STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445433	A. Building B. Wing	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ahava Healthcare of Clarksville	111 Ussery Road Clarksville, TN 37043

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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based onˆthe American Council on Aging Website review, medical record review, and interview, the facility failed in their responsibility inˆmaintainingˆassets under $2,000 for theˆ2026 Tennessee Medicaid allowanceˆfor 7 of 58 (Resident #3, #6, #19, #38, #67, #81, and #93) sampled residents.ˆ The findings include:ˆ 1.ˆReview of theˆAmericanˆCouncil on Aging Website, Tennessee Medicaid (TennCare) Income & Asset Limits for Nursing Homes & In-Homeˆ Long Termˆ Care, dated 4/30/2026, revealed .In 2026, single Medicaid Nursing Home applicant in Tennessee must meet the following criteria.Assets under $2,000.ˆ 2.ˆReview of the medical record revealed Resident #3 was admitted ˆto the facilityˆon 8/6/2023, with diagnoses including Diabetes Mellitus, Malnutrition, and Hypotension.ˆˆ Review of the Resident Statement Landscape, dated 4/29/2026, revealed Resident #3's balance was $18,955.25,ˆwhich was $16,955.25 over the $2,000.00 limit.ˆ 3.ˆReview of the medical record revealed Resident #6ˆwas admitted ˆto the facilityˆonˆ5/1/2006, with diagnoses includingˆCerebral Infarction, Diabetes Mellitus, and Anxiety.ˆ Review of the Resident Statement Landscape, dated 4/29/2026, revealed Resident #6's balance was $4,799.11,ˆwhich was $2,799.11ˆover the $2,000.00 limit.ˆ 4.ˆReview of the medical record revealed Resident #19 was admitted ˆto the facilityˆonˆ5/22/2025, with diagnosesˆincluding Hemiplegia, Anxiety, and Depression.ˆ Review of the Resident Statement Landscape, dated 4/29/2026, revealed Resident #19's balance was $2,547.70,ˆwhich was $547.70ˆover the $2,000.00 limit.ˆ 5.ˆReview of theˆmedical record revealed Resident #38 was admitted ˆtoˆthe facilityˆon 9/20/2022, with diagnoses including Chronic Obstructive Pulmonary Disease, Depression, and Dementia.ˆ Review of the Resident Statement Landscape, dated 4/29/2026, revealed Resident #38's balance was $8,119.00,ˆwhich was $6,119.00 over the $2,000.00 limit.ˆ 6. Review of the medical record revealed Resident #67 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Respiratory Failure, and Diabetes Mellitus. Review of the Resident Statement Landscape, dated 4/29/2026, revealed Resident #67's balance was $12,755.29, which was $10,755.29 over the $2,000.00 limit.ˆ 7. Reviewˆof the medical record revealed Resident #81ˆwas admitted to the facilityˆonˆ6/1/2017, with diagnoses includingˆRespiratory Failure, and Dementia.ˆ Review of the Resident Statement Landscape, dated 4/29/2026, revealed Resident #81's balance was $4,810.16,ˆwhich was $2,810.16ˆ over the $2,000.00 limit.ˆˆ 8.ˆReview of the medical record revealed Resident #93ˆwas admitted ˆto the facilityˆonˆ12/5/2012, with diagnoses includingˆDiabetes Mellitus, Hypertension, and Anxiety. Review of the Resident Statement Landscape, dated 4/29/2026, revealed Resident #93's balance was $10,121.71,ˆwhich wasˆ$8.121.71ˆover the $2,000.00 limit.ˆ During an interview on 4/29/2026 at 10:29 AM, the Business Office Manager (BOM) was asked the limit for the resident trust accounts. The BOM stated, $2,000.00. The BOM was asked if the resident or resident representative have been notified regarding the excessive trust balances, and documentation of notification of the risk of losing their Medicaid benefits. The BOM stated, No. The BOM was asked should you have notified the residents or representatives. The BOM stated, Yes . During an interview on 4/29/2026 at 11:03 AM, the Administrator was asked the limit for resident trust accounts. The Administrator stated, $2,000.00. The Administrator was asked should the resident or representative be informed of the risk of losing their Medicaid benefits. The Administrator stated, Yes. ˆ

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to ensure that all allegations of abuse/misappropriation of property were reported to all appropriate agencies for 1 of 1 (Resident #20) sampled residents reviewed for abuse. The findings include: 1. Review of the undated facility policy titled, Abuse, Neglect, and Exploitation, revealed .It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property .Misappropriation of Resident Property means the deliberate, misplacement , exploitation, or wrongful, temporary or permanent, use of resident's belongings or money without the resident's consent .Identifying correcting and intervening in situations in which abuse, neglect, exploitation, and/or misappropriation of resident property .Reporting of all alleged violations to the .state agency .and to all other required agencies as is required .Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury .The Administrator will follow up with government agencies, during business hours to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident or as required by state agencies . 