STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445413	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurelwood Health Care Center	200 Birch St Jackson, TN 38301

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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, Maintenance Director Job Description review, https://weather.com review, National Library of Medicine website review, invoice review, medical record review, observation, and interview, the facility failed to ensure residents resided in a safe, clean, homelike, and comfortable environment with temperatures ranging from 71 degrees Fahrenheit (F) to 81 degrees F when resident room temperatures were measured ranging from 53 degrees F to 65 degrees F in 8 of 35 (Resident #11, #13, #14, #20, #27, #34, #40, #42, #45, #47, and #51) resident rooms observed during initial tour. The facility's failure to prevent dangerously cold room temperatures placed Residents #11, #13, #45, and #47, who were vulnerable and cognitively impaired residents, at an immediate jeopardy risk for weather induced complications. The census was 47. Immediate Jeopardy (IJ), (a situation in which the facility's noncompliance has caused or is likely to cause serious injury, serious harm, serious impairment, or death) related to its failure to provide and ensure a safe environment for residents when Resident room temperatures were measured ranging from 53 to 65 degrees F. The Administrator, Director of Nursing, and Regional Nurse Consultant were informed of this immediate jeopardy at F-584 on 1/20/2026 at 7:13 PM in the employee break room. The facility was cited Immediate Jeopardy at F-584 at a scope and severity of J, which is substandard quality of care. The Immediate Jeopardy began on 1/20/2026 through 1/22/2026 and was removed on 1/23/2026. An acceptable Removal Plan was accepted on 1/22/2026 at 2:58 PM and validated onsite on 1/22/2026 by review of education and in services, facility documents, room temperature logs, and interviews. An extended survey was conducted on 1/21/2026 through 1/22/2026. A Plan of Correction is required.The findings include: 1. Review of the undated facility policy titled, Resident Rights, revealed .The facility will ensure that all staff members are educated on the rights of residents and the responsibility of the facility to properly care for its residents.The resident has the right to a dignified existence.The right to reside and receive services in the facility with reasonable accommodation of resident needs.The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Review of the facility policy titled, Infection Control Plan, dated 8/2017, revealed .MISCELLANEOUS-Windows without screens will not be opened under any circumstances .Any employee discovering an open, unscreened window will close the window and discuss the facility policy with the individual involved. The facility was unable to provide policies related to maintaining resident room temperatures between 71 degrees to 81 degrees F or monitoring temperatures in resident rooms. 2. Review of the Maintenance Director Job Description dated 2/28/2022, revealed .Directs the day-to-day activities of the Maintenance Department in accordance with current federal, state and local standards, guidelines and regulations governing the facility, and to assure the facility is maintained in a safe and comfortable manner .Ensures the facility remains in compliance with all federal, state and local regulations for Life safety Code compliance . 3. Review of the weather.com internet site dated 1/19/2026 and 1/20/2026 revealed the outside overnight temperature on 1/19/2026 was 12 degrees F. The outside temperature on 1/20/2026 was 46 degrees F. 4. Review of the National Library of (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 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	Medicine website, MedlinePlus article titled, Body temperature norms [usual practice or custom], dated 1/1/2025, revealed Normal body temperature varies by person, age, activity, and time of day. The average normal body temperature is generally accepted as 98.6 Fahrenheit (F). Some studies have shown that the normal body temperature can have a wide range, from 97F.to 99 F. 5. Observation on 100 Hall during initial tour on 1/20/2026 starting at 9:29 AM, revealed the 100 Hall felt cold in the hallway and in Residents' rooms. Observation on the 100 Hall on 1/20/2026 at 10:30 AM, revealed Life Safety Surveyor #1 used an air gun to measure the air temperature in residents' rooms on the 100 Hall. The temperatures were recorded as follow: a. Resident #42's room air temperature was 59.3 degrees F. b. Resident #27's room air temperature was 57.0 degrees F. c. Resident #11 and Resident #47's shared room air temperature was 65.1 degrees F. d. Resident #45's room air temperature was 60.9 degrees F. e. Resident #40's room air temperature was 60.9 degrees F. Observation on the 100 Hall on 1/20/2026 at 11:40 AM, revealed Life Safety Surveyor #1 and the Maintenance Director recorded the resident room air temperatures as follow: a. Resident #42's room air temperature was 54.2 degrees F. b. Resident #27's room air temperature was 53.0 degrees F. c. Resident #11 and #47's shared room air temperature was 62.0 degrees F. d. Resident #45's room air temperature was 58.8 degrees F. e. Resident #14 and #34's room air temperature was 60.9 degrees F. f. Resident #13's room air temperature was 57.2 degrees F. g. Resident #40's room air temperature was 56.0 degrees F. h. Resident #20 and #51's shared room air temperature was 54.8 degrees F. Observation during tour of the outside of the facility on 1/20/2026 at 12:30 PM, revealed Life Safety Surveyor #2 and the Maintenance Director found the windows opened to the outside in the following Resident rooms exposing the Residents to the outside temperature of 46 degrees F: Resident #42's room. Residents #11 and #47 shared room. Residents #14 and #34 shared room. Residents #20 and #51'sshared room. Observation on the 100 Hall on 1/20/2026 at 3:08 PM, Life Safety Surveyor #1 and the Administrator recorded the room air temperatures as follow: a. Resident #42's room air temperature was 61.2 degrees F. b. Resident #27's room air temperature was 65.8 degrees F. c. Resident #11 and #47's room air temperature was 70.2 degrees F. d. Resident #45's room air temperature was 65.1 degrees F. e. Resident #14 and #34's shared room air temperature was 70.9 degrees F f. Resident #13's room air temperature was 65.3 degrees F. g. Resident #40's room air temperature was 65.1 degrees F. h. Resident #20 and #51 share room air temperature was 69.3 degrees F. The facility failed to ensure resident's room temperatures were maintained between 71 degrees F and 81 degrees F. 6. Review of the medical record revealed Resident #11 and #47 shared a room. Review of the medical record revealed Resident #11 was admitted to the facility on [DATE], with diagnoses including Alzheimer's Disease, Paraplegia, and Depression. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #11 scored a 12 on the Brief Interview for Mental Status (BIMS) assessment, which indicated she was moderately cognitively impaired. Resident #11 required substantial assistance with transferring. Observation in the Resident's on 1/20/2026 at 9:13 AM, revealed Resident #11 sitting up in the chair with a coat on. Review of the medical record revealed Resident #47 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Emphysema, Depression, and Alzheimer's Disease. Review of the quarterly MDS assessment dated [DATE], revealed Resident #47 scored a 12 on the BIMS assessment, which indicated she was moderately cognitively impaired. 7. Review of the medical record revealed Resident #13 had no roommate. Review of the medical record revealed Resident #13 was admitted to the facility on [DATE], with diagnoses including Traumatic Brain Injury, Dementia, Hypertension, and Depression. Review of the quarterly MDS assessment dated [DATE], revealed Resident #13 scored a 7 on the BIMS assessment, which indicated he was severely cognitively impaired. Resident #13 was dependent on chair/bed-to-chair transfer. 8. Review of the medical record revealed Resident #14 and #34 shared a room. Review of the medical record revealed Resident #14 was admitted to the facility on [DATE], with diagnoses including Diabetes, Depression, Hypertension, and Dementia. Review of the annual MDS assessment dated [DATE], revealed (continued on next page)

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F 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	Resident #14 scored a 14 on BIMS assessment, which indicated she was cognitively intact. Review of the medical record revealed Resident #34 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Schizophrenia, Diabetes, and Bipolar. Review of the admission MDS assessment dated [DATE], revealed Resident #34 scored a 15 on the BIMS assessment, which indicated she was cognitively intact. Review of the Weights and Vitals Summary dated 1/19/2026, revealed Resident #34's temporal temperature was 97.7 degrees F. Observation in Resident #34's room on 1/20/2026 at 12:47 PM, Licensed Practical Nurse (LPN) G obtained Resident #34's temporal temperature with a reading of 96.7 degrees F. During an interview on 1/20/2026 at 1:30 PM, Resident #34 was asked about the temperature of her room this morning. Resident #34 stated, .I noticed the room being chilly this morning.I put on my house coat. 9. Review of the medical record revealed Resident #20 and #51 shared a room. Review of the medical record revealed Resident #20 was admitted to the facility on [DATE], with diagnoses including Diabetes, paranoid Schizophrenia, Depression, and Hypertension. Review of the quarterly MDS assessment dated [DATE], revealed Resident #20 scored a 15 on the BIMS assessment, which indicated he was cognitively intact. Observation in Resident #20's and #51's room on 1/20/2026 at 9:34 AM and 5:34 PM, and 1/21/2026 at 8:03 AM and 10:30 AM, revealed the thermostat box that controls the temperature on the left side of the 100 Hall was opened and unlocked. Review of the medical record revealed Resident #51 was admitted to the facility on [DATE], with diagnoses including Peripheral Vascular Disease, Anxiety Disorder, and Osteoarthritis. Review of the quarterly MDS assessment dated [DATE], revealed Resident #51 scored a 13 on the BIMS assessment, which indicated she was cognitively intact. 