STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445439	A. Building B. Wing	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Creek Post Acute	2650 North MT Juliet Road Mount Juliet, TN 37122

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the policy review, observation, interview, and product information sheets, the facility failed to provide an environment free of accident hazards for 1of 4 common hallways (200 hall) when the facility left a bleach germicidal spray cleaner and a disinfectant spray easily accessible to residents on the 200 hall, and when unsecured sharps were observed in 5 of 52 (Resident #2, #75, #76, #88, and 90) resident rooms observed for accident hazards. There were 5 residents with wandering behaviors in the facility. The findings include: 1. Review of the undated facility policy titled, Resident Environmental Quality, revealed .It is the policy of this facility to be designed, constructed, equipped, and maintained to provide a safe, functional, sanitary and comfortable environment for resident, staff and the public . Review of the facility policy titled, Sharps Disposal, dated January 2025, revealed .Whoever uses contaminated sharps will discard them immediately . into designated containers .sharps will be discarded into containers that are .closable .puncture resistant .impermeable [not allowing fluids to pass through] and capable of maintaining impermeability through final waste disposal .Whoever observes incorrect disposal or handling .should report the information to the infection preventionist (or designee) . Review of the [named] bleach germicidal spray cleaner technical information sheet revealed, . Caution: Causes moderate eye irritation. Avoid contact with eyes or clothing. Review of the [named] disinfectant spray material safety data sheet revealed, .Causes irreversible eye damage. Do not get in eyes or on clothing. 2. Review of the medical record revealed Resident #2 was admitted to the facility on [DATE], with diagnoses including End Stage Renal Disease, Renal Dialysis, and Anxiety. Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated Resident # 2 was cognitively intact. Observation in the Resident's room on 7/29/2025 at 7:46 AM, revealed scissors were observed on the bedside table in Resident #2's bath basin. Observation and interview in Resident #2's room on 7/29/2025 at 7:48 AM, LPN A was asked if scissors should be in the resident's room. LPN A confirmed residents should not have scissors in their room. During an interview on 7/30/2025 at 5:05 PM, the Assistant Director of Nursing (ADON) confirmed residents should not have scissors at the bedside. 3. Review of the medical record revealed Resident #75 was readmitted to the facility on [DATE], with diagnoses including Stage 2 Pressure Ulcer, Hypertension, Depression, Anxiety, and Methicillin Resistant Staphylococcus Aureus (MRSA a type of bacteria that is difficult to treat). Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated Resident #75 was cognitively intact. Resident required moderate assistance with bathing. Observations in Resident #75's bathroom on 7/29/2025 at 7:51 AM and 3:56 PM, revealed a disposable razor in a plastic bag on the back of the toilet. During an observation and interview on 7/29/2025 at 4:12 PM, LPN G confirmed that the razor should not be in Resident #75's bathroom unsecured. 4. Review of the medical record revealed Resident #76 was admitted to the facility on [DATE], with diagnoses including Chronic Respiratory Failure, Diabetes, and Anxiety. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated Resident #76 was cognitively intact. Resident #76 required partial to moderate (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445439	A. Building B. Wing	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Creek Post Acute	2650 North MT Juliet Road Mount Juliet, TN 37122

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	assistance for personal care. 5.Review of the medical record revealed Resident #90 was admitted to the facility on [DATE], with diagnoses including Depression and Dementia. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 5, which indicated Resident #90 was significantly cognitively impaired. Resident #90 required maximum assist for ADLs. Observation in Resident #76 and #90's shared bathroom on 7/28/2025 at 12:35 PM, revealed a gray disposable razor left on the back of the toilet. During an observation and interview in Residents #76 and #90's shared bathroom on 7/28/2025 at 5:42 PM, CNA F confirmed that razors should not be left unsecured in resident bathrooms. 5. Review of the medical record revealed Resident #88 was admitted to the facility on [DATE], with diagnoses including Alzheimer's Disease, Dementia, and Diabetes. Review of the admission MDS assessment dated [DATE], revealed a BIMS score of 14, which indicated Resident #88 was cognitively intact. Resident required partial to moderate staff assistance with bathing and personal care. Observations in Resident #88's bathroom on 7/28/2025 at 10:11 AM and 3:46 PM, revealed a blue disposable razor on the bathroom sink behind the faucet. During an observation and interview in Resident #88's bathroom on 7/28/2025 at 5:43 PM, the DON confirmed the blue disposable razor should not be in the resident's bathroom. Observation in Resident #88's room on 7/29/2025 at 10:20 AM, revealed a blue disposable razor was on the Resident's nightstand. During an observation and interview in Resident's #88's on 7/29/2025 at 10:25 AM, the DON confirmed the razor should not be on the nightstand in the Resident's room. 6. A random observation on the 200 hall on 7/28/2025 at 11:11 AM, 11:27 AM, and 3:46 PM, revealed a bottle of (Named) bleach germicidal spray cleaner and a bottle of (Named) disinfectant spray was left unattended and out of sight of the housekeeper on the left outer side of the cleaning cart. During an interview on 7/28/2025 at 3:56 PM, Housekeeper E was asked about the cleaning chemicals left on the outer side of the cleaning cart. The housekeeper stated, .I thought as long as I was using it I could have it on the side of the cart, but the activity lady told me it had to be locked away . During an interview on 7/30/2025 at 2:42 PM, the Housekeeping Manager was asked where housekeepers should keep (Named) bleach germicidal spray and (Named) disinfectant spray when staff are inside Resident rooms cleaning. The Housekeeping Manager stated .in the cart, locked up . The Housekeeping Manager was asked if chemical cleaning supplies should be left in the hall on the side of cart while the housekeeper is in the Resident rooms cleaning. The Housekeeping Manager stated, Not at all .the resident could pick it up, drink it and harm themselves.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445439	A. Building B. Wing	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Creek Post Acute	2650 North MT Juliet Road Mount Juliet, TN 37122

