STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445388	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Generations Center of Spencer	87 Generations Drive Spencer, TN 38585

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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. The following deficiency represents an incident of past non-compliance that was subsequently corrected prior to this survey. Based on facility policy review, medical record review, facility document review, and interview, the facility failed to protect the resident's right to be free from verbal abuse by another resident for 1 (Resident #49) of 9 residents reviewed for abuse. Specifically, on 04/03/2026 and on 04/05/2026, staff overheard Resident #18 verbally threaten Resident #49. The findings included: Review of a facility policy titled, Abuse Prevention Program, dated 01/20/2026, indicated, The residents of [facility name] have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms. Abuse is prohibited. Review of a facility policy titled, Abuse, Neglect and Exploitation, dated 01/20/2026, indicated, The purpose of this policy isˆguide inˆthe protection of residentsˆin the prevention of abuse, neglect, exploitation, and misappropriation ofˆresident property. The policy further indicated, .B. Possible indicators of abuse include, but are not limited to: 1. Resident, staff or family report of abuse 2. Physical marks such as bruises or patterned appearances such as a hand print, belt or ring mark on a resident's body 3. Physical injury of a resident, of unknown source 4. Resident reports of theft of property, or missing property 5. Verbal abuse of a resident overheard. Review of an admission Record revealed the facility admitted Resident #18 on 04/02/2026. According to the admission Record, the resident had a medical history that included diagnoses of bipolar disorder and unspecified intellectual disabilities. Review of an admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/13/2026, revealed Resident #18 had a Brief Interview for Mental Status (BIMS) assessment score of 5, which indicated the resident had severe cognitive impairment. Review of Resident #18's Care Plan Report included a problem statement initiated 04/03/2026, that indicated the resident exhibited restlessness and agitation, which caused challenges with mood, behavior, socialization, and daily care. Interventions directed staff to approach the resident in a clam unhurried manner and use cheerful dialogue when assisting the resident, to maintain and promote a positive self-esteem (initiated 04/03/2026), and one-to-one staff observation for safety (initiated 04/05/2026). Review of an admission Record revealed the facility admitted Resident #49 on 09/13/2024. According to the admission Record, the resident had a medical history that included diagnoses of schizophrenia and anxiety disorder. Review of a quarterly MDS, with an ARD of 03/24/2026, revealed Resident #49 had a BIMS score of 13, which indicated the resident had intact cognition. Review of Resident #49's Care Plan Report included a problem statement, revised 04/06/2026, that indicated the resident had multiple mental health diagnoses, which caused daily challenges with their mood, behavior, socialization, activities, and daily care. The Care Plan Report indicated the resident had recently made statements about emotional distress related to interactions with peers. Interventions included increased support by social services and activities staff (initiated 04/05/2026) and Licensed Clinical Social Worker (LCSW) to increase visits with the resident and staff to encourage the resident to attend visits. Review of a Tennessee Health Facilities Commission form, dated 04/06/2026 and (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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	completed by the Administrator, indicated that the facility reported an allegation of Mental Abuse involving Resident #18 and Resident #49, to the state survey agency. The report indicated that on 04/03/2026 at approximately 12:30 PM, Resident #49 told Resident #18 that they could not skip the line when waiting to go to a smoke break. While at the gazebo during the smoke break, Resident #18 told Resident #49 that if they had a butcher knife, they would cut Resident #49's throat. On 04/05/2026, at approximately 5:00 PM, Resident #18 yelled at Resident #49, stating, If I had a knife I would cut you. Per the form, Resident #49 indicated they felt safe in the facility, but was fearful of Resident #18. Review of a Follow-up Investigation Report, dated 04/10/2026, and signed by the Administrator, revealed that on 04/03/2026 a verbal altercation occurred at the gazebo area between Resident #18 and Resident #49. The report further indicated that on 04/05/2026 at approximately 5:20 PM, at the evening meal, Resident #18 became agitated and verbally aggressive toward Resident #49 and made threatening comments to Resident #49. Per the report, Resident #18 stated they were going to knock [Resident #49's] [expletive] head off. Resident #18 also said if they had a butcher knife, they would cut Resident #49's throat. Per the report, Resident #49 verbalized being upset immediately following the event, but reported no feelings of fear, anxiety, distress, depression, or humiliation. The report indicated Resident #49 had no