10. Review of the medical record revealed Resident #27 did not have a roommate. Review of the medical record revealed Resident #27 was admitted to the facility on [DATE], with diagnoses including Hypertension, Dementia, Schizophrenia, and Depression. Review of the quarterly MDS assessment dated [DATE], revealed Resident #27 scored a 14 on the BIMS assessment, which indicated he was cognitively intact. During an interview in Resident #27's room on 1/20/2026 at 9:38 AM, Resident #27 was asked about the temperature in his room. Resident #14 stated, It is cold. 11. Review of the medical record revealed Resident #40 did not have a roommate. Review of the medical record revealed Resident #40 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Hypertension, Diabetes, and Paranoid Schizophrenia. Review of the annual MDS assessment dated [DATE], revealed Resident #40 scored a 15 on the BIMS assessment, which indicated that he was cognitively intact. Review of the Weights and Vitals Summary dated 1/19/2026, revealed Resident #40's temporal temperature 98.1 degrees F. During an interview in Resident #40's room on 1/20/2026 at 9:33 AM, revealed Resident #40 in bed with 1 blanket. Towels were lined around the bottom of the windowsill. Resident #40 was asked how he was doing. Resident #40 stated, It's cold, I asked for a blanket, but they say they don't have any. Observation in Resident #40's room on 1/20/2026 at 12:49 PM, revealed Licensed Practical Nurse (LPN) G obtained Resident #40's temporal temperature with a reading of 96.1degrees F, which was down 2 degrees from 1/19/2026. During an interview in Resident #40's room on 1/20/2026 at 1:10 PM, Resident #40 was asked how long his room had been cold. Resident #40 stated, It's been cold for about 2 weeks now . Resident #40 was asked had he reported it to anyone. Resident #40 stated, I've told many of them .I be so cold that I try not to move and when I ask for a blanket, they say they don't have any . 12. Review of the medical record revealed Resident #42 did not have a roommate. Review of the medical record revealed Resident #42 was admitted to the facility on [DATE], with diagnoses including Viral Hepatitis, Hypertension, and Schizophrenia. Review of the quarterly MDS assessment revealed Resident #42 scored a 15 on the BIMS assessment, which indicated he was cognitively intact. 13. Review of the medical record revealed Resident #45 did not have a roommate. Review of the medical record revealed Resident #45 was admitted to the facility on [DATE], with diagnoses including Dementia, Diabetes, Depression and Alzheimer's Disease. Review of the quarterly MDS assessment dated [DATE], revealed Resident #45 scored a 4 on the BIMS assessment, which (continued on next page)

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F 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	indicated she was severely cognitively impaired. 14. During an interview on 1/20/2026 at 2:30 PM, the Administrator was asked when had she been informed that the resident rooms on the 100 Hall were cold. The Administrator stated, When [Named Life Safety Surveyor #1] told me. During a telephone interview on 1/20/2026 at 3:53 PM, Certified Nursing Aide (CNA) F was asked if she worked the night of 1/19/2026) on the10:00 PM to 6:00 AM shift. CNA F stated. Yes, I did. CNA F was asked did she take care of Resident's #34 and #40, CNA F stated, Yes, I had both of them. CNA F was asked if the residents' rooms were cold. CNA stated, The hallways were cold but not the resident's rooms. CNA F was asked if she noticed any of the residents' rooms with the windows up. CNA F stated, No. During an interview on 1/21/2026 at 2:25 PM, the Maintenance Director was asked why the thermostat box in Resident #20 and #51's room would be opened and unlocked. The Maintenance Director stated, .I have no recollection of that box being open. He was asked who has keys to that box. The Maintenance Director stated, I am the only one with keys, but I can't stop the residents from tampering with it . The Maintenance Director was asked what the thermostat box in Resident #20 and #51's room controlled. The Maintenance Director stated, The left side of the 100 Hall . The Maintenance Director was asked what the regulations were for resident room temperatures. The Maintenance Director stated, .it can't be higher than 85 degrees .low I think it is 71, 70 [degrees F]. The Maintenance Director was asked about the federal regulation temperatures. He stated, I am not sure. The Maintenance Director was asked what was implemented when he was informed of the room temperatures identified by Life Safety Surveyor #1. The Maintenance Director stated, I had [named company] already coming in to do some work .I fixed my part and [Named Heating and Air Company] did their part .I had a duct that was leaking air .[Named Heating and Air Company] repaired a clogged igniter to 1 unit, they boosted the gas on another unit . when the temp dropped, when you turn the unit up it has a higher demand, the knob wasn't fully turned and needed boosting . The Maintenance Director was asked would you expect staff to notice and report a change in temperature in the halls and rooms. The Maintenance Director stated, No Ma'am, I might be hot, and you may be fine .I don't expect staff to know . The Maintenance Director was asked if it was his responsibility to check the building's heating and air units to ensure they are working properly. The Maintenance Director stated, Yes, it's my responsibility . During an interview on 1/21/2026 at 3:58 PM, the Administrator was asked when she was notified that the resident rooms were cold. The Administrator stated, It was when [Named Life Safety Surveyor #1] stopped me, it was morning, before lunch. The Administrator was asked if she expected the staff to notify her if the rooms are cold. The Administrator stated, If someone complained of being cold, yes. The Administrator was asked would you have expected the Maintenance Director to know the regulations for the room temperatures. The Administrator stated, Yes. The Administrator was asked if 3 residents on 100 Hall had complained