STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445380	A. Building B. Wing	05/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Hixson	5798 Hixson Home Place Hixson, TN 37343

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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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interview, record review, document review,ˆandˆfacility policy review, the facilityˆfailed to ensureˆCertified NursingˆAssistantˆ(CNA) #1 did notˆoperate outside the scope of a CNA when heˆflushedˆResident #125'sˆperipherally insertedˆcentral catheter (PICC) lineˆ(aˆPICC line is a long, thin, flexible tube inserted through a vein in the arm and threaded to a large vein near the heart. A PICC line provides long-term secure intravenous (IV) access for delivering medication, fluids, or nutrition, or for drawing blood, reducing the need for daily needle sticks).ˆˆ ˆ It was determined the facility's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, serious harm, serious impairment, or death to residents. The Immediate Jeopardy (IJ) was relatedˆto the State Operations Manual, Appendix PP, 483.25ˆF684, Quality of Care, at a scope and severity of J. The ImmediateˆJeopardyˆbegan on 04/27/2026.ˆˆ ˆ The IJ began onˆ04/27/2026 whenˆCNA #1 flushedˆResidentˆ#125's PICC line.ˆˆ ˆ The survey team notifiedˆthe ExecutiveˆDirector (ED),ˆtheˆRegional Director of Clinical Services,ˆtheˆRegional [NAME] President, and the interim Director of Nursingˆ(DON) of the IJˆon 05/01/2026 at 12:47 PMˆand provided the IJ template onˆ05/01/2026 at 12:55ˆPM.ˆA removal plan was requested. The facility's removal plan was accepted by the state survey agency on 05/01/2026 at 7:29 PM. The IJ was removed on 05/02/2026, after the survey team performed onsite verification that the removal plan had been implemented. Noncompliance for F684 remained at a lower scope and severity ofˆD, isolated, no actual harm with the potential for more than minimal harm.ˆ The Findings Include: A facility policy titled, 3.7 Administration of an Intermittent Infusion Via a Secondary Administration Set, revised 10/13/2025, indicated, To Be Performed By Licensed nurses according to state law and facility policy.ˆˆ ˆ A facility policy titled, Infusion Therapy - Intravenous (IV Fluids), revised 01/06/2026,ˆindicated, The facility assures that each resident receives care and services for the provision of parenteral fluids consistent with professional standards of practice in order to provide:ˆa. Safe administration of parental fluids by qualified, competent and trained staff in accordance with State laws/practice acts.ˆ ˆ An admission Record revealed the facility admitted Resident #125ˆonˆ04/22/2026. According to the admission Record, the resident had a medical history that includedˆaˆdiagnosisˆofˆinfection and inflammatory reaction due to internal left hip prosthesis.ˆˆ ˆ Resident #125's Order Summary Report revealedˆan order dated 04/22/2026, for heparin lock flush solution 10 units per milliliter (mL), use 5 cubic centimeters intravenously every shift related to infection and inflammatory reaction due to internal left hip prothesis, flush PICC line after post-medication normal saline flush and an order dated 04/22/2026, for heparin lock flush solution 10 units per mL, use 5 mL intravenously every 12 hours related to infection and inflammatory reaction due to left hip prosthesis, flush unused PICC lumen with heparin after normal saline flush.ˆˆ ˆ Residentˆ#125's Care PlanˆReport included a focus area initiatedˆ04/27/2026,ˆthat indicated theˆresidentˆhadˆaˆperipherally inserted central catheter due to an infection.ˆInterventions directed the licensed practical nurses (LPNs) and registered nurses (RNs) to assess the site as ordered by the prescriber and flush/lock as ordered.ˆˆ ˆ Resident #125's progress note written by the Medical Director (MD) and dated 04/27/2026,ˆindicated the resident had bleeding from their PICC line due to operational error with the port not being fully clamped. Per the progress note, the MD directed the (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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	staff to continue to monitor the resident for any signs of infection and reeducate the staff.