changes in behaviors following the event. Review of a facility typed document titled, On 04/06/2026 at 9:30 am. [Resident #49] interview, signed and dated by Resident #49 on 04/06/2026, revealed that on Friday (04/03/2026) during the 12:30 smoke break, Resident #18 told Resident #49 that if they had a butcher knife, they would cut Resident #49's throat. Per the document, Resident #49 indicated they felt threatened. The document also revealed that on Sunday 04/05/2026 at approximately 5:20 PM, they were just finishing supper and Resident #49 was talking to another resident when suddenly, Resident #18 jumped up and stated, If I had a knife, I would cut you. Per the document, Resident #49 indicated they felt like they had been abused. Review of Certified Nursing Assistant (CNA) #16's signed witness statement, dated 04/06/2026, revealed that on 04/05/2026, while staff were passing out drinks, Resident #18 jumped from their table and yelled at Resident #49, stating they were going to knock [Resident #49's] [expletive] block off. Per the witness statement, CNA #11 and CNA #16 explained to Resident #18 that was not appropriate, and Resident #18 apologized and there were no further incidents until dinner was almost done. The witness statement revealed, at that time, Resident #49 was talking to another resident, when Resident #18 jumped up, and yelled that they were going to beat the [expletive] out of Resident #49. Review of CNA #11's signed, undated witness statement revealed that on 04/05/2026, Resident #49 was talking to another resident when Resident #18 threatened to cut Resident #49's throat. The statement revealed that a second time, while Resident #49 was talking to another resident, Resident #18 jumped from their chair and started calling Resident #49 names and saying he/she was going to kill Resident #49. During an interview on 05/12/2026 at 2:06 PM, CNA #16 revealed she witnessed the incident between Resident #18 and Resident #49 in the dining room. She stated there were two incidents that day. First, when staff passed out drinks before dinner, Resident #18 jumped up and cursed at Resident #49, stating [he/she] was going to knock [Resident #49's] [expletive] head off. CNA #16 said she told Resident #18 that behavior was not appropriate, and Resident #18 apologized and sat down. As dinner was finishing, Resident #49 was talking to another resident. Resident #18 believed Resident #49 was speaking ugly to them, and Resident #18 started cursing at Resident #49, stating they were going to beat the [expletive] out of Resident #49. During an interview on 05/13/2026 at 10:37 AM, CNA #11 said they recalled the incident with Resident #18 and Resident #49 and confirmed her witness statement was consistent with what she recalled. During an interview on 05/13/2026 at 10:58 AM, Janitor #17 revealed he witnessed the incident between Resident #18 and Resident #49 in the dining room. Janitor #17 stated Resident #18 was verbally abusive to Resident #49 and threatened to kill Resident #49. He stated Resident #49 was very upset. During an interview on 05/14/2026 at 8:29 AM, Resident #49 said they recalled the incident when Resident #18 said they were going to cut Resident #49's throat. Resident #49 said it was all settled, and the two residents (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	got along currently. Review of the Follow-up Investigation Report, dated 04/10/2026, and signed by the Administrator, indicated the facility implemented the following corrective actions beginning on 04/05/2026: The Social Service Director (SSD) came on-site to provide support on 04/05/2026; Medication and mental health services review were completed by the MHNP on 04/07/2026; Resident #18 was placed on one-on-one staff supervision when out of the room to support transition into their new community and provide direction and calming as needed on 04/05/2026; Care plan reviewed and updated by the interdisciplinary team (IDT) committee on 04/06/2026; Private room was provided for Resident #18 on 04/05/2026 to support adjustment and calming and Preadmission Screening and Resident Review (PASRR) was completed on 04/09/2026; Peer support group was provided on 04/09/2026 to reestablish positive communication between the two residents; Council meeting was held to initiate change in waiting areas for supervised smoking activities on 04/07/2026 and staff education initiated 04/07/2026 through 04/10/2026 to provide education on change; A medical chart review was conducted by the Director of Nursing (DON) on 04/04/2026 for both residents. The Report indicated the plan for oversight of implementation of the corrective action included: SSD was to orient new residents that smoke to the smoking procedures, including times, staff support, and waiting areas; admission of a resident policy reviewed and updated by Quality Assurance and Assessment (QAA) committee on 04/09/2026 to include PASRR review; admission review team educated on admission of a Resident policy update on 04/09/2026; QAA committee would review 100% of admissions for the next 90 days to promote orientation process and review of medical records pre-admission. The Report indicated the following steps taken to address systems that were identified that required correction: admission of a Resident Policy reviewed and updated by QAA committee on 04/09/2026 to include PASRR