STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445321	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elk River Health and Nursing Center of Ardmore, LL	24623 Union Hill Road Ardmore, TN 38449

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. Based on interview, record review, and facility policy review, the facility failed to ensure the prolonged use of prophylactic antibiotics was reviewed and tracked as a part of the facility's antibiotic stewardship program for 1 (Resident #9) of 5 residents sampled for medication regimen review. Findings included: A facility policy titled, Antibiotic Stewardship - Review and Surveillance of Antibiotic Use and Outcomes, revised in December 2016, indicated, Antibiotic usage and outcome data will be collected and documented using a facility-approved antibiotic surveillance tracking form. The data will be used to guide decisions for improvement of individual resident antibiotic prescribing practices and facility-wide antibiotic stewardship. The policy also specified, All resident antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form. An admission Record revealed the facility admitted Resident #9 on 06/09/2021. According to the admission Record, the resident had a medical history that included diagnoses of personal history of urinary tract infections and encounter for prophylactic measures. Resident #9's Care Plan Report included a focus area revised on 06/22/2025 that indicated the resident was taking an antibiotic for urinary tract infection (UTI) prophylaxis and was at risk for adverse reaction, dehydration, and increased infection. Interventions directed staff to administer the medications as ordered, monitor for adverse reactions and signs and symptoms of infection and dehydration, and notify the resident's provider if observed (revised 02/19/2026). Resident #9's February 2026 Order Summary Report contained an order dated 06/11/2024 for cephalexin oral capsule 250 milligrams (mg), give 1 capsule by mouth one time a day related to personal history of urinary tract infections and encounter for prophylactic measures. A review of the facility's Infection Control Log, dated 06/01/2025 through 01/26/2026, revealed that Resident #9 was not included in the facility's review of antibiotic use in the facility. During an interview on 02/20/2026 at 8:43 AM, the DON stated that Resident #9 received a prophylactic antibiotic due to having a history of UTIs and having resistance to multiple antibiotics. The DON stated that the facility's Medical Director (MD) was involved with the facility's antibiotic stewardship program and would review antibiotic orders to determine if they were appropriate. The DON stated if the MD did not agree with a provider's order, they would call that provider and have a discussion with them regarding the order. During a telephone interview on 02/20/2026 at 9:46 AM, the MD stated that as part of the facility's antibiotic stewardship program, the facility informed her of urinalysis and culture and sensitivity results when assessing the appropriateness of antibiotic therapy for a resident with a suspected UTI. The MD stated the resident's antibiotic therapy would be based on the results, with the purpose being to ensure the resident had a UTI before putting the resident on antibiotic therapy. The MD stated Resident #9 was continued on prophylactic antibiotic therapy for several years, dating back to the previous Medical Director, due to recurrent UTIs. The MD stated she had not discussed Resident #9's prophylactic antibiotic use with the resident's provider. The MD stated they would normally review antibiotic use to ensure that the resident still required antibiotic therapy, but she was not sure if Resident #9 was reviewed for appropriate use of the prophylactic antibiotic. The MD stated that Resident #9 would be a good candidate to review because the resident had been on the prophylactic therapy for a long time. During an interview on 02/20/2026 at 10:29 AM, the facility's Infection Preventionist (IP) stated that Resident #9 was put on prophylactic (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
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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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	antibiotic therapy by a previous Medical Director and was colonized with multidrug-resistant organisms (MDROs). The IP stated they would normally review new antibiotic orders during the monthly Quality Assurance and Performance Improvement (QAPI) meetings, but not the previously existing antibiotic orders. The IP stated she would usually go over the antibiotic orders with the providers to ensure the order met McGeer's criteria for appropriate use but was not able to state if Resident #9's prophylactic antibiotic therapy was reviewed with the resident's provider. The IP stated she did not have documentation related to reviewing the use of Resident #9's antibiotic with the resident's provider. During an interview on 02/20/2026 at 10:44 AM, the DON stated antibiotic use in the facility was discussed during monthly QAPI meetings, but they only discussed antibiotic use for that month and any other infection control trends or concerns. The DON stated that residents with prophylactic antibiotic orders were not reviewed during the QAPI meetings and stated that those residents should have been reviewed for the appropriateness of the order and continued prophylactic antibiotic use. During an interview on 02/20/2026, the Administrator (ADM) stated that he would expect the IP to discuss with the resident's provider any concerns related to antibiotic use that did not meet the criteria used by the facility.