of being cold should staff have reported that to you. The Administrator stated, Yes. The Administrator was asked how she knew the residents had opened the windows. The Administrator stated, The Maintenance Director told me. During a telephone interview on 1/22/2026 at 8:50 AM, the Named Heating and Air Company Employee was asked if the Named Heating Company had been previously scheduled to come to the facility on 1/20/2026 prior to the surveyors identifying the cold temperatures. The Named Heating and Air Company Employee stated, They were not already coming for a scheduled service, they received a call on 1/20/2026 at 11:17 AM from the [Named Facility's Maintenance Director] stating they were having heating issues. Review of the Named Heating and Air Company invoice bill dated 1/20/2026, revealed Dispatched to [Named Facility] .Dispatched to check on no Heat in 3 of the Gas fired Splits Systems in the [NAME] Mechanical Room .found the gas was shut off to the new one that [Named Company] Installed [.] Facility had a gas leak . [Another Named Company] came out and shut the gas valve off, but did not turn it back on . During an interview on 1/21/2026 at 1:55 PM the Medical Director acknowledged he was told about the temperature issue in the facility. The Medical Director stated, . 1 of the gas lines did not turn all the way on since [around Christmas] . During an interview on 1/22/2026 at 2:58 PM, CNA A was asked if she ever noticed the windows in the resident's rooms (continued on next page)

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F 0584 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	being open. CNA A stated, Yes, one of the other shifts opens the windows. CNA A was asked do you think the residents could open the windows. CNA A stated, Oh no. During an interview on 1/22/2026 at 4:46 PM, the Maintenance Director acknowledged the windows in Resident #42, #11, #47, #14, #34, #20, and #51's rooms were found open. The Maintenance Director stated, I never visually saw anyone open the windows . The facility was unable to determine who had opened the windows or how long they had been open. An acceptable Removal Plan was accepted on 1/22/2026 at 2:58 PM and validated onsite on 1/22/2026 by review of education, in services, documents, room temperature logs, and interviews. Identification of Residents Affected or Likely to be Affected: On 1/20/26, during rounding with the surveyor, the Maintenance Supervisor identified patient room windows that were cracked open in some patient rooms on the 100 Hall. The Maintenance Supervisor closed the windows with the surveyor present at that time. Life Safety Surveyors validated the windows were closed on tour with the Maintenance Director. 1/20/26 at approximately 11:00 AM the administrator was notified by the surveyor that 8 patient rooms on the 100 Hallway were below regulated temperatures. Maintenance notified Administrator that some windows were open and he had already closed the windows. Administrator immediately asked staff to hand out additional blankets to any patients in rooms and to put blankets at the bottom of each window. Surveyors validated by observation, residents that were in bed had additional blankets, and blankets placed at windowsills. Staff began relocating residents to other rooms in the building until the room temperatures were at the required temperature of 71-81[degrees Fahrenheit]. CNA staff on the hall were asked to monitor windows to ensure they were not opened again by the admistrator [Administrator]. A recheck of the rooms was completed at 12:00, revealing that temperatures remained below the required 71 degrees. All residents had been relocated out of the l?atient [Patient] rooms by 12:15 PM. Surveyors validated by observation that residents were moved out of their rooms while the facility was working on temperatures. Staff members continue to document temperatures on logs and surveyors continued to check resident rooms. Residents that were in rooms that were below the required 71 degrees were assessed by licensed nurses regarding body temperature. Residents that were able to be interviewed had no complaints of being cold. Residents' body temperatures were found to be within each individual range of regular temperatures, to include residents# [residents #] 11, 13,14, 20, 27, 34,40, 42, 45, 47, and 51. Surveyors validated resident's temperatures were taken and validated by review of documentation. The remaining rooms in the facility were assessed to ensure no other residents were affected by lower than regulated room temperatures at time of the walk through with surveyor (Named Life Safety Surveyor #1). No other rooms were identified to be lower than 71 degrees. Actions to Prevent Occurrence/Recurrence: A licensed HVAC [Heating, Ventilation and Air Conditioning] repair contractor had been called on 1/20/26 and scheduled to verify that all units were working properly. The licensed HVAC technician arrived at the building at 3:00pm [3:00 PM] on 1/20/26 and found that one unit that was controlling the temperatures on the 100 hall was repaired immediately. All other units working properly. Surveyors validated by review of invoice from licensed HVAC repair contractor and Maintenance Director interview. The administrator educated the maintenance director on 1/20/2026 that he needed to monitor all units to ensure they are working properly daily, and if any unit was not working to call an HVAC repair technician. The weekend supervisor will check the HVAC systems on the weekend by