review; admission review team educated on admission of a Resident policy update on 04/09/2026; QAA committee will review 100% of admissions for the next 90 days to promote orientation process and review of medical records pre-admission. During an interview on 05/14/2026 at 3:07 PM, the Administrator stated immediate interventions put into place after the incident included: staff assisted Resident #18 to the resident's room and remained with the resident for emotional support, the SSD came to the facility to assist, a medication and mental health service review was conducted, one-on-one staff monitoring was put into place for Resident #18, smoke break concerns were discussed in resident council, staff training was completed, and a quality assurance meeting was held on 04/09/2026. After review and verification of the facility's corrective actions, to include the facility's investigation, facility audits, staff education, and interviews with staff, the survey team determined the facility implemented the above corrective actions beginning on 04/05/2026 and conducted ongoing education and monitoring; therefore, past noncompliance was cited.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on facility policy review, medical record review, facility document review, and interview, the facility failed to timely report allegations of abuse to the state survey agency within the required timeframe for 6 of 6 incidents of abuse that were reviewed, which affected Residents #31, #40, #57, #18, #29, and #36. However, due to the Administrator's misunderstanding of the reporting requirements for abuse, the failure had the potential to affect all residents residing in the facility. The findings included: Review of a facility policy titled, Abuse, Neglect and Exploitation, dated 01/20/2026, indicated, The purpose of this policy is guide in the protection of residents in the prevention of abuse, neglect, exploitation, and misappropriation of resident property. The policy revealed, VII. Reporting/Response included, A. The facility will have written procedures that include, which included, 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g. [exempli gratia, for example],law enforcement when applicable) within specified timeframes, which included, a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury. 1. Review of an admission Record indicated the facility admitted Resident #31 on 04/08/2021. According to the admission Record, the resident had a medical history that included diagnoses of dementia with behavioral disturbances, schizoaffective disorder-bipolar type, agoraphobia with panic disorder (an anxiety disorder involving fear and avoiding places or situations that might cause panic and feeling of being trapped, helpless or embarrassed), anxiety disorder, post-traumatic stress disorder (PTSD), and borderline intellectual functioning. Review of a quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/05/2026, revealed Resident #31 had a Brief Interview for Mental Status (BIMS) assessment score of 13, which indicated the resident had intact cognition. Review of Resident #31's Care Plan Report, included focus area initiated 02/19/2023 and revised 04/09/2026, that indicated the resident had traumatic experiences in their history (self-harm, sexual abuse) that put them at risk for daily challenges with their mood, behavior, safety, activities, and communication. Interventions directed staff to allow the resident to verbalize their feelings, offer support, monitor the resident for changes in their mood, behavior, and socialization (initiated 02/19/2023). Review of a Tennessee Health Facilities Commission form, dated 04/09/2026 and completed by the Administrator, indicated the facility reported an allegation of Sexual Abuse to the state survey agency, involving Resident #31, which occurred on 04/08/2026. The report indicated that Resident #31 reported to Certified Nursing Assistant (CNA) #2 that their roommate's family member touched their breast on 04/08/2026. The report indicated that facility staff became aware of the incident on 04/08/2026 at 11:30 PM. Per the report, the Abuse Coordinator was notified on 04/08/2026 at 11:41 PM by CNA #2. The report indicated that it was submitted to the state survey agency on 04/09/2026 at 10:17 AM, more than 10 hours after staff became aware of the allegation. On 05/13/2026 at 7:58 PM and 05/14/2026 2:08 PM, an attempt was made to contact CNA #2 without success and a voicemail was left. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 05/15/2026 at 1:02 PM, the Director of Nursing (DON) stated that all staff were expected to report any allegation of abuse or neglect immediately to the Administrator or the Social Services Director (SSD). The DON stated that all allegations of abuse or neglect were expected to be reported to the state survey agency within two hours of learning about the allegation. The DON stated the allegation involving Resident #31 was not reported to the state survey agency within the required two-hour timeframe because of the facility staff's interpretation of the guidelines and regulations. During an interview on 05/13/2026 at 2:48 PM, the Administrator, who was the Abuse Coordinator, stated that when staff see or hear an allegation of abuse or neglect, they were to immediately report to her. The Administrator stated that she was responsible for reporting to the state survey agency if there was an allegation of abuse or neglect. She stated that if there was any harm, they were to report to the state survey agency within two hours, and if there was no harm, the allegation was reported to the state survey agency within 24 hours. The Administrator stated she was notified about the allegation involving Resident #31 on 04/08/2026 in the afternoon. She stated that staff told her the resident was not tearful, felt safe, and did not display any signs and symptoms of being afraid. She stated that early the following morning, the resident was assessed again for any type of psychosocial trauma. The Administrator stated that since there was not any harm, she thought she had 24 hours to report the allegation of abuse to the state survey agency.