2. Review of the medical record revealed Resident #20 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Heart Failure, Anxiety, Depression and Atrial Fibrillation. Review of the annual Minimum Data Set (MDS) dated [DATE], revealed Resident #20 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment, which indicated she was cognitively intact. During an interview on 4/27/2026 at 10:03 AM, Resident #20 confirmed that an unknown person had opened accounts in her name without her permission. Resident #20 stated, I don't know who did it, it may have been family. Resident #20 was asked if she thought it was staff. Resident #20 stated, I don't have any idea who it was. During an interview on 4/29/2026 at 7:33 AM, the Administrator was asked when did you become aware of the possible concern of accounts being opened in Resident #20's name. The Administrator stated, When the police came and asked to speak with her, maybe a couple weeks ago. The Administrator was asked did you report the possible misappropriation to the state agency. The Administrator stated, I did not, our bank accounts get hacked all the time, I didn't feel like she had anything to lose. During an interview on 04/29/2026 at 10:52 AM, the Director of Nursing (DON) was asked would you expect the suspicion of abuse (including misappropriation) to be reported to the state in a timely manner. The DON stated, Yes. The facility was unable to provide the documentation that suspected abuse was reported to all regulatory and required agencies.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to perform an investigation for misappropriation of resident property for 1of 1 (Resident #20) sampled residents reviewed for abuse. The findings include: 1. Review of the undated facility policy titled, Abuse, Neglect, and Exploitation, revealed .It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property .Misappropriation of Resident Property means the deliberate, misplacement , exploitation, or wrongful, temporary or permanent, use of resident's belongings or money without the resident's consent .An immediate investigation is warranted when suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect, or exploitation occur.Identifying and interviewing all involved persons, including the alleged victim, alleged preparator, witnesses, and others who might have knowledge of the allegations.Providing complete and through documentation of the investigation. 2. Review of the medical record revealed Resident #20 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Heart Failure, and Cardiomyopathy. Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #20 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment, which indicated she was cognitively intact. During an interview on 4/27/2026 at 10:03 AM, Resident #20 was asked about the report (filed with Adult Protective Services (APS) and local law enforcement) of someone using her information to open accounts. Resident #20 stated, Someone opened up two [named] accounts using my old phone number and old address. Resident #20 was asked if she knew who may have done it. Resident #20 stated, I have no idea who it could have been . During an interview on 4/28/2026 at 10:46 AM, the Administrator was asked if she was aware of accounts being opened in Resident #20's name. The Administrator stated, Yes. APS put a referral in, the police came to facility to interview the resident, and there were concerns of accounts opened in her [Resident #20's] name . During an interview on 4/29/2026 at 7:33 AM, the Administrator was asked when she became aware of the possible concern of accounts being opened in Resident # 20's name. The Administrator stated, When the police came and asked to speak with her. Maybe a couple weeks ago. The Administrator was asked if she completed an investigation. The Administrator stated, No, I thought it was more of a case of identity theft instead of misappropriation. During an interview on 4/29/2026 at 10:52 AM, the Director of Nursing (DON) was asked if she would expect any suspicion of abuse or misappropriation to be investigated. The DON stated, Yes. The facility failed to provide any documentation that an investigation was completed related to the suspected misappropriation of resident's property.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, facility skill assessment review, medical record review, observation, and interview, the facility failed to ensure the prevention and spread of infection when 2 of 4 staff (Registered Nurse (RN) B and Licensed Practical Nurse (LPN) A) failed to use appropriate Personal Protective Equipment (PPE) and failed to follow infection control procedures during medication administration for 2 of 6 (Residents #15 and #93) sampled residents reviewed. The findings include: 1. Review of the undated facility policy titled, Enhanced Barrier Precautions, revealed .It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug -resident organisms.Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities.PPE for enhanced barrier precautions is only necessary when performing high-contact care activities. Review of the undated facility policy titled, Medication Administration, revealed Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. 2. Review of the undated facility procedure skill assessment, Eye Drop or Ointment Skill Assessment, revealed .Avoid touching the tip of the bottle or tube to the resident, lid, or surface of the eye. 3. Review of the medical record revealed Resident #15 was admitted to the facility on [DATE], with diagnoses including Cerebral Palsy Gastroparesis, Gastrostomy, and Severe Intellectual Disabilities. Review of the Physician Order dated 1/19/2026, revealed NOTHING BY MOUTH diet. Review of the Physician Order dated 2/24/2026, revealed Enteral Feed Order every shift Nutren 1.5 [a feeding supplement with a strength of 1.5] administer using pump via [by way of] enteral tube [a tube inserted through the abdominal wall used to provide fluids, nutrients and medications when a person has swallowing difficulties] @ [at] 35ml [milliliters]/hour x [times] 22 hours a day. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #15 had severe cognitive impairment. Review of the Medication Administration Record (MAR) dated 4/1/2026, revealed Enhanced Barrier Precautions due to presence of indwelling medical device. Continue precautions until device discontinued . Observation on 4/28/2026 at 3:20 PM, outside of Resident 15's room revealed LPN A donned gloves and began to prepare Resident #15's medications. LPN A poured 45 ml of Lactulose 10mg [milligrams]/ 15ml [milliliters] , 10 ml of Dicyclominesol 10mg/5ml (medication used to treat irritable bowel syndrome by relaxing stomach/intestinal muscles), and 5ml of Metoclopramide 5mg/5l [medication to reduce aspiration risk by promoting gastric emptying in PEG (percutaneous endoscopic gastrostomy) tube patients] into a medication cup. LPN A entered the resident's room, LPN A placed the pump on hold, checked the residual and administered the medication by gravity. LPA A replaced the syringe back into the plastic bag and failed to wear a gown while administered the PEG medication. During an interview on 4/28/2026 at 4:20 PM, LPN A was asked if they should have worn an isolation gown during the PEG medication administration. LPN A stated, Yes, I should have worn a gown . During an interview on 4/29/2026 at 4:15 PM, with the Director of Nursing (DON), the DON was asked should a nurse wear a gown to administer medications by PEG tube in an enhanced barrier procedure room. The DON stated, Yes. 4. Review of the medical record revealed Resident #93 was admitted to the facility on [DATE], with diagnoses including Sleep Apnea, Diabetes Mellitus, Dementia, and Glaucoma. Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #93 had a Brief Interview for Mental Status (BIMS) score of 2, which indicated severe cognitive impairment. Review of the MAR dated 3/25/2026, revealed Enhanced Barrier Precautions (EBP) in place due to indwelling device [Urinary Catheter] .EBP to remain in Place as long as catheter is needed. Review of the MAR dated 4/10/2026 revealed Brimonidine Tartrate Solution [a medication that is administered in the eye to treat glaucoma] 0.1% [percent] Instill 1 drop in both (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	eyes every 12 hours for glaucoma . Observation on the 200 Hall on 4/29/2026 at 8:09 AM, revealed RN B gathered medications and went down the hall to Resident #93, who was in a wheelchair sitting at the nurses' station. RN B gave Resident #93 some oral medications and water first. RN B donned gloves and administered 1 drop of Brimonidine Tartrate 0.1% to the right eye, touching the tip of the bottle to the lower eyelid. Then without cleaning the tip of the eye drop bottle, RN B administered 1 drop of medication into the resident's left eye. RN B removed her gloves and went back to the medication cart, disposed of trash in the trash container on the medication cart, placed the eye medication bottle back into a plastic bag and returned the bag to the drawer of the medication cart. RN B contaminated the eye drop bottle when she touched the tip of the bottle to the Resident #93's eyelid and failed to clean the bottle of eye drops after use. During an interview on 4/29/2026 at 3:53 PM, RN B was asked should the tip of the eye medication bottle touch the resident's eyelid. RN B stated, No. RN B was asked should you have cleaned the bottle of eye medication before putting it back in the bag and drawer of the medication cart. RN B stated, Yes, I should have . During an interview on 4/29/2026 at 4:15 PM, the DON was asked when administering eye medication should the tip of the bottle touch the resident's eyelid. The DON stated, No.