checking vents to ensure there is appropriate air flow, and by monitoring of the patient rooms with the temperature gun. Maintenance was also in serviced to monitor temperatures in Resident rooms to verify temperatures were within 71 - 81 degrees, unless patient requested the room to be different like room [ROOM NUMBER] who prefers the room temperature range to be 65-75 degrees Fahrenheit. That temperature will then be logged on to the room temperature monitoring log. Any concerns will be reported to the administrator to address immediately. Surveyors validated by interview of the Administrator, Maintenance Director and Weekend Supervisor. The affected rooms continued to be monitored hourly with the use of a temperature gun while residents were in other rooms to ensure temperature was coming up to the (continued on next page)

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Staff were issued a thermometer gun for the nurse's station, available on all shifts and weekends, and shown how to use this gun and how to appropriately monitor room temperature with written instructions provided as well. In-servicing of staff will continue until all facility staff are educated, with completion to be no later than 1/22/2026. Staff that are on FMLA, PTO or off will be in service before returning to work. Surveyors validated through interviews and review of in-service documentation. On 1/20/26 at 8:00 PM a second facility wide room check was completed by the VP [Vice President] of Clinical Reimbursement; all patient rooms were in the range of 71-81 degrees Fahrenheit. Room temperature rounds and window checks continued in the 8 patient rooms on 100 hall every 30 minutes for 12 hours with no rooms being noted below the approved temperature range beginning at 9:00pm [9:00 PM] on 1/20/2026. Then, Room temperature rounds and window checks will continue every 2 hours throughout the day shift of 1/22/26 to ensure temperatures remain within acceptable range. If rooms were out of compliance, the administrator will direct the Maintenance director to adjust the thermostat and verify that all HVAC units continue to operate correctly. On 1/12/2026, between the hours of 11:00 am and 3:00pm [3:00 PM] the maintenance director [Maintenance Director] was continually monitoring the temperature until all rooms were in compliance. The rooms will continue to be monitored every two hours until 6:00 am on 1/22/2026, utilizing the thermometer gun. If the required temperatures maintain then the monitoring will be changed to qshift [every shift]. Surveyors validated through review of room temperature logs. Affected rooms will be monitored q shift for 30 days including weekends beginning 1/22/2026 ending on 2/20/2026, by the nursing staff and/or the maintenance director. After the completion of the first month the maintenance director will monitor random patient care areas and patient rooms no less than once weekly times 4 weeks, then monthly by the maintenance director. This monitoring will be completed by the staff member or maintenance director utilizing a thermometer gun to measure the temperature in the rooms per the assigned audit schedules or with any complaints as needed. All staff, including those assigned to the affected 100 hall as well as those in all other areas of the facility have received this education as of 1/21/26 and any staff on leave will receive prior to returning. That temperature will then be logged on to the room temperature monitoring log. Any concerns will be reported to the administrator to address immediately. All patient rooms were in the acceptable range of 71-81 degrees Fahrenheit when the facility-wide round was completed and additional monitoring and directive from the Administrator will be initiated in any other areas immediately as concerns arise. All residents with a BIMS of 12 or above were educated by the Social Worker of the potential risk of opening the window during adverse weather conditions on 1/21/2026. Surveyors validated by review of questionnaires from residents and with the Social Worker interview. Random window audits will be completed by the maintenance director no less than 3x [3 times] a week for 3 months. After 3 months the maintenance director will complete room temperature audits monthly or at any time a staff, resident or family member report a concern regarding the temperature. Staff will continue to look for any windows left open after the 3-month period and close immediately when they are present in the room. Windows will be visually checked daily throughout each shift by the staff members entering resident rooms for routine care, any window open will be closed immediately and the administrator will be notified. Education will be provided to all staff no less than annually to ensure staff are aware of the regulation for temperature, use of a temperature gun, and to watch for any signs that may alter a resident room temperature such as a window being open. Surveyors validated with interview with the Administrator. All audits will be submitted to the QAPI (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, invoice review, medical record review, a list of residents who use the 100 Hall communal bathrooms, observation, and interview, the facility failed to promote and ensure dignity and quality of life was met for 3 of 4 residents (Resident #14, #29, and #34) sampled for activities of daily living.The findings include: 1. Review of the undated facility policy titled, Resident Rights, revealed .The resident has the right to a dignified existence.The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences .The resident has the right to personal privacy .Personal privacy includes accommodations .personal care .The resident has a right to a.comfortable, and homelike environment, including but not limited to receiving treatment and supports for daily living. 