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 on policy review, resident fund statement review, medical record review, and interview, the facility failed to notify the resident and/or resident representative when the amount in the residents' account exceeded the eligibility limit for 4 of 37 residents (Resident #45, #59, #86, and #87) and when the facility failed to refund the resident's funds within 30 days of death or discharge for 1 of 1 sampled residents (Resident #103) reviewed for personal fund account statements. The findings include: 1. Review of the undated facility policy titled, Resident Trust Fund revealed, .Excess resources.Medicaid eligible residents will be notified when the amount in the resident's account reaches $200 less than the Medicaid resource limit for one person. If the amount in the account in addition to the value of the resident's other nonexempt eligibility for Medicaid or SSI [Supplemental Security Income].the resident will also be notified when this situation arises.Refunds.Upon death or discharge of a resident with a personal fund account, the facility will convey within 30 days the resident's funds and a final accounting of those funds to the individual or probate jurisdiction administering the resident's estate . 2. Review of the medical record revealed Resident #45 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Diabetes, Malnutrition, and Bipolar Disorder. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 9, which indicated Resident #45 was moderately cognitively impaired. Review of Resident #45's Resident Fund Statement dated 4/1/2025 through 6/30/2025, revealed an ending balance of $5,880.89. 3. Review of the medical record revealed Resident #59 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Depression, and Anxiety. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated Resident #59 was cognitively intact. Review of Resident #59's Resident Fund Statement dated 4/1/2025 through 6/30/2025, revealed an ending balance of $3,781.32. 4. Review of the medical record revealed Resident #86 was admitted to the facility on [DATE], with diagnoses including Metabolic Encephalopathy, Chronic Obstructive Pulmonary Disease, Dementia, and Bipolar Disorder. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 6, which indicated Resident #86 was severely cognitively impaired. Review of Resident #86's Resident Fund Statement dated 4/1/2025 through 6/30/2025, revealed an ending balance of $7,766.99. 5. Review of the medical record revealed Resident #87 was admitted to the facility on [DATE], with diagnoses including Hypertension, Depression, Anxiety, and Glaucoma. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 14, which indicated Resident #87 was cognitively intact. Review of Resident #87's Resident Fund Statement dated 4/1/2025 through 6/30/2025, revealed an ending balance of $5,488.81. The facility failed to notify resident(s) and/or representative of residents' fund account balances over the eligibility limit. 6. Review of the medical record revealed Resident #103 was admitted to the facility on [DATE], with diagnoses including Heart Failure, Malnutrition, Dementia, Pseudobulbar Disorder. Review of the nurses note dated 2/4/2025, revealed .resident pronounced dead at 1755 [5:55 PM] . Review of the facility's refund check dated 3/31/2025, revealed a check in the amount of $279.26 was mailed to the funeral home. The facility failed to issue a refund of resident's account within 30 days of discharge. During an interview on 7/30/2025 at 11:42 AM, the Business Office Manager confirmed that the refund for Resident #103's account balance was not sent to the funeral home until 3/31/2025. The Business Office Manager confirmed that documentation could not be provided that residents and/or representatives were informed of account balances over the eligibility limit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445439	A. Building B. Wing	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Creek Post Acute	2650 North MT Juliet Road Mount Juliet, TN 37122

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview the facility failed to follow physician orders to meet professional standards of practice for 7 of 21 (Resident #3, #6, #7, #11, #12, #14 and #45) sampled residents. The findings included: 1. Review of the facility policy titled, Administering Medications, dated March 2025, revealed .Medications are administered in a safe and timely manner, as prescribed.Medications are administered in accordance with prescriber orders, including any required time frame.the following information is checked/verified for each resident prior to administering medications.vital signs, if necessary.if a drug is withheld, refused or given at a time other than the scheduled time, the individual administering medication shall initial and circle the MAR [Medication Administration Record] space provided for that drug dose.the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next one.the individual administering the medication records in the resident's medical record: the date, the dosage, the signature and title of the person administering the drug.staff follows established facility infection control procedures.(handwashing, antiseptic technique, gloves, isolation precautions) for the administration of medications. 2. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses including Schizoaffective Disorder, Bipolar Type, Diabetes, Dementia, and Anxiety. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 2, which indicated Resident #3 was severely cognitively impaired. Resident #3 was taking Insulin, Antipsychotