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

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 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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on facility policy review, medical record review, observation, Humalog KwikPen insulin manufacturer instruction review, and interview, the facility failed to ensure an error rate of 5 percent (%) or less during a medication administration observation. There were 2 errors out of 31 opportunities, which resulted in a medication error rate of 6.45% affecting 2 (Resident #44 and Resident #7) of 5 residents observed for medication administration. The findings included: Review of a facility policy titled, Liberalized Medication Administration Policy, effective 11/01/2019, indicated, Medications which are ordered by the physician for a specific time will be given as such. All other medications will be given as ordered per the resident's desires and daily schedules. Review of an admission Record revealed the facility admitted Resident #44 on 04/03/2024. According to the admission Record, the resident had a medical history that included a diagnosis of epilepsy (seizure disorder). Review of Resident #44's Order Summary Report, with active orders as of 05/12/2026, included an order dated 05/05/2026 for levetiracetam oral solution 100 milligrams (mg) per milliliter (ml) with instructions to give 7.5 ml by mouth two times a day for epilepsy. During an observation of medication administration on 05/12/2026 at 7:50 AM, Registered Nurse (RN) #6 prepared and administered 10 ml of the levetiracetam 100 mg per ml to Resident #44 instead of 7.5 ml as ordered. Review of an undated Instructions for Use Humalog KwikPen insulin lispro injection instruction manual, revealed the section titled, Priming your Humalog KwikPen, included, Prime before each injection. Priming ensures the Pen is ready to dose and removes air that may collect in the cartridge during normal use. If you do not prime before each injection, you may get too much or too little insulin. The manual continued, Step 5: Turn the Dose Knob to select 2 units. Step 6: Hold your Pen with the Needle pointing up. Tap the Cartridge holder gently to collect air bubbles at the top. Step 7: Hold your Pen with the Needle pointing up. Push the Dose Knob in until it stops, and ?0' is seen in the Dose Window. Hold the Dose Knob in and count to 5 slowly. A stream of insulin should be seen from the needle. The manual continued, Step 8: Turn the Dose Knob to select the number of units you need to inject. The Dose Indicator should line up with your dose. Review of an admission Record indicated the facility admitted Resident #7 on 03/18/2024. According to the admission Record, the resident had a medical history that included a diagnosis of type 2 diabetes mellitus. Review of Resident #7's Order Summary Report, with active orders as of 05/12/2026, included an order dated 07/21/2025 for Insulin Lispro (rapid-acting insulin) subcutaneous solution pen-injector 100 unit per ml, with instructions to inject per sliding scale (dose of insulin based upon the blood glucose level). During an observation of medication administration on 05/12/2026 at 11:17 AM, RN #7 prepared Resident #7's Insulin Lispro KwikPen. RN #7 turned the dose selector to 4 units, then turned to administer the insulin to the resident. The surveyor stopped RN #7 and asked if the pen was primed, and the RN stated they did not have to prime the pen. During an interview on 05/12/2026 at 11:28 AM, RN #7 stated it had been a while since she was trained on the insulin pen but could refer to the policy and procedure manual. RN #7 stated the importance of priming the insulin pen was because it was not the correct dose without priming the pen. ^ During an interview on 05/14/2026 at 2:38 PM, the Director of Nursing (DON) stated she expected the nurses to administer medications by the medication administration record and to follow the physician orders. The DON stated Resident #44's physician order was for 7.5 ml of levetiracetam oral solution 100 mg per ml two times a day, and the resident should not have received 10 ml. The DON stated RN #7 should have primed the Insulin pen. The DON said she expected the medication error rate to be less than 5%. ^ During an interview on 05/14/2026 at 2:51 PM, the Administrator stated she expected the physician orders to be followed and the medication error rate to be less than 5%.