2. Review of an Invoice provided by the facility dated 12/3/2025, revealed an order for 4 standard overhead braced toilet partitions (dividing wall or enclosure that separates toilets). 3. Observation in the 100 Hall women's communal bathroom on 1/20/2026 at 9:45 and 11:50 AM, revealed no lock on the door, with 2 toilets side by side with a few feet between them on the right side as you open the door. There was no wall, privacy curtain or other enclosure, and allowing full view of the toilets when the door was opened. 4. Review of the medical record revealed Resident #14 and Resident #34 were roommates. Review of the medical record revealed Resident #14 was admitted to the facility on [DATE], with diagnoses including Hypertension and Gastroparesis. Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #14 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment, which indicated she had no cognitive impairment. Resident #14 required supervision or touching assistance from staff with toileting hygiene. 5. Review of the medical record revealed Resident #34 was admitted to the facility on [DATE], with diagnoses including Hypertension and Epilepsy. Review of the admission MDS assessment dated [DATE], revealed Resident #34 scored a 14 on the BIMS assessment which indicated she had no cognitive impairment. Resident #34 required partial/moderate assistance from staff for toileting hygiene. During an interview with roommates Resident #14 and Resident #34 on 1/22/2026 at 1:35 PM, the residents were asked about using the toilets in the 100 Hall women's communal bathroom. Resident #14 stated, .we don't have any privacy in the bathroom, the stalls were never put up. Resident #34 stated, .it's a female restroom but it would be nice to have some privacy. Resident #14 and Resident #34 acknowledged it was uncomfortable for them to use the 100 Hall communal bathroom and it was the only bathroom available on their hall. 6. Review of the medical record revealed Resident #29 was admitted to the facility on [DATE], with diagnoses including Hypertension and Chronic Pain. Review of the annual MDS assessment dated [DATE], revealed Resident #29 scored a 15 on the BIMS assessment, which indicated she had no cognitive impairment. Resident #29 was independent for toileting hygiene. During an interview on 1/20/2026 at 12:17 PM, Resident #29 was asked about the use of the communal bathrooms in the 100 and 200 Halls. Resident #29 stated, .I use the employee restroom sometimes for more privacy.the 100 Hall bathroom stalls were not put back up, no curtains or anything.I know it has been like that for a month. Resident #29 acknowledged it was uncomfortable to use a bathroom without any privacy. Observation and interview in the 100 Hall women's communal bathroom on 1/20/2026 at 5:00 PM, revealed no privacy for Resident use of the toilets. The Director of Nursing (DON) was asked if the bathroom was a communal bathroom. The DON stated, Yes. The DON was asked if the residents should have privacy while using the restroom. The DON stated, Yes. During an interview on 1/22/2026 at 5:00 PM, the Regional Nurse Consultant provided a list of residents that use the 100 Hall communal bathrooms. Resident #14 and Resident #34 were on the list.

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	445413	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurelwood Health Care Center	200 Birch St Jackson, TN 38301

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, observation, and interview, the facility failed to ensure practices to prevent the potential spread of infection were maintained when 4 of 4 communal bathrooms (100 Hall women's, 100 Hall men's, 200 Hall women's and 200 Hall men's) were observed with unsecured personal items, and without hand hygiene supplies, and when 2 of 2 nurses (Licensed Practical Nurse (LPN) A and LPN B) failed to use proper infection control measures during medication administration.The findings include: 1. Review of the facility policy titled, Infection Prevention and Control, dated 1/24/2025, revealed .All reusable items and equipment.shall be cleaned in accordance with our current procedures governing the cleaning.of soiled or contaminated equipment.Reusable items potentially contaminated.shall be placed in.clear plastic bag.Label bag. Review of the undated facility policy titled, Medication Administration, revealed .Medications are administered.in accordance with professional standards of practice.in a manner to prevent contamination or infection. Review of the undated facility policy titled, Cleaning and Disinfection of Resident-Care Equipment, revealed .Reusable multiple-resident items .are items that may be used multiple times for multiple residents. Examples include stethoscopes, blood pressure cuffs .Direct care staff are responsible for cleaning single-resident equipment when visibly soiled.Multiple-resident use equipment shall be cleaned and disinfected after each use. Review of the undated facility policy titled, Hand Hygiene, revealed .The use of gloves does not replace hand hygiene .If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves . 