1 PBJ information was reported inaccurately. During an interview on 3/16/2026 at 11:47 AM, the Administrator was asked why the PBJ report for Quarter 1 was triggered for excessive low weekend staffing. The Administrator stated, .our DON (Director of Nursing) at the time was not calculating the information correctly.the system we use does not calculate the hours based on timeclock punches correctly immediately.it could be 1 or 2 days later. The Administrator confirmed that the Quarter 1 PBJ information reported was incorrect.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, review of the Administrator's Job Description, review of the TELS (telephone communication system designed for healthcare environments to handle maintenance) work orders, Previous Maintenance Director employee file, medical record review, observations and interviews, the facility failed to provide a safe, clean, comfortable and homelike environment for 2 of 8 (400 Hall women's communal bathroom and 400 Hall men's communal bathroom) communal bathrooms observed. The findings include: 1. Review of the undated facility policy titled, Your Rights and Protections as a Nursing Home Resident, revealed, .As a nursing home resident, you have certain rights and protections under Federal and state law that help ensure you get the care and services you need. Review of the facility policy titled, ENVIRONMENTAL CARE POLICIES AND PROCEDURES MANUAL, dated 8/12/2015 revealed, .RESTROOM - DAILY CLEANING PURPOSE.To maintain a clean, orderly and attractive environment for residents.that prevents the spread of infection.General Inspection.Inspect and report any equipment damage or needed repairs. 2. Review of the Administrator's signed Job Description dated 1/20/2026, revealed, .the Administrator leads and directs the overall operations of the facility in accordance with resident needs .Monitor each department's activities .Conduct regular round to ensure resident needs are being addressed, monitor operations of all departments, cleanliness and appearance of facility . 3. Review of the Work Orders in the TELS system revealed, .May 21, 2025 .Mens restroom on 400 hall is LEAKING BAD .replaced gaskets and tighten connections . Review of the Work Orders in the TELS system revealed, .Dec. [December] 27,2024 .Womens restroom [ROOM NUMBER] .Floor wet from leaking toilet/back toilet .2/9 [2/9/2026] .[Named Maintenance Director] .Completed . Review of the Work Orders in the TELS system revealed, .Apr. [April] 7,2025 .Both toilets are leaking from the back of toilet .1/26 [2026] [Named Maintenance Director] .Completed . Review of the Work Orders in the TELS system revealed, .May.20,2025 .Mens Bathroom [ROOM NUMBER] hall .Toilet Leaking .1/26 [2026] [Named Maintenance Director] .Completed .^ 4. Review of the Previous Maintenance Director's employee file revealed a voluntary termination on 3/5/2026. 5. The following 6 residents were affected by the malfunctioning toilets in the 400 Hall women's communal bathroom and 400 Hall men's communal bathroom. a. Review of the medical record revealed Resident #3 admitted to the facility on [DATE], with diagnoses which included Chronic Respiratory Failure, Chronic Pulmonary Embolism, and Abnormalities of Gait and Mobility. Review of the Quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #3 had a Brief Interview for Mental Score (BIMS) of 10, which indicated moderate impaired cognition. During an interview on 3/26/2026 at 12:00 PM, Resident #3 was asked about using the men's communal bathroom on the 400 Hall. Resident #3 stated, .Yea, I have used it before .water was in the floor .my wheelchair was soaked in water .I don't use it anymore .I come up to the 100 hall and use the bathroom now . b. Review of the medical record revealed Resident #29 admitted to the facility on [DATE], with diagnoses which included Anemia, Hyperlipidemia, Hypertension, and Anxiety Disorder. Review of the quarterly MDS dated [DATE], revealed a BIMS score of 14, which indicated no cognitive impairment. Resident #29 was dependent for toileting. During an interview on 3/23/2026 at 10:33 AM, Resident #29 stated, .the women's bathroom on the Hall [400 Hall women's communal bathroom] only has one commode working.I have to go up front and use the employee bathroom because someone will be in their or it will be to dirty. The 400 Hall women's communal bathroom has 2 commodes, with only 1 in operation. During an interview on 3/24/2026 at 12:25 PM, Resident #29 was asked about the 2nd commode being bagged in the women's communal bathroom. Resident #29 stated, .it first started leaking, then it got stronger, and now we can't use it .really need them working .we have to wait our turn or try to find another bathroom .hopefully it will get fixed soon .it has been at least a month .