STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445344	A. Building B. Wing	04/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holston Health & Rehabilitation Center	3916 Boyds Bridge Pike Knoxville, TN 37914

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. Based on interview, record review, and facility document and policy review, the facility failed to report an allegation of abuse to the state survey agency within the required timeframe for 1 of 3 allegations of abuse, including misappropriation of resident property, reviewed. Specifically, an allegation of staff-to-resident physical and verbal abuse for Resident #89 was not reported to the state survey agency within two hours. Findings included: A facility policy titled, Patient Protection and Response Policy for Allegations/Incidents of Abuse, Neglect, Misappropriation of Property and Exploitation, revised 02/01/2023, indicated, Any partner having either direct or indirect knowledge of any event that might constitute abuse, neglect, misappropriation of patient property or exploitation must report the event immediately, but not later than 2 hours after forming the suspicion if the events that cause the suspicion involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in abuse or serious bodily injury. A Resident Face Sheet revealed the facility admitted Resident #89 on 01/06/2026. According to the Resident Face Sheet, the resident had a medical history that included diagnoses of muscle weakness, difficulty in walking, and severe dementia with agitation. A 5-day Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/07/2026, revealed Resident #89 had a Brief Interview for Mental Status (BIMS) score of 1, which indicated the resident had severe cognitive impairment. Resident #89's Care Plan History, included a problem statement, initiated 01/06/2026, for Activities of Daily Living (ADL). Interventions directed staff to provide Resident #89 with the assistance of two staff members for ADL, (initiated 01/06/2026). A facility document titled Facility Reported Incident for Certified Nursing Homes, dated 01/14/2026 at 2:57 PM, indicated the submission of an allegation of staff-to-resident physical abuse to the state reporting agency that occurred on 01/12/2026 at 12:00 PM. The Facility Reported Incident for Certified Nursing Homes revealed that Resident #89 became combative during perineal care, and witnesses observed that Certified Nurse Aide (CNA) #4 struck and pinched the resident several times, held the resident by the resident's wrists, made threatening comments, and used inappropriate language. A witness statement signed by CNA #3, dated 01/14/2026, revealed that on 01/12/2026 during the provision of resident care CNA #4 took both of [Resident #89's] arms very roughly and was cursing at the patient. A witness statement signed by CNA #5, dated 01/14/2026 at 3:00 PM, indicated that on 01/12/2026 during the provision of resident care Resident #89 hit CNA #4 on the arm, and CNA #4 got very aggressive. CNA #5's witness statement revealed CNA #4 grabbed both wrists slamed [sic] them down on [Resident #89's] chest and said I am not the one you want to [expletive] with! I will [expletive] you up. I will put your [expletive] in a pysch [psychiatric] ward Try me! An undated witness statement signed by CNA #6 revealed, on 01/13/2026 during the provision of resident care, Resident #89 started to hit and pinch and grabbed the back of CNA #4's arm. CNA #6's witness statement revealed CNA #4 got really mad grabbed [Resident #89's] arms and got in [Resident #89's] face told [Resident #89] not to do that, look at me do you hear me! [CNA #4] was very aggressive towards [Resident #89]. [Resident #89] then tried to hit [CNA #4] again [CNA #4] grabbed [Resident #89] again told [Resident #89] [he/she] belonged in a [expletive] physch [sic] ward as [CNA #4] pushed [Resident #89's] arms into [Resident #89's] chest. [CNA #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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2026
NAME OF PROVIDER OR SUPPLIER Holston Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3916 Boyds Bridge Pike Knoxville, TN 37914	

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	proceeded to grab [his/her] are [sic] from behind and told [Resident #89] do you like how that feels? Then don't do it to me. During an interview on 04/22/2026 at 2:46 PM, the Director of Nursing (DON) stated on 01/14/2026 CNA #3, CNA #5, and CNA #6 reported allegations of abuse from CNA #4 to Resident #89. The DON stated CNA #3 and CNA #5 reported allegations from 01/12/2026, and CNA #6 reported allegations from 01/13/2026. During an interview on 04/22/2026 at 3:11 PM, the DON stated her expectation was that allegations of abuse were to be reported immediately. During an interview on 04/22/2026 at 3:14 PM, the Administrator (ADM) stated he was approached by CNA #3, CNA #5, and CNA #6, and they stated CNA #4 was rough and loud when providing care to Resident #89. During an interview on 04/23/2026 at 3:36 PM, the ADM stated his expectation was that staff were to report allegations of abuse immediately and no later than two hours from when the abuse occurred. The ADM stated the facility had two hours to report the allegation of abuse to the state reporting agency. The ADM stated CNA #3, CNA #5, and CNA #6 did not report timely.