^^ Contained^within the facility investigation file was a handwritten statement from CNA #1 dated 04/30/2206, that specified, On either April 27 or April 28, 2026 my resident in room [Resident 125's room] [his/her] machine was going off and I told the nurse [RN #2] that [his/her] machine was going off and it said that [his/her] infusion was done and when I told her she said okay but never went to take care of it so. Per the handwritten statement, so yes I went down the hallway and turned^[his/her] light off and I told [Resident #125] that I had let the nurse know that [he/she] was done with [his/her] infusion and to help the nurse out that's when I turned the machine off and flushed [his/her] picc line^and place the cap back on^and I let [RN #2] know and all she said was okay.^Furthermore,^the handwritten note indicated And all the supplies are in [his/her] room to flush [his/her] picc line.^ During an^interview on^04/30/2026^at^10:37 AM,^Registered Nurse (RN) #2 stated^she witnessed CNA #1 disconnect Resident #125's PICC line. RN #2 stated she told CNA #1 that he could not handle the resident's PICC line and she would take over the care of the resident's PICC line. According to RN #2, CNA #1 did not state why he handled the resident's PICC line.^^ During an interview on^04/30/2026^at^11:30 AM, Resident #125 stated one time CNA #1 used a syringe to flush their PICC. Resident #125 stated afterwards the PICC line was not clamped, there was a lot of blood, and the doctor came to assess their PICC line.^^ During an interview on 04/30/2026 at 1:04 PM, RN #2 stated^Resident #125 informed her that the interim DON stated the concern with the resident's PICC line was because it was not^clamped properly.^RN #2 stated Resident #125 informed her that CNA #1 had disconnected and flushed their PICC line.^^^ ^ During^an interview on^04/30/2026^at^1:16 PM,^Licensed Practical Nurse Unit Care Coordinator (LPN UCC) #12 stated a certified nursing assistant (CNA) was not allowed to do anything with a resident's PICC line as the CNA was not licensed or trained. LPN UCC #12 stated she was told by RN #2 that there had been an issue with a CNA handling Resident #125's PICC line.^^ ^^ During^an interview on^04/30/2026^at^2:02 PM,^the interim DON stated on 04/30/2026, she was told by Resident #125 that someone other than a nurse flushed their PICC line.^The interim DON stated Resident #125 informed her that CNA #1 flushed their PICC line when it was beeping^and the area started to bleed.^Per the interim DON, she started an investigation regarding what the resident notified her of.^The interim DON stated a CNA could not do anything with a resident's PICC line because the CNA was not trained.^^ ^ During an interview on 04/30/2026 at 2:30 PM, the MD stated a nurse told a nurse practitioner that there was a concern with Resident #125's PICC line so he went to examine the resident. The MD stated the PICC line looked fine, but there was a bit of blood on the resident's bed and gauze that was in the trash can. The MD stated when he looked closer at the PICC line, he noticed it was not clamped and the connect to the needle was not present.^^The MD stated he assumed whoever disconnected the PICC line, took the clear piece off and unscrewed the cap instead of disconnecting it.^^ ^ During^an interview on^04/30/2026^at^3:48 PM,^CNA #1^stated^it was either 04/27/2026 or 04/28/2026, when he noticed Resident #125's PICC line was beeping and he turned it off. According to CNA #1, he sanitized his hands, put on gloves, sanitized the PICC line with a sanitizing pad, and flushed the resident's PICC line. CNA #1 stated he pressed pause on the machine twice and once the PICC line was sanitized he capped the PICC line. Per CNA #1, he then used a syringe and flushed the resident's PICC line with a 10 milliliter syringe of normal saline that he found in the resident's room. CNA #1 stated afterwards, he clamped the PICC line but was unsure how many times he twisted the syringe. CNA #1 stated he made sure there were no kinks or air in the tubing and there was no sign of blood when he flushed the PICC line. CNA #1 stated he was never trained in the facility how to handle a resident's PICC line and he only did so to help the nurses out. CNA #1 stated he did not think it was a problem for him to flush or take care of Resident #125's PICC line.^^ During a follow-up interview on 05/01/2026 at 8:40 AM, the MD stated in her professional opinion if a non-qualified person were to disconnect and flush a resident's PICC line it would be hard to say without training what the adverse outcome would be. The MD stated if there was no green cap over (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	the PICC line, there could be the possibility the resident could get an infection.