^ c. Review of the medical record revealed Resident #41 admitted to the facility on (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[DATE], with diagnoses which included Hemiplegia and Hemiparesis following Cerebral Infarction affecting right dominant side, Muscle Weakness, and History of Falling. Review of the annual MDS assessment dated [DATE], revealed Resident #41 had a BIMS score of 10, which indicated moderate impaired cognition. Resident #41 required partial/moderate assistance with toileting. d. Review of the medical record revealed Resident #43 admitted to the facility on [DATE], with diagnoses which included Cerebral Infarction, Aphasia, Hypertension, and Muscle Weakness. Review of the quarterly MDS dated [DATE], revealed Resident #43 has a BIMS score of 10, which indicated moderate impaired cognition. Resident #43 required partial/moderate assistance with toileting. e. Review of the medical record revealed Resident #53 admitted to the facility on [DATE] with diagnosis which included Chronic Obstructive Pulmonary Disease, Acute Respiratory Failure, and History of Falling. Review of the annual MDS dated [DATE] revealed a BIMS score of 00, which indicated severe cognitive impairment. Resident #53 required substantial/maximal assist with toileting. f. Review of the medical record revealed Resident #54 admitted to the facility on [DATE] with diagnoses which included Hemiplegia and Hemiparesis, Difficulty in Walking, and Repeated Falls. Review of the quarterly MDS dated [DATE] revealed Resident #54 had a BIMS score of 14, which indicated no cognitive impairment. Resident #54 was dependent for toileting. Observation on 400 hall in the women's communal bathroom on 3/23/3036 at 10:52 AM, 3/24/2026 at 7:35 AM, and 3/24/2026 at 11:37 AM, revealed only one commode available for use. The second commode next to the wall had a plastic bag wrapped around it with a plunger bagged laying on top of the commode. Observation on the 400 hall in the men's communal bathroom on 3/23/2026 at 10:54 AM, 3/24/2026 at 7:33 AM, and 3/24/2026 at 11:35 AM, revealed the bathroom light was dim, and the above fluorescent light bulb was out. Continued observation in the bathroom revealed a wet towel sitting under the 1st commode. The second commode next to the wall had a wet shower cape folded under the toilet with mold noted to the adjacent wall of the commode. The commode is visibly leaking at the top of the plumbing, extending down the side of the commode, and dripping onto the floor. During an interview on 3/24/2026 at 11:47 AM, the Housekeeping Supervisor was asked why the 2nd commode in the women's communal bathroom had bags wrapped around the toilet. The Housekeeping Supervisor stated, .I don't know why . The Housekeeping Supervisor was asked to verify the 1st commode would flush and he stated, .yes it will flush but it is leaking at the back of the commode .we don't have a Maintenance director right now.he handed me the keys and said he was done. During an interview on 3/24/2026 at 11:50 AM, the Housekeeping Supervisor was asked about the light fixture in the men's communal bathroom. The Housekeeping Supervisor stated, .the bulb needs to be changed .may need a new balance . The Housekeeping Supervisor was asked why the 1st and 2nd commodes in the men's communal bathrooms had a towel and folded shower cape under the commodes. The Housekeeping Supervisor flushed the first bathroom stall and stated, .it is leaking at the top of the commode . The Housekeeping Supervisor acknowledged the commode in the 2nd stall of the men's communal bathroom was leaking at the top and he was unsure of how long it had been leaking. The Housekeeping Supervisor stated, .the tile should not be molded .we had a Maintenance Director he quit he handed me the keys and said he was done .^ During an interview on 3/24/2026 at 12:15 PM, Licensed Practical Nurse (LPN) A stated, .I don't know how long the women's commode has been bagged up but I have a certified nursing assistant that will know . During an interview on 3/24/2026 at 12:25 PM, Certified Nursing Assistant (CNA) B was asked how long the women's commode in the 2nd stall had been out of use with bags placed over it. CNA B stated, .about a month . CNA B was asked how long the men's communal bathroom commodes had been leaking. The CNA stated, .a couple of months.^CNA B was asked who uses the women's communal bathroom on the 400 hall. CNA B stated, .I know 3 residents do.[Resident #29, Resident #41, Resident #53].[Resident #29] and [Resident #41] sometimes goes on their own but I have to assist [Resident #53].1-2 males use the men's bathroom [Resident #43] takes himself, he is a very private man, I try to check on him frequently when he is in the bathroom.