

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2026
NAME OF PROVIDER OR SUPPLIER Life Care Center of Bruceton-Hollow Rock		STREET ADDRESS, CITY, STATE, ZIP CODE 105 Rowland Bruceton, TN 38317	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, control drug record review, and interview, the facility failed to properly document the disposal of controlled medications for 5 of 5 (Resident #41, #72, #74, #75, and #76) sampled residents reviewed for controlled medication disposition. The findings include: 1. Review of the facility policy titled, Management of Controlled Substances, dated 3/4/2025, revealed "The facility will maintain a system to account for controlled medications' receipt and disposition in sufficient detail to enable an accurate reconciliation, and that the facility conduct periodic reconciliation. facility must employ or obtain the services of a licensed pharmacist who .Establishes a system of records of receipt and disposition of all controlled drugs. and that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Disposition - the process of returning and/or destroying unused medications. Reconciliation - system of recordkeeping that ensures an accurate inventory of medications by accounting for controlled medications that have been received, dispensed, administered, and/or including the process of disposition. 1. Review of the facility policy titled, Destruction on Medication Policy, dated 3/4/2025, revealed "establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation. 2. Review of the medical record revealed Resident #41 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Heart Failure, and Spondylosis. Review of the Physician's Order dated 12/19/2025, revealed Resident #41 had an order for Morphine Sulfate (concentrate) solution (a Schedule II medication used to treat moderate to severe pain) 20mg (milligram)/ml (milliliter) 0.25ml by mouth every 2 hours for pain and dyspnea. Review of Resident #41's Controlled Drug Record revealed, Morphine Sulfate 20mg/ml with 28.50 ml remaining for disposal. The facility was unable to provide documentation of the disposal of the medication. 3. Review of the medical record revealed Resident #72 was admitted to the facility on [DATE], with diagnoses including Multiple Sclerosis, Osteomyelitis of Vertebra, Sacral, and Sacrococcygeal Region, and Cardiomyopathy. Review of the Physician's Order dated October 10, 2025, revealed Resident #72 had an order for Morphine Sulfate (concentrated) Oral solution 20mg/ml 0.25ml every 6 hours as needed for pain; shortness of breath related to Multiple Sclerosis. Review of Resident #72's Controlled Drug Record revealed Morphine 20mg/ml with 29.75 ml remaining for disposal. The facility was unable to provide documentation of the disposal of this medication. 4. Review of the medical record revealed Resident #74 was admitted to the facility on [DATE], with diagnoses including Fracture of Neck of Left Femur, End Stage Renal Disease, Malignant Neoplasm of Prostate. Review of the Physician's Orders dated 10/15/2025, revealed Resident #74 had an order for Oxycodone-Acetaminophen (a Schedule II medication used to treat moderate to severe pain) Oral Tablet 5-325 MG (milligram) 1 tablet by mouth every 4 hours as needed for pain related to Fracture of Left Femur. Review of Resident #74's Controlled Drug Record revealed, Oxycodone-Acetaminophen 5-325 MG with 6 tablets remaining for disposal. The facility was unable to provide documentation of the disposal of this medication. 5. Review of the medical record revealed Resident #75 was admitted to the facility on [DATE], with diagnoses including Heart Failure, Chronic Kidney Disease Stage 4, (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
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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and Aortic Stenosis. Review of the Physician's Order dated 10/20/2025, revealed Resident #75 had an order for Morphine Sulfate Oral Solution (a Schedule II medication used to treat moderate to severe pain) 20mg/ml, give 0.25mg by mouth every 3 hours as needed for pain. Review of Resident #75's Controlled Drug Record revealed, Morphine Sulfate with 26.25 ml remaining for disposal. The facility was unable to provide documentation of the disposal of this medication. 6. Review of the medical record revealed Resident #76 was admitted to the facility on [DATE], with diagnoses including End Stage Renal Disease, Chronic Obstructive Pulmonary Disease, Sepsis, and Pneumonia. Review of the Physician's Order dated 11/5/2025, revealed Resident #76 had an order for Hydrocodone-Acetaminophen (a Schedule II medication used to treat moderate to severe pain) 5-325 MG 1 tablet by mouth every 8 hours as needed for pain. Review of Resident #76's Controlled Drug Record revealed, Hydrocodone-Acetaminophen 5-325 MG with 30 tablets remaining for disposal. The facility was unable to provide documentation of the disposal of this medication. During an interview on 1/7/2025 at 8:33 AM, the DON (Director of Nursing) stated .that there is no record documenting the disposal of medications obtained from outside pharmaceutical sources used by (Named Hospice agency), or the facilities E cart [Emergency Medication Cart]. The DON stated .Hospice company nurses bring in medications that our pharmacy won't dispose of. The Hospice nurse tells us to dispose of the medications .Floor nurse will place meds [medications] in the drug destruction box in the med room.The ADON (Assistant Director of Nursing) and I will remove the medications from drug destruction box and go to my office .Medication is disposed of into drug destruction liquid (drug buster).there are always 2 people when we do drug destruction.Both people sign our pharmacy controlled drug record sheet showing destruction.We do not document destruction of controlled medication from outside pharmaceutical source or our facilities E cart.medications obtained from the E cart, don't have the information needed to log them into the computer, to have a record of the disposition. During an interview on 1/7/2026 at 9:00 AM, the ADON stated .there is no documentation on the disposal of controlled medications from outside pharmaceutical sources and the facilities E cart.		