^ ^ 2. Review of an admission Record indicated the facility admitted Resident #40 on 09/19/2025. According to the admission Record, the resident had a medical history that included diagnoses of severe dementia with psychotic disturbances, major depressive disorder, and anxiety disorder. Review of a quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/25/2026, revealed Resident #40 had a BIMS assessment score of 3, which indicated the resident had severe cognitive impairment. Review of Resident #40's Care Plan Report included focus area initiated 09/19/2025, that indicated the resident had multiple mental health diagnoses that included anxiety, major depressive disorder, and history of cannabis dependency, that caused the resident daily challenges with their mood, behavior, socialization, activities, and daily care. Interventions directed staff to approach the resident in a calm unhurried manner, use positive cheerful dialogue when assisting the resident to maintain and promote positive self-esteem (initiated 09/19/2025), and during episodes of confusion/increased anxiety, attempt to redirect the resident to something positive (initiated 09/19/2025). Review of an admission Record revealed the facility admitted Resident #9 on 04/09/2024. According to the admission Record, the resident had a medical history that included diagnoses of major depressive disorder, and unspecified dementia. Review of an annual MDS, with an ARD of 04/20/2026, revealed Resident #9 had a BIMS assessment score of 6, which indicated the resident had severe cognitive impairment. Review of Resident #9's Care Plan Report included a focus statement initiated 04/23/2024 and revised 03/11/2026, that indicated the resident made sexually inappropriate comments towards staff during provision of care. Interventions indicated that a mental health nurse practitioner visited the resident at least every three months and as needed (initiated 04/23/2024). (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of a Tennessee Health Facilities Commission form, dated 3/11/2026 and completed by the Administrator, indicated the facility reported an allegation of Sexual Abuse to the state survey agency, involving Resident #40, which occurred on 03/06/2026 at approximately 4:20 PM. The report indicated that facility staff became aware of the incident on 03/06/2026 at 4:30 PM. Per the report, the Abuse Coordinator was notified on 03/10/2026 at 12:00 PM, four days later, by the Social Services Director (SSD). The report indicated that another resident reported that they witnessed Resident #9 place their hand on Resident #40's breast and start to rub in the dining room on 03/06/2026. The report indicated that the contact was made on the outside of Resident #40's clothing. The report indicated that it was submitted to the state survey agency on 03/11/2026 at 11:37 AM, five days after staff became aware of the allegation. During an interview on 05/13/2026 at 2:48 PM, the Administrator, who was the Abuse Coordinator, stated when staff see or hear an allegation of abuse or neglect, they were to immediately report to her. The Administrator stated that she was responsible for reporting to the state survey agency if there was an allegation of abuse or neglect. She stated that if there was any harm, they were to report to the state survey agency within two hours, and if there was no harm, the allegation was reported to the state survey agency within 24 hours. ^ During an interview on 05/15/2026 at 1:02 PM, the Director of Nursing (DON) stated that all staff were expected to report any allegation of abuse or neglect immediately to the Administrator or the SSD. The DON stated that all allegations of abuse or neglect were expected to be reported to the state survey agency within two hours of learning about the allegation. The DON stated the allegation involving Resident #40 and Resident #9 was not reported to the state survey agency within the required two-hour timeframe because they were under the impression that they had 24 hours to report it once the Abuse Coordinator was notified and there was not any type of harm. ^ During an interview on 05/15/2026 at 1:26 PM, the Administrator stated that staff were expected to immediately report any allegation of abuse or neglect to her or their supervisor. The Administrator stated they did not report the incident involving Resident #40 and Resident #9 within the two-hour timeframe due to their interpretation of the guidelines and regulations. She stated that she thought if there was no harm, then it needed to be reported to the state survey agency within 24 hours. 