[Resident #3] uses it sometimes on his own when he is in the (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dining room. During an interview on 3/24/2026 at 2:30 PM, CNA B was asked if she was concerned about the commodes leaking. The CNA stated, .it could cause the residents to fall. During an interview on 3/24/2026 at 3:15 PM, the Administrator was asked if the communal bathrooms were the only bathrooms on the 400 hall. She stated, .yes . The Administrator was asked should the communal bathrooms on the 400 hall be in good working condition. The Administrator stated, .according to him [previous Maintenance Director] it was, I don't use those bathrooms so I didn't know .He [Maintenance Director] would say he completed projects .I would go behind him and see things he hadn't completed .he turned his keys in and walked out . The Social Service Director walked into the room and the Administrator asked her when the Maintenance Director left and she stated, .3/5/2026 . During a telephone interview on 3/24/2026 at 8:17 PM, CNA C was asked if she had ever seen any issues with the 400 hall men and women communal bathrooms. CNA C stated, .always issues with the female bathroom the toilet closes to the wall leaks a lot, and men's bathroom we had to put towels or bath blankets down under both commodes because they both leaked .the light bulbs would stay out in the men's bathroom . The CNA was asked how long the bathrooms have needed repair and she stated, .I know it has been over a month . Observation on 3/25/2026 at 8:05 AM and 9:52 AM, the men's communal bathroom on the 400 hall has an out of order sign on the door.ˆ Observation on 3/25/2026 at 9:53 AM, the women's commode next to the wall continues to be bagged and the 1st commode continued to leak. ˆ Observation on 3/26/2025 at 11:55 AM, the men's communal bathroom on the 400 hall has an out of order sign on the door. ˆ Observation on 3/26/2026 at 11:56 AM, the women's commode next to the wall continues to be bagged and the 1st commode continued to leak. During an interview on 3/26/2026 at 12:43 PM, the Director of Nursing (DON) was asked if a homelike environment would include bathrooms in good working condition. The DON stated, .Yes .

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to provide an ongoing program of activities designed to meet the interests, physical, mental, and psychosocial well-being for 7 of 10 sampled residents (Resident #5, #9, #22, #26, #29, #41, and #54) reviewed for activities. The findings included: 1. Review of the undated facility policy titled, Your Rights and Protections as a Nursing Home Resident, revealed, .Be Treated with Respect.Participate in Activities: You have the right to participate in an activities program designed to meet your needs. Review of the undated facility policy titled, Activities Program, revealed, .It is the policy of the facility to provide an ongoing program of Activities designed to meet, in accordance with.the interests and the physical, mental and psychosocial well-being of the residents.Facility will provide a 1:1 program for residents who are unable or who desire not to attend or join group activities.All staff will assist in transporting residents to/from activities. 2. Review of the medical record revealed Resident #5 admitted to the facility on [DATE], with diagnoses which included Congestive Heart Failure, Chronic Pulmonary Edema, Cognitive Communication Deficit, and Hypertension. Review of the Minimum Data Set (MDS) dated [DATE], revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 4 which indicated severe cognitive impairment. Review of the Care Plan with target date of 4/13/2026 revealed, .Engage me in simple, structured activities per my preference that avoid overly demanding tasks.Reminisce with me using photos of family and friends. Review of the medical record revealed there was no documentation Resident #5 had been provided or offered activities from 2/23/2026 to 3/24/2026. ˆ During a telephone interview on 3/23/2026 at 1:58 PM, Resident #5's representative stated, .he loves bingo, but I am not sure if he is getting to go. During an observation and interview on 3/25/2026 at 9:27 AM, Resident #5 stated, .I use to play bingo.I enjoyed it. ˆContinued observation revealed no television (TV) was playing or radio beside bed for music stimulation. 3. Review of the medical record revealed Resident #9 admitted to the facility on [DATE], with diagnoses which included Alzheimer's Disease, Anxiety Disorder, and Major Depressive Disorder. Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #9 had a staff assessment for mental status that revealed poor short term and long term memory recall. Review of the Care Plan with target date of 4/27/2026 revealed, .Provide Facility Low Functioning Activity Programming.Provide individual-focused 1:1 sessions with emphasis on sensory and environmental awareness, integration and stimulation.Provide diversionary activities. Review of the medical record revealed there was no documentation Resident #9 had been provided or offered activities from 2/23/2026 to 3/24/2026. ˆ Observation on 3/23/2026 at 10:13 AM, Resident #9 was sleeping, no TV playing or radio beside her bed for music. Observation on 3/25/2026 at 9:45 AM and 3/26/2026 at 10:55 AM, Resident #9 laying supine in her bed facing the wall. No TV on or radio beside her bed for music. 