2. Observation in the 100 Hall women's communal bathroom on 1/20/2026 at 9:45 AM and 11:50 AM, revealed 2 unlabeled, unbagged bath basins in the shower stall, a soiled washcloth laying on the floor of the shower stall, and no hand soap or paper towels for hand hygiene. During an observation and interview in the 100 Hall women's communal bathroom on 1/20/2026 at 5:00 PM, the Director of Nursing (DON) confirmed the bathroom was a communal bathroom. The DON was asked if unlabeled bath basins should be in the shower room. The DON stated, No, they shouldn't be in here at all . The DON was asked if soap and paper towels should be in the bathroom for the residents' use. The DON stated, Yes. 3. Observations in the 200 Hall men's communal bathroom on 1/20/2026 at 10:52 AM, 11:47 AM, and 4:11 PM, revealed 4 unlabeled, unbagged bath basins and 1 unlabeled, unbagged bed pan stacked together on the floor under the sink. No paper towels were present for hand hygiene. During an observation and interview in the 200 Hall men's communal bathroom on 1/20/2026 at 4:39 PM, the Administrator acknowledged that the unlabeled, unbagged bath basins should not be in the bathroom and residents should have paper towels for hand hygiene. 4. Observations in the 200 Hall women's communal bathroom on 1/20/2026 at 11:00 AM and 12:18 PM, revealed 2 unlabeled, unbagged bath basins sitting under the sink on the floor. During an observation and interview in the 200 Hall women's communal bathroom on 1/20/2026 at 4:21 PM, the Administrator was shown the unbagged, unlabeled personal items. The Administrator was asked if unlabeled, unbagged bath basins and bedpans should be in the bathroom. The Administrator stated, No . The Administrator acknowledged that a soiled washcloth should not be on the floor of a shower stall but bagged and placed in the soiled linen cart. 5. Observations in the 100 Hall men's communal bathroom on 1/20/2026 at 11:49 AM and 4:47 PM, revealed no hand soap or paper towels for hand hygiene. During an interview on 1/21/2026 at 8:30 AM, the Environmental Service Director was asked what he would expect the housekeeping staff to do if unlabeled bath basins were found in the communal bathrooms. The Environmental Service Director stated, .the basins would need to be thrown away .without a label you don't know who the basin belongs to . During an interview on 1/21/2026 at 11:30 AM, CNA C acknowledged the nursing staff use the 100 and 200 Hall communal bathrooms for hand hygiene when needed. 6. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses including Heart Failure, Dementia, and Diabetes. Review of the quarterly Minimum Data Set (MDS) assessment dated (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	[DATE], revealed Resident #3 scored a 13 on the Brief Interview for Mental Status (BIMS) assessment, which indicated he was cognitively intact. Observation on the 100 Hall during medication administration on 1/22/2026 at 7:57 AM, revealed LPN A drew up ordered insulin and failed to recap or engage the safety shield on the insulin needle. LPN A removed a bottle of eyedrops from the medication cart with her right hand then, while holding the uncapped insulin syringe in her left hand, walked down the hall to Resident #3's room. LPN A placed the bottle of eyedrops on the nightstand without providing a barrier. LPN A then donned a gown and gloves while she continued to hold the uncapped insulin syringe. LPN A picked up the eyedrop bottle from the nightstand, went to Resident #3's bed, placed the eyedrop bottle on the over bed table without a barrier, and administered the insulin and eye drops to Resident #3. LPN A carried an uncapped, exposed needle down the hall to administer medication to Resident #3 and failed to provide a barrier for medication during medication administration. 7. Review of the medical record revealed Resident #30 was admitted to the facility on [DATE] with diagnoses including Congestive Heart Failure, Chronic Kidney Disease, and Chronic Respiratory Failure. Review of the admission MDS assessment dated [DATE], revealed Resident #30 scored a 15 on the BIMS assessment, indicating he was cognitively intact. Observation on the 200 Hall during medication administration on 1/22/2026 at 8:30 AM, revealed LPN B prepared medication for Resident #30. LPN B removed a house stock bottle of medication, obtained the medication, and attempted to return the lid to the bottle. LPN B dropped the lid of the bottle on the floor, picked up the lid and immediately placed it on the bottle without cleaning it, then returned the bottle to the medication cart. LPN B entered Resident #30's room and placed the prepared cup of medications, a bottle of eyedrops, and an inhaler on the over bed table without a barrier, next to a half full urinal. LPN B donned gloves without performing hand hygiene and removed the urinal. LPN B removed her gloves without performing hand hygiene, took Resident #30's blood pressure, and administered the medications to Resident #30. LPN B then returned to the medication cart, laid the blood pressure cuff on the back of the cart, signed out the medications, and then stated, Ok, I'm done. LPN B failed to disinfect the blood pressure cuff after obtaining Resident #30's blood pressure. LPN B failed to clean a lid that had fallen on the floor before replacing it and returning the bottle to the medication cart, failed to use a barrier for medications, failed to perform hand hygiene before and after removing her gloves, before obtaining Resident #30's blood pressure and administering the medications and failed to clean reusable medical