^^ During an interview on 05/01/2026 at 6:52 PM, the former Director of Nursing stated CNAs would never be trained on how to care for a resident's PICC line because it was not in their job description or scope of practice.^^ ^ During^^an interview on^05/02/2026^at^3:17 PM,^the^interim^DON^stated^it did not meet^the facility^expectations to have a CNA disconnect or flush a^resident's^PICC line.^The interim DON^stated there^was^a^risk^for^infection, risk of harm to^resident, harm to the tubing site,^liability^to the facility, and liability to the CNA due to it being outside a CNA's scope of practice.^^ During^an interview on 05/02/2026^at^3:39 PM, the^ED^stated it did not meet expectations for a^CNA to flush and/or^disconnect a^resident's PICC line or IV^due to^it^being out of a CNA's^scope of practice.^^ ^ The^facility submitted a removal plan that was accepted by the state survey agency on^05/01/2026 at 7:29 PM.^The removal plan indicated the following:^ ^ The facility failed to ensure Resident #125 received treatment and care in accordance with professional standards of practice when certified nursing assistant (CNA) #1 flushed a resident's peripherally inserted central catheter (PICC) lumen used to deliver intravenous fluids on 04/27/2026.^^ ^ Facility staff, Registered Nurse (RN #2) was made aware on 04/23/2026 by Resident #125 that CNA #1 had flushed their PICC, and the facility failed to investigate.^^ ^ What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.^ ^ On 04/29/2026, Resident #125 was evaluated by the medical provider.^^ No changes from the baseline were noted.^ On 04/30/2026, the Director of Nursing (DON) obtained a statement from Resident #125.^ On 04/30/2026, Resident #125 was evaluated by a licensed nurse.^ No changes from the baseline were noted.^^ On 04/30/2026, the Executive Director (ED) and Regional [NAME] President (RVP) obtained a statement from Registered Nurse (RN) #2.^ At that time RN #2 was suspended pending investigation.^^ On 04/30/2026, the Executive Director (ED) and Regional [NAME] President (RVP) obtained a statement from Certified Nursing Assistant (CNA) #1.^^ At that time CNA #1 was suspended pending investigation.^^ Following completion of the investigation, CNA #1 will be reported to nurse aide board related to practicing outside their scope of practice.^^ On 04/30/2026, the Director of Nursing (DON) and Regional [NAME] President (RVP) obtained a statement from LPN Unit Care Coordinator #1.^^ At that time LPN Unit Care Coordinator #1 was suspended pending investigation.^ On 04/30/2026 at 1:45 PM, the Executive Director (ED) notified the Medical Director of the incident involving Resident #125.^^^ On 04/30/2026, the Director of Nursing (DON) initiated an incident report on Resident #125 and the CNA practicing outside their scope of practice. The incident report includes notification to the medical provider, resident representative, and care plan updates as indicated/applicable.^^ On 04/30/2026, the Director of Nursing (DON) obtained an order for new PICC line to be placed by NursePro (contract IV therapy company)^ The PICC line was able to be cleared of occlusion by the NursePro PICC Nurse, and a new PICC line was not needed.^^ On 4/30/2026, the Executive Director (ED) and Director of Nursing (DON) completed a root cause analysis (RCA).^ The RCA revealed the following: A breakdown in staff understanding and enforcement of scope of practice and delegation expectations, including insufficient oversight by licensed nursing staff to ensure tasks were performed within appropriate roles.^ On 04/30/2026, the Director of Nursing (DON) completed an audit in Resident #125's room to ensure no flush supplies were available for use.^^ The audit revealed that no flush supplies were available for use.^^ ^ How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.^ ^ All residents with intravenous (IV) therapy have the potential to be affected.^ ^ What measure will be put into place or systemic changes the facility will make to ensure that the deficient practice does not recur.^ ^ The Director of Nursing (DON), Staff Development Coordinator (SDC), Regional Director of Rehab Services (RRD), Clinical Reimbursement Specialist (CRS), and/or licensed nurse-initiated quizzes with all licensed nurses (Registered Nurse [RN] and Licensed Practical Nurse [LPN]) on the nursing scope of practice and delegation of authority.^ Quizzes will be completed on 05/01/2026.^^ Any licensed nurse who has not completed the quiz with a passing score by 05/01/2026 will not be (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	allowed to provide direct resident care until education is completed.