3. Review of an admission Record revealed the facility admitted Resident #57 on 11/13/2019. According to the admission Record, the resident had a medical history that included diagnoses of schizophrenia, dementia, anxiety disorder, and atrial fibrillation. Review of an annual MDS, with an Assessment Reference Date (ARD) of 01/08/2026, revealed Resident #57 had a BIMS assessment score of 11, which indicated the resident had moderate cognitive impairment. Review of Resident #57's Care Plan Report included a focus area initiated 08/30/2024, that indicated that due to the resident's diagnosis of dementia, the resident was at risk for daily challenges with their memory, communication, confusion, and daily activities. Interventions directed staff to approach the resident in a calm manner and to use cheerful dialogue when assisting them (initiated 08/30/2024), (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of a Tennessee Health Facilities Commission form, dated 12/12/2025 and completed by the Administrator, indicated the facility reported an allegation of Physical Abuse to the state survey agency, involving Resident #57. The report indicated that the Abuse Coordinator was notified of the allegation on 12/11/2025 at 2:27 PM. The report indicated that it was submitted to the state survey agency on 12/12/2025 at 10:54 AM, more than 20 hours after the Abuse Coordinator was notified. During an interview on 05/13/2026 at 3:01 PM, the Administrator, who was the Abuse Coordinator, stated that Resident #57's abuse allegation was reported to her by Adult Protective Services. The Administrator stated that there was no harm to the resident, so she thought she had 24 hours to report the allegation to the state survey agency. During an interview on 05/15/2026 at 1:02 PM, the DON stated that all staff were expected to report any allegation of abuse or neglect immediately to the Administrator or the SSD. The DON stated that all allegations of abuse or neglect were expected to be reported to the state survey agency within two hours of learning about the allegation. During an interview on 05/15/2026 at 1:26 PM, the Administrator stated that staff were expected to immediately report any allegation of abuse or neglect to her or their supervisor. She stated that she thought if there was no harm, then it needed to be reported to the state survey agency within 24 hours. 4. Review of an admission Record revealed the facility admitted Resident #18 on 04/02/2026. According to the admission Record, the resident had a medical history that included diagnoses of bipolar disorder and unspecified intellectual disabilities. Review of an admission MDS, with an Assessment Reference Date (ARD) of 04/13/2026, revealed Resident #18 had a BIMS assessment score of 5, which indicated the resident had severe cognitive impairment. Review of Resident #18's Care Plan Report included a problem statement initiated 04/03/2026, that indicated the resident exhibited restlessness and agitation, which caused challenges with the resident's mood, behavior, socialization, and daily care. Interventions directed staff to approach the resident in a calm, unhurried manner, and use cheerful dialogue when assisting the resident to maintain and promote a positive self-esteem (initiated 04/03/2026). Review of an admission Record revealed the facility admitted Resident #49 on 09/13/2024. According to the admission Record, the resident had a medical history that included diagnoses of schizophrenia and anxiety disorder. Review of a quarterly MDS, with an ARD of 03/24/2026, revealed Resident #49 had a BIMS assessment score of 13, which indicated the resident had intact cognition. Review of Resident #49's Care Plan Report included a problem statement revised 05/05/2026, that indicated the resident had multiple mental health diagnoses, which caused daily challenges with their mood, behavior, socialization, activities, and daily care. Interventions directed staff to monitor the resident for changes in their mood/behavior and report to the mental health nurse practitioner (initiated 05/05/2025). Review of a Tennessee Health Facilities Commission form, dated 04/06/2026 and completed by the (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administrator, indicated that the facility reported an allegation of Mental Abuse involving Resident #18 and Resident #49, to the state survey agency. The report revealed that on 04/05/2026 at approximately 5:00 PM, Resident #18 yelled at Resident #49, stating, If I had a knife [sic] I would cut you. The report listed four staff names as witnesses to the incident. The report indicated that the Abuse Coordinator was notified of the incident on 04/05/2026 at approximately 8:28 PM. The report indicated that it was submitted to the state survey agency on 04/06/2026 at 2:10 PM, more than 20 hours after the 5:00 PM incident. During an interview on 05/15/2026 at 1:26 PM, the Administrator, who was the Abuse Coordinator, stated that staff were expected to immediately report any allegation of abuse or neglect to her or their supervisor. She stated that she thought if there was no harm, then it needed to be reported to the state survey agency within 24 hours. 