4. Review of the medical record revealed Resident #22 admitted to the facility on [DATE] with diagnoses which included Alzheimer's Disease, Vascular Dementia, Anxiety Disorder, and Major Depressive Disorder. Review of the quarterly MDS dated [DATE], revealed Resident #22 had a BIMS score of 14 which indicated no cognitive impairment. Review of the Care Plan with target date of 3/31/2026 revealed, .Engage me in simple, structured activities per my preference that avoid overly demanding tasks.Provide a program of activities that accommodates my abilities. Review of the medical record revealed there was no documentation Resident #22 had been provided or offered activities from 2/23/2026 to 3/24/2026. ˆ Observation on 3/23/2026 at 10:25 AM, Resident #22 was sleeping. No TV playing or radio beside the bed for music. 5. Review of the medical record revealed Resident #26 admitted to the facility on [DATE], with diagnoses which included Type Diabetes Mellitus, Cognitive Communication Deficit, and Major Depressive Disorder. Review of the quarterly MDS dated [DATE], revealed Resident #26 had a Brief Interview for Mental Status (BIMS) score of 12 which indicated no cognitive impairment. Review of the Care Plan with target date of 4/26/2025, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445318	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Waters of Cheatham, LLC	2501 River Road Ashland City, TN 37015

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	revealed, .Provide friendly visits to establish a relationship and encourage increased participation and interaction.Provide diversionary activities. Review of the medical record revealed there was no documentation Resident #26 had been provided or offered activities from 2/23/2026 to 3/24/2026. ˆ During an interview on 3/25/2026 at 9:33, Resident #26 was asked about her activity involvement. She stated, .I can't get up without someone helping me, I sleep most of the day. Resident #26 was asked if the Activity Director comes by and visits with her or sits and talks with her. Resident #26 stated, .I don't think she comes by and sees me.no one comes and talks with me. Continued observation revealed no radio beside bed for music. 6. Review of the medical record revealed Resident #29 admitted to the facility on [DATE], with diagnoses which included Anemia, Hyperlipidemia, Hypertension, and Anxiety Disorder. Review of the quarterly MDS dated [DATE], revealed a Brief Interview for Mental (BIMS) Status score of 14 which indicated no cognitive impairment. Review of the Care Plan with target date of 5/5/2026 revealed, .Activities.Interventions/Tasks.enjoys going on walks outside, people watching, playing games, bingo, baking, and volunteering her services.provide friendly visits.enjoys going outside in the courtyard. Review of the medical record revealed there was no documentation Resident #29 had been provided or offered activities from 2/23/2026 to 3/24/2026. ˆ During an interview on 3/23/2026 at 10:33 AM, Resident #29 stated, .nothing to do here on the weekends, yesterday I wanted to go outside, no one could go outside with me.I don't like to go out with the smokers I don't want to be around the smoke. During an interview on 3/26/2026 at 11:00 AM, Resident #29 stated, .if you're a nonsmoker going outside with smokers you get that smell on you.we never get to go anywhere.we manage to have a little money, would be nice to go shopping.makes you feel like a shut in. 7. Review of the medical record revealed Resident #41 admitted to the facility on [DATE], with diagnoses which included Hemiplegia and Hemiparesis following Cerebral Infarction affecting Right Dominant Side, Major Depressive Disorder, and Anxiety Disorder. Review of the annual MDS dated [DATE], revealed Resident #41 had a BIMS score of 10 which indicated moderately impaired cognition. Review of the Care Plan with target date of 4/8/2026 revealed, .Focus.Prefers to be in bed most of the day.Provide Facility Low Functioning Activity Programming.Provide individual-focused 1:1 sessions with emphasis on sensory and environmental awareness, integration and stimulation.Reminisce with me using photos of family and friends. Review of the medical record revealed there was no documentation Resident #41had been provided or offered activities from 2/23/2026 to 3/24/2026. ˆ Observation on 3/23/2026 at 10:48 AM and 3/26/2026 at 10:58 AM, Resident #42 was sleeping in bed. No TV playing or radio beside her bed. 8. Review of the medical record revealed Resident #54 admitted to the facility on [DATE], with diagnoses which included Hemiplegia and Hemiparesis, Cerebral Infarction, Major Depressive Disorder, and Anxiety Disorder. Review of the quarterly MDS dated [DATE], revealed a BIMS score of 14 which indicated no cognitive impairment. Review of the Care Plan with target date of 5/31/2026 revealed, .Reminisce with me using photos of family and friends. Review of the medical record revealed there was no documentation Resident #54 had been provided or offered activities from 2/23/2026 to 3/24/2026. ˆˆ Observation on 3/23/2026 at 10:49 AM and 3/26/2026 at 10:59 AM revealed Resident #54 sleeping no TV playing or radios beside her bed. During an interview on 3/26/2026 at 9:40 AM, the Activity Director was asked about activity participation charting and where it is charted in the electronic medical record. The Activity Director stated, .the CNA charts it in [Named electronic charting system] . at one time we put it on individual sheets. This surveyor asked the Activity Director to provide activity participation over the last month. The Activity Director brought six sheets of paper with handwritten last names of residents with dates from 2/23/2026 to 3/24/2026. The handwritten list had no name for activity provided or how the residents responded to the activity. The Activity Director stated, .without documentation I can't prove it happened.I understand. The Activity Director was asked if any activities were provided for the weekends. She stated, .we have management on duty for the weekend.they try to do something, but nothing is charted.ˆ During an interview on 3/25/2026 at 3:00 PM, the Social Service Designee was asked where the charting for daily activities (continued on next page)

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The Waters of Cheatham, LLC	2501 River Road Ashland City, TN 37015

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	would be in the electronic charting record. The SSD stated, .the CNAs have an activity tab to chart . SSD was asked if any residents had brought concerns to her related to activities. SSD stated, .some have asked about going outside, don't want to go around the smoke . The SSD was asked about activities over the weekends. The SSD stated, .they have complained about no activities on the weekend .ˆ During an interview on 3/26/2026 at 12:38 PM, the Director of Nursing (DON) was asked if she would expect residents who elect not to come to the group activities to be provided with 1 on 1 activities. The DON acknowledged that a resident should be provided with 1 on 1 activities. The DON was given the 6 handwritten sheets the Activity Director provided for activity participation. The DON stated, .that is just names on a paper doesn't tell you anything.what activity it was. The DON was asked if a resident requests to go outside should they be allowed to go out. The DON stated, .yes, they should be able to go out. ˆ

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on facility policy review, observations and interviews, the facility failed to ensure nurse staffing information for licensed and unlicensed staff responsible for resident care was posted daily for 3 of 3 (3/23/2026, 3/24/2026, and 3/25/2026) days reviewed. The findings include: Review of the facility policy titled, Guidelines for BIPA [Benefits Improvement and Protection Act] Staffing Posting Requirements, dated 7/24/23, revealed It is the policy of the facility, in cooperation with Medicare/Medicaid Services.to comply with the requirement of daily posting of nursing staff in the facility.must post daily, at the beginning of each shift, the facility specific shift schedule for the 24 hour period, the number and category of nursing staff employed or contracted by the facility for each 24 hour period.the total number of hours worked by licensed [unlicensed] and licensed nursing staff who are directly responsible for resident care. Observations at the nurse's station on 3/23/2026 at 9:55 AM, 1:30 PM, and 4:35 PM, revealed the daily number of licensed and unlicensed nursing staff was not posted. Observations at the nurse's station on 3/24/2026 at 7:30 AM, 1:45 PM and 3:15 PM revealed the daily number of licensed and unlicensed nursing staff was not posted. Observations at the nurse's station on 3/25/2026 at 7:35 AM, 10:00 AM, and 2:45 PM revealed the daily number of licensed and unlicensed nursing staff was not posted. During an interview on 3/25/2026 at 3:00 PM, the Interim Director of Nursing (DON) was asked if the daily number of licensed and unlicensed nursing staff should be posted daily. She replied, .yes, it is the expectation that staffing information will be posted daily. During an interview on 3/26/2026 at 8:16 AM, the Administrator was asked if the daily number of licensed and unlicensed nursing staff should be posted daily. She replied, .yes.