^^^ Any associate who does not complete training prior to 05/01/2026 will be removed from the schedule until training is completed, education will be provided by the Director of Nursing (DON), Staff Development Coordinator (SDC), and/or licensed nurse.^ Any associate on vacation and/or FMLA will complete training upon return prior to their next working shift; education will be provided by the Director of Nursing (DON), Staff Development Coordinator (SDC), and/or licensed nurse.^ Any licensed nurse who does not score a 100 on their quiz will be immediately re-educated, and another quiz will be completed until a passing score is achieved.^^ The Executive Director (ED), Director of Nursing (DON), and/or Staff Development Coordinator (SDC) will provide quizzes to all associates upon hire, annually, and as needed.^ The Director of Nursing (DON), Staff Development Coordinator (SDC), Regional Director of Rehab Services (RRD), Clinical Reimbursement Specialist (CRS), and/or licensed nurse-initiated education with all licensed nurses (Registered Nurse [RN] and Licensed Practical Nurse [LPN]) on the facility policy and procedure, Infusion Therapy - Intravenous (IV Fluids).^ Education will be completed by 05/01/2026.^ Any associate who has not completed education by 05/01/2026 will not be allowed to provide direct resident care until education is completed.^^ Any associate who does not complete training prior to 05/01/2026 will be removed from the schedule until training is completed; education will be provided by the Director of Nursing (DON), Staff Development Coordinator (SDC), and/or licensed nurse.^ Any associate on vacation and/or FMLA will complete training upon return prior to their next working shift; education will be provided by the Director of Nursing (DON), Staff Development Coordinator (SDC), and/or licensed nurse.^ The Executive Director (ED), Director of Nursing (DON), and/or Staff Development Coordinator (SDC) will provide education to all associates upon hire, annually, and as needed.^ The Director of Nursing (DON), Staff Development Coordinator (SDC), Regional Director of Rehab Services (RRD), Clinical Reimbursement Specialist (CRS), and/or licensed nurse-initiated quizzes with all Certified Nursing Assistants (CNAs) on their scope of practice.^ Quizzes will be completed on 05/01/2026.^^ Any certified nursing assistant who has not completed the quiz with a passing score by 05/01/2026 will not be allowed to provide direct resident care until education is completed.^ Any associate who does not complete training prior to 05/01/2026 will be removed from the schedule until training is completed; education will be provided by the Director of Nursing (DON), Staff Development Coordinator (SDC), and/or licensed nurse.^ Any associate on vacation and/or FMLA will complete training upon return prior to their next working shift; education will be provided by the Director of Nursing (DON), Staff Development Coordinator (SDC), and/or licensed nurse.^ Any certified nursing assistant who does not score a 100 on their quiz will be immediately re-educated, and another quiz will be completed until a passing score is achieved.^^ The Executive Director (ED), Director of Nursing (DON), and/or Staff Development Coordinator (SDC) will provide quizzes to all associates upon hire, annually, and as needed.^ The Director of Nursing (DON), Regional Director of Rehab Services (RRD), Clinical Reimbursement Specialist (CRS), and/or licensed nurse will have all Certified Nursing Assistant to sign a scope of practice attestation form which states the following: Certified Nursing Assistants provide supportive care including activities of daily living and basic nursing tasks under the supervision of a licensed nurse. They do not perform invasive procedures, sterile techniques, or tasks requiring clinical judgment, including care of IV access.^^ Education will be completed by 05/01/2026.^ Any associate who has not completed education by 5/1/2026 will not be allowed to provide direct resident care until education is completed.^ Any associate who does not complete training prior to 5/1/2026 will be removed from the schedule until training is completed; education will be provided by the^Director of Nursing (DON), Staff Development Coordinator (SDC), and/or licensed nurse.^ Any associate on vacation and/or FMLA will complete training upon return prior to their next working shift; education will be provided by the Director of Nursing (DON), Staff Development Coordinator (SDC), and/or licensed nurse.