5. Review of an admission Record revealed the facility admitted Resident #29 on 04/21/2021. According to the admission Record, the resident had a medical history that included diagnoses of vascular dementia, major depressive disorder, high risk heterosexual behavior, and expressive language disorder. Review of a quarterly MDS, with an Assessment Reference Date (ARD) of 01/27/2026, revealed Resident #29 had a BIMS score of 9, which indicated the resident had moderate cognitive impairment. Review of Resident #29's Care Plan Report included a problem statement initiated 07/31/2024 and revised 03/19/2026, that indicated that the resident was inappropriate, physically and verbally, to staff during provision of care at times. Interventions indicated that social services staff were to visit the resident as needed to discuss any concerns or needs the resident had (initiated 07/31/2024). Review of a Tennessee Health Facilities Commission form, dated 03/17/2026 and completed by the Administrator, indicated that the facility reported an allegation of Physical Abuse involving Resident #29 to the state survey agency. The report indicated that on 03/16/2026 at approximately 1:00 PM, Resident #29 grabbed Certified Nursing Assistant (CNA) #1's buttocks and the CNA in turn slapped Resident #29 on the buttocks, stating the resident could not [expletive] grab her like that. The report indicated that CNA #4 witnessed the incident. Per the report, the CNA reported the incident on 03/17/2026 at approximately 6:25 PM, more than five hours after the incident. The report indicated that it was submitted to the state survey agency on 03/17/2026 at 11:20 AM, more than 20 hours after the incident. Review of an email from the Tennessee Health Facilities Commission, dated 03/17/2026 at 11:22 AM, revealed confirmation that the state survey agency received the report. Review of a Follow-up Investigation Report indicated that CNA #4 did not immediately report the incident involving CNA #1 and Resident #29 because the resident was not harmed and was laughing, but she thought about the events and reported it to the Administrator on 03/17/2026. During an interview on 05/13/2026 at 11:25 AM, CNA #4 stated that during the incident with Resident #29, she was with another CNA whose name she could not remember. She stated that she and the other CNA rolled the resident when the resident grabbed the other CNA's buttocks. She stated that the other CNA smacked Resident #29 on the hip and said the resident could not touch her like that. CNA #4 stated that Resident #29 was laughing and did not seem distraught. She stated that she reported it the following day and said the delay was her fault. She stated that she did not think about (continued on next page)

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	445388	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Generations Center of Spencer	87 Generations Drive Spencer, TN 38585

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	it at the time because the resident grabbed the other CNA first. During an interview on 05/15/2026 at 1:02 PM, the DON stated that all staff were expected to report any allegation of abuse or neglect immediately to the Administrator or the SSD. The DON stated that all allegations of abuse or neglect were expected to be reported to the state survey agency within two hours of learning about the allegation. During an interview on 05/15/2026 at 1:26 PM, the Administrator, who was the Abuse Coordinator, stated that staff were expected to immediately report any allegation of abuse or neglect to her or their supervisor. She stated that she thought if there was no harm, then it needed to be reported to the state survey agency within 24 hours. 6. Review of an admission Record revealed the facility admitted Resident #36 on 07/20/2022. According to the admission Record, the resident had a medical history that included diagnoses of generalized anxiety, heart failure, and type 2 diabetes. Review of a quarterly MDS, with an Assessment Reference Date (ARD) of 12/08/2025, revealed Resident #36 had a BIMS assessment score of 15, which indicated the resident had intact cognition. Review of Resident #36's Care Plan Report included a focus area initiated 04/08/2026, that indicated Resident #36 had dementia and experienced daily challenges with communication, episodes of confusion, and daily activities. Interventions directed staff to approach the resident in a calm, unhurried manner (initiated 04/08/2026) and use positive cheerful dialogue when assisting the resident (initiated 04/08/2026). Review of an admission Record revealed the facility admitted Resident #67 on 12/27/2022. According to the admission Record, the resident had a medical history that included diagnoses of schizoaffective disorder, bipolar type; and hypertension. Review of a quarterly MDS, with an ARD of 03/09/2026, revealed Resident #67 had a BIMS assessment score of 10, which indicated the resident had moderate cognitive impairment. Review of Resident #67's Care Plan Report included a focus area initiated 09/03/2024, that indicated Resident #67 had schizoaffective disorder and anxiety disorder that caused daily changes in the resident's mood, behavior, and socialization. Interventions directed staff to attempt to re-direct the resident to do something positive during episodes of increased anxiety and hallucinations (initiated 09/03/2024). Review of a Tennessee Health Facilities Commission report, dated 12/19/2025, indicated the facility reported an allegation