equipment before returning it to the medication cart. During an interview on 1/22/2026 at 4:45 PM, the DON was asked if staff should draw up insulin for medication administration and walk down the hallway with an uncapped syringe. The DON stated .They should always engage the safety or put the lid back on it .No, they shouldn't walk down the hall with it uncapped. The DON was asked if staff should replace the lid of a medication bottle after the lid had dropped onto the floor. The DON stated .No .she should have cleaned it first. The DON was asked if staff should place medications on an unclean surface during medication administration. The DON stated .They should always place a barrier. The DON was asked when staff should perform hand hygiene during medication administration. The DON stated .after they take their gloves off. The DON was asked if staff should disinfect a blood pressure cuff after it had been used on a resident. The DON stated .they should take it back to the cart and clean it before they use it on anyone else.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on policy review, observation, and interview, the facility failed to provide a safe, functional, and sanitary environment for 4 of 4 (100 Hall men's and women's and 200 Hall men's and women's) communal bathrooms. The findings include: 1. Review of the undated facility policy titled, Resident Rights, revealed, .The resident has the right to a dignified existence.The resident has a right to a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Review of the facility policy titled, Infection Control Plan, dated 8/2017, revealed .Ensure compliance with state and federal regulations related to infection prevention and control.Monitor risk of transmission of infection by assuring proper policies and.procedures as it related to the use of medical.equipment.Ongoing evaluation and recommendations for Hand Hygiene.The infection control program will be managed by the Administrator and Director of Nursing.The Director of Nursing or designee.delegates or performs the following.Supervises the disinfection of contaminated articles. Review of the facility policy titled, Infection Control-General Policies and Procedures, dated 8/2017, revealed .Every resident is a possible carrier of pathogenic microorganisms [bacteria]. Infections are transmitted by direct or indirect contact with pathogenic organism.Proper hand care.are required by all persons.Paper products and disposable supplies shall be used for all residents. 2. Observations in the 100 Hall men's communal bathroom on 1/20/2026 at 8:45 AM, revealed no paper towels for hand hygiene, 3 elongated streaks of a brown substance approximately 6 inches in length smeared on the wall, a trash can lid lying on the floor, and a brown residue on both toilet bowls. 3. Observations in the 100 Hall women's communal bathroom on 1/20/2026 at 9:45 AM, 11:50 AM, and 5:00 PM, revealed an unlabeled wash basin with smeared brown substance to the outside of the basin, 2 toilets with a dried brown substance around the toilet bowl, and no soap or paper towels for hand hygiene. Observation in the 100 Hall women's communal bathroom on 1/20/2026 at 4:13 PM, revealed a metal rod approximately 5 feet in length propped against the wall beside the commode in the second bathroom stall. During an observation and interview on the 100 Hall women's communal bathroom on 1/20/2026 at 5:00 PM, the Director of Nursing (DON) was asked if the bathroom was a communal bathroom. The DON stated, Yes. The DON was asked if soap and paper towels should be available for hand hygiene. The DON stated, Yes. 4. Observations in the 200 Hall women's communal bathroom on 1/20/2026 at 9:45 AM, 11:50 AM, and 4:13 PM, revealed a raised commode seat with a reddish-brown substance to both front and back legs. The first bathroom stall revealed a reddish-brown area to the left of the bathroom stall wall and brown debris approximately 2 inches in width around the base of the commode. A reddish-brown substance was noted to the inside right wall of the bathroom stall. A brown substance approximately 3 inches in width and length was observed on the base of the wall adjacent to the shower and unlabeled, unbagged wash basin containing an unknown liquid were sitting under the sink. During an observation and interview in the 200 Hall women's communal bathroom on 1/20/2026 at 4:21 PM, the Administrator acknowledged the reddish-brown substance was rust on legs and arm rails of the raised commode seats in the 200 hall bathrooms. The Administrator acknowledged the commode seats should have been removed and stated, .we have new ones . The Administrator was asked what the metal rod was in the bathroom stall. The Administrator stated, .I don't know let me get [Named Activity Director]. The Activity Director arrived in the communal bathroom and was asked what the metal rod was used for. The Activity Director stated, .It's a snake auger used to unstop the commode. The Administrator was asked if it was safe for this to be in the communal bathroom. She stated, No. The Administrator asked the Activity Director to remove the metal rod. The Administrator was asked should a wash basin be sitting unlabeled and unbagged under the sink. The Administrator acknowledged the wash basins should be bagged and labeled. The Administrator then stepped out of the bathroom and called for Certified Nursing Assistant (CNA) D to remove the wash basin under the (continued on next page)

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