^ The Executive Director (ED), Director of Nursing (DON), and/or Staff Development Coordinator (SDC) will provide education to all associates upon hire, annually, and as needed.^ (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Starting 5/1/2026, the Director of Nursing (DON), Assistant Director of Nursing (ADON), and/or licensed nurse will provide oversight by conducting audits to ensure all residents with IV access are being managed and flushed appropriately by a licensed nurse and not a certified nursing assistant (CNA).^^Audits will be conducted five (5) times per week for four (4) weeks; then three (3) times per week for four (4) weeks; then one (1) time a week for four (4) weeks.^^ Results of the audits will be reported by the Director of Nursing (DON) [the Executive Director (ED) will be responsible for reporting in the absence of the Director of Nursing (DON)] to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for three (3) months (starting with the facility's May meeting and ending in July) or until substantial compliance is met.^^ On 4/30/2026, the facility held an emergency QAPI committee meeting, and the performance improvement plan was reviewed and approved by the facility's QAPI committee.^ On 4/30/2026, the Medical Director reviewed and agreed with the performance improvement plan.^^ The QAPI Committee will review these results; and if deemed necessary by the committee, additional corrective action(s), measures, and/or systematic changes may be initiated.^ QAPI Committee Members include the following: the Executive Director, Medical Director, Director of Nursing, Assistant Director of Nursing, Infection Preventionist, Director of Rehab, Director of Social Services, Director of Activities, Director of Human Resources, Business Office Manager, Director of Environmental Services, Director of Maintenance, Director of Health Information Management, Clinical Dietary Manager, Consultant Pharmacist, and Community Representative.^^ ^ On 5/1/2026, the facility alleges compliance with the identified concern.^ All corrections were completed on 5/1/2026^ ^ The IJ was removed on^05/02/2026^at^6:08 PM^after the survey team verified^the facility's^implementation of the removal plan as follows:^ ^ Provider note revealed nurse practitioner^evaluated^^the^resident on^04/29/2026^and no concerns were identified.^^ ^ A^licensed^practical^nurse performed^a nursing assessment^of^Resident #125 on 04/30/2026^and documented the resident's PICC line was patent in both lumens.^^^ ^ RN #2^and CNA #1 were^suspended effective 04/30/2026 and documentation of the suspension was found in the employee's personnel file.^^^ ^ An incident report was completed and documented within Resident #125's medical record.^I^^ ^ The facility performed a root cause^analysis^on 04/30/2026.^^ ^ The facility reviewed intravenous therapy and CNA scope practice quizzes for 19 of 32 licensed nurses, with a plan to complete the remaining staff prior to the staff completing their next shift.^^^ ^ Reviewed nurse in-service curriculum and staff sign off sheet for curriculum. Interviewed nurses that received education.^Nineteen of^32 licensed nurse staff verified with plan to train the rest before their next shift.^^ ^ Reviewed CNA quizzes and education records on their scope of practice.^Forty-one^of 46 CNAs documented as completed by facility. Reviewed and confirmed completed quiz with score of 100%.^ ^ Reviewed initial audits, dated^05/01/2026 and^05/02/2026, to ensure all residents with intravenous therapy (IV) access^were^being managed and flushed appropriately by a licensed nurse and not a CNA. No concerns identified.^ ^ Interviewed^the interim^DON and^ED^on^quality assurance performance improvement (QAPI)^^audits. The audits will be conducted^five times per^week for^four^weeks, then^three times a week for four^weeks, and then^one time a week for four weeks.^The results will be reported to the QAPI committee for review during the monthly QAPI meetings.^ ^ Reviewed^emergency QAPI meeting minutes and sign in sheet, dated^04/30/2026. Facility initiated program improvement plan on^04/30/2026. Reviewed follow up^emergency QAPI meeting, dated^05/01/2026.^^