of verbal abuse involving a resident-to-resident interaction between Resident #36 and Resident #67 to the state survey agency. The report revealed the facility staff became aware of the incident on 12/19/2025 at approximately 12:00 PM. Per the report, the Mental Health Nurse Practitioner (MHNP) entered a progress note on 12/18/2025 at 11:14 AM indicating that on 12/16/2025, staff reported that Resident #67 screamed at their roommate, Resident #36, while in their room. The report indicated that it was submitted to the state survey agency on 12/19/2025 at 4:39 PM. Review of a facility document titled, Resident Abuse Investigation Report Form indicated that on 12/13/2025 between 6:00 PM and 7:00 PM, Licensed Practical Nurse (LPN) #10 and Certified Nursing (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Assistant (CNA) #14 heard Resident #67 yelling at their roommate, alleging that their roommate had taken $5.00. Review of a handwritten statement signed by LPN #10, dated 12/13/2025 revealed that LPN #10 noted that Resident #67 yelled at their roommate, Resident #36, accusing them of stealing. The statement indicated that LPN #10 reported the incident to Administration, the SSD, and the MHNP. During an interview on 05/12/2026 at 11:27 AM, the Administrator stated that she thought the incident between Resident #36 and Resident #67 took place on 12/13/2025 but she was not sure. She stated that she became aware of the incident on 12/19/2025. She stated that LPN #10 said in a statement that she told administration, meaning the DON, the SSD, and the Mental Health Nurse Practitioner (MHNP). She stated that the DON and SSD both said they did not know, but the MHNP did mention it in a note. During an interview on 05/12/2026 at 10:16 AM, the Medical Records Nurse stated that LPN #10 and CNA #14 witnessed the verbal abuse between Resident #36 and Resident #67 and reported it to the MHNP but not their supervisors. During an interview on 05/12/2026 at 4:50 PM, LPN #10 stated that on 12/13/2025 at approximately 7:00 PM, she was with CNA #14 when they answered a call light and Resident #36 accused Resident #67 of taking $5.00 and she assisted in de-escalating the situation. She stated that she notified the DON by text at the time and left a written note under the SSD's door and left a note for the MHNP. During an interview on 05/13/2026 at 8:03 AM, the SSD stated abuse allegations should be reported immediately. She stated that she did not recall receiving a note from LPN #10 about the 12/13/2025 incident. She stated she became aware of the incident on 12/19/2025. During an interview on 05/13/2026 at 8:12 AM, the DON stated she did not recall receiving a text message from LPN #10 on 12/13/2025. She stated that she first became aware of the 12/13/2025 incident on 12/18/2025 or 12/19/2025, after being informed by the Medical Records Nurse. During an interview on 05/15/2026 at 1:02 PM, the DON stated that all staff were expected to report any allegation of abuse or neglect immediately to the Administrator or the SSD. The DON stated that all allegations of abuse or neglect were expected to be reported to the state survey agency within two hours of learning about the allegation. During an interview on 05/15/2026 at 1:26 PM, the Administrator stated that staff were expected to immediately report any allegation of abuse or neglect to her or their supervisor. She stated that she thought if there was no harm, then it needed to be reported to the state survey agency within 24 hours.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on facility policy review, medical record review, and interview, the facility failed to immediately implement protective measures following an allegation of resident-to-resident verbal abuse involving 2 residents (Resident #67 and Resident #36) of 9 residents sampled for abuse. Specifically, on 12/13/2025, Resident #67 screamed at their roommate (Resident #36) and the facility failed to implement protective measures until management became aware of the incident on 12/19/2025. The findings included: Review of a facility policy titled, Abuse, Neglect and Exploitation Procedures, dated 01/20/2026, indicated, .The purpose of this policy isˆguide inˆthe protection of residentsˆin the prevention of abuse, neglect, exploitation, and misappropriation ofˆresident property . The policy revealed, VI. Protection of Resident The facility will make efforts to ensure all residents are protected from physical and psychosocial harm, as well as additional abuse, during and after the investigation. Examples include but are not limited to: included, .C. Increased supervision of the alleged victim and residents .D. Room or staffing changes, if necessary, to protect the resident(s) from the alleged perpetrator; E. Protection from retaliation; F. Providing emotional support and counseling to the resident during and after the investigation, as needed; G. Revision of the resident's care plan if the resident's medical, nursing, physical, mental, or psychosocial needs or preferences changes as a result of an incident of abuse . Review of an admission Record revealed the facility admitted Resident #67 on 12/27/2022. According to the admission Record, the resident had a medical history that included diagnoses of schizoaffective disorder, bipolar type, and hypertension. Review of a quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/09/2026, revealed Resident #67 had a Brief Interview for Mental Status (BIMS) assessment score of 10, which indicated the resident had moderate cognitive impairment. Review of Resident # 67's Care Plan Report included a focus area initiated 09/03/2024, that indicated Resident #67 had schizoaffective disorder and anxiety disorder that caused daily changes in the resident's mood, behavior, and socialization. Interventions directed staff to attempt to re-direct the resident to do something positive during episodes of increased anxiety and hallucinations (initiated 09/03/2024). Review of an admission Record revealed the facility admitted Resident #36 on 07/20/2022. According to the admission Record, the resident had a medical history that included diagnoses of generalized anxiety, heart failure, and type 2 diabetes. Review of a quarterly MDS, with an Assessment Reference Date (ARD) of 12/08/2025, revealed Resident #36 had a BIMS assessment score of 15, which indicated the resident had intact cognition. Review of Resident #36's Care Plan Report included a focus area initiated 04/08/2026, that indicated Resident #36 had dementia and experienced daily challenges with communication, episodes of confusion, and daily activities. Interventions directed staff to approach the resident in a calm, unhurried manner (initiated 04/08/2026) and use positive cheerful dialogue when assisting the resident (initiated 04/08/2026). Review of a Tennessee Health Facilities Commission report, dated 12/19/2025, indicated the facility reported an allegation of verbal abuse involving a resident-to-resident interaction between Resident #36 and Resident #67 to the state survey agency. The report revealed the facility staff became aware of the incident on 12/19/2025 at approximately 12:00 PM. Per the report, the Mental Health Nurse Practitioner (MHNP) entered a progress note on 12/18/2025 at 11:14 AM indicating that on 12/16/2025, staff reported that Resident #67 screamed at their roommate, Resident #36, while in their room. The report indicated that it was submitted to the state survey agency on 12/19/2025 at 4:39 PM. Review of a facility document titled, Resident Abuse Investigation Report Form indicated that on 12/13/2025 between 6:00 PM and 7:00 PM, Licensed Practical Nurse (LPN) #10 and Certified Nursing Assistant (CNA) #14 heard Resident #67 yelling at their roommate, alleging that their roommate had taken $5.00. Review of a handwritten statement signed by LPN #10, dated 12/13/2025 revealed that LPN #10 noted that Resident #67 yelled at their roommate, Resident #36, accusing them of stealing. The statement indicated that LPN #10 reported the incident to Administration, the Social Services Director (SSD), and the MHNP. During (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	an interview on 05/12/2026 at 4:50 PM, LPN #10 stated that on 12/13/2025 at approximately 7:00 PM, she was with CNA #14 when they answered a call light and Resident #36 accused Resident #67 of taking $5.00 and she assisted in de-escalating the situation. She stated that she notified the Director of Nursing (DON) by text at the time and left a written note under the SSD's door and left a note for the MHNP. LPN #10 said she did not separate the residents, put interventions into place, update the care plan, or document the incident. During an interview on 05/12/2026 at 1:56 PM, CNA #15 confirmed she worked on 12/16/2025, 12/17/2025, and 12/18/2025. She stated she was unaware of the incident between Resident #36 and Resident #67 at that time and only became aware when asked to write a statement. CNA #15 said had she been aware, she would have attempted to keep the residents separated and would have increased monitoring since the two residents shared a room. During an interview on 05/15/2026 at 8:17 AM, Registered Nurse (RN) #7 confirmed she worked on 12/14/2025, 12/17/2025, and 12/18/2025 and said she was unaware of the incident between Resident #36 and Resident #67. She stated there were no nursing notes or interventions documented. She stated had she known, she would have separated the residents immediately or at least left the door open to their shared room. During an interview on 05/13/2026 at 8:12 AM, the DON stated the residents should have been separated and interventions implemented. She confirmed there was no documentation of interventions and that she could not identify any actions taken between 12/13/2025 and 12/19/2025 to prevent recurrence. During a follow-up interview on 05/15/2026 at 10:47 AM, the DON stated staff should have separated Resident #36 and Resident #67 immediately when the incident occurred. During an interview on 05/12/2026 at 11:27 AM, the Administrator stated she became aware of the 12/13/2025 altercation on 12/19/2025. She stated there were no progress notes or documented interventions, and she could not identify any actions taken to protect Resident #36 between 12/13/2025 and 12/19/2025. During a follow-up interview on 05/15/2026 at 1:25 PM, the Administrator stated that the residents' care plans should have been reviewed, and interventions should have been put in place to prevent recurrence. The Administrator stated the residents remained in their shared room, and the expectation was for staff to offer a room change at the time of the incident, and to implement and document safety interventions.