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview, and document review, the facility failed to follow the menu serving size for the turkey and dumpling entree for the lunch meal on 04/29/2026 for 76 of 83 residents who received food from the kitchen. Findings included: The facility Diet Type Report dated 05/01/2026, listed the diet order of 83 residents and of the 83 residents, one resident was ordered finger foods, one resident was ordered a vegetarian diet, one resident was ordered a full liquid diet, and four residents received nothing by mouth. The facility Diet SpreadSheet for the lunch meal indicated residents were to receive a #6 scoop of chicken and dumplings for the lunch meal on 04/29/2026. An undated facility document titled Scoop Chart indicated a #6 scoop held 5 ounces (oz) and a #12 scoop held 2.5 oz. During the lunch meal tray line observation on 04/29/2026 at11:31 AM, [NAME] #9 used a ladle to serve one portion of regular turkey and dumplings and a green-handled scoop to serve one portion of mechanically altered and pureed turkey and dumplings. During an interview on 04/29/2026 at 11:46 AM, [NAME] #9 stated she used a 4 oz ladle to serve the regular turkey and dumplings and a #12 scoop to serve the mechanically altered and pureed turkey and dumplings. During an interview on 04/30/2026 at 9:35 AM, the Registered Dietitian (RD) stated a #6 scoop held between 5 to 6 oz and a 4 oz ladle held 4 oz, which were not the same. The RD stated for the residents who received regular textured turkey and dumplings were underserved by at least 1 oz. The RD stated a #12 scoop was 1/3 cup, which equated to 2.67 oz and the residents on a mechanically altered and pureed diet were underserved their portion turkey and dumplings. According to the RD, serving too small of a portion could cause residents to lose weight. During an interview on 04/30/2026 at 9:56 AM, the Executive Director stated the expectation was for the kitchen staff to follow the portion sizes on the approved menu.

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, interview, record review, and facility policy review, the facility failed to ensure 1 (Resident #81) of 25 sampled residents was assessed for their ability to self-administer their own medications. Findings included: A facility policy titled, Self-Administration of Medication, reviewed 09/15/2025, revealed, Procedure 1. If the resident desires to self-administer medication, the IDT [interdisciplinary team] will contact the resident's primary physician to make them aware of the resident request. 2. The IDT in consultation with the primary physician for the resident will conduct an assessment of the resident's cognitive, physical, and visual ability to carry out this responsibility. The policy specified, 4. The interdisciplinary assessment will be completed in the electronic medication record, and results review with the resident and/or responsible party. 5. After the IDT and primary physician review the assessment and determine the resident can safely self-administer, or self-administer and safely store medications at bedside, a physician's order will be obtained and the care plan for the resident will reflect the self-administration. An admission Record revealed the facility admitted Resident #81 on 03/21/2026. According to the admission Record, the resident had a medical history that included diagnoses of metabolic encephalopathy and dementia. An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/25/2026, revealed Resident #81 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident had intact cognition. Resident #81's Care Plan Report with an admission date of 03/21/2026, revealed no evidence of a focus area that indicated the resident could self-administer their medications. During an observation on 04/29/2026 at 10:53 AM, Resident #81 was noted in their room and the resident had a shoe box that contained nine different over-the-counter vitamins and supplements, which were: PreserVision, an eye vitamin designed to reduce the risk of moderate to advanced age-related macular degeneration progression; Prevagen, an over-the-counter supplement intended to support brain function; Align, a probiotic used to support digestive and immune health; Nurtrafol, a hair growth supplement; vitamin D3, essential for calcium absorption, bone health, immune function, and muscle strength; a stool softener, used to help relieve constipation; Blink NurtiTears, a daily soft gel supplement designed to treat dry eye symptoms; melatonin, a supplement for insomnia; and Bye Bye Bloat, a supplement designed to quickly reduce digestive bloating, gas, and water retention caused by food, stress, or hormones. Resident #81's Order Summary Report with active orders as of 04/28/2026, revealed no evidence of physician orders for the multiple over-the-counter vitamins and supplements found in the resident's room. During an interview on 04/29/2026 at 11:02 AM, Licensed Practical Nurse Unit Care Coordinator (LPN UCC) #9 stated residents were allowed to self-administer their own medications they brought from home. LPN UCC #9 stated she was aware of the medications Resident #81 had in their room. During an interview on 04/27/2026 at 9:58 AM, Resident #81 stated they took supplements while at home and preferred to continue to take their own supplements throughout the day at the facility. During an interview on 04/29/2026 at 1:20 PM, the Licensed Practical Nurse (LPN) Admissions Nurse stated residents were allowed to only self-administer medications when they were screened and had passed an observation test. The LPN Admissions Nurse stated an order from the physician was required for the resident to self-administer their medications. During an interview on 04/30/2026 at 3:55 PM, Resident #81 stated they had not completed a test or had a self-assessment by the facility to determine if they could self-administer their medications. During an interview on 04/30/2026 at 4:09 PM, the interim Director of Nursing (DON) stated that when a resident desired to self-administer their medications, they were to be assessed to see if they were capable and an order from the physician would be obtained. The interim DON stated that once assessed, the resident would keep their medications in a locked drawer, the nurses would have a list of the medications on the electronic medication administration record of what the resident would be taking, and there would be a physician's order that specified what the resident could self-administer. The interim DON stated she was not aware of any residents who (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445380	A. Building B. Wing	05/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Hixson	5798 Hixson Home Place Hixson, TN 37343

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	wanted to self-administer their medications. During an interview on 05/01/2026 at 6:04 PM, the Executive Director stated staff had been trained and were expected to follow the facility policy for residents who desired to self-administer their own medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445380	A. Building B. Wing	05/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. Based on interview, record review, and facility policy review, the facility failed to ensure staff administered as needed pain medication when requested for 1 (Resident #123) of 3 observed for medication administration. Findings included: A facility policy titled, Pain Assessment and Management, revised 11/11/2025, revealed, Based on the comprehensive assessment of a resident, this facility must ensure that residents receive the treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management. An admission Record revealed the facility admitted Resident #123 on 04/22/2026. According to the admission Record, the resident had a medical history that included diagnoses of lung cancer and breast cancer. Resident #123's Care Plan Report included a focus area initiated 04/22/2026, that indicated the resident expressed pain/discomfort. Interventions directed staff to administer the resident's pain medications as ordered (initiated 04/22/2026). Resident #123's Order Summary Report, with active orders as of 04/28/2026, revealed an order dated 04/22/2026, for oxycodone hydrochloride oral tablet 10 milligrams (mg), give one tablet by mouth every six hours as needed for pain. During medication administration observation on 04/28/2026 at 8:27 AM, Resident #123 informed Registered Nurse (RN) #2 that they had pain on a scale of nine out 10 and requested pain medication. RN #2 informed the resident that she would administer their pain medication later. During an interview on 04/28/2026 at 10:40 AM, Resident #123 stated they informed the nurse during medication administration of their pain and the nurse stated she would administer their pain medication later. Resident #123 stated the nurse had not returned to administer their requested pain medication. During an interview on 04/28/2026 at 10:59 AM, RN #2 stated she had not administered Resident #123's pain medication because of a glitch in the facility's computer system that needed to be corrected before she could administer the resident their pain medication. Resident #123's Medication Administration Record [MAR] for the timeframe 04/01/2026 - 04/30/2026, revealed RN #2 initialed the resident's MAR to indicate she administered the resident oxycodone hydrochloride oral tablet 10 mg on 04/28/2026 at 11:23 AM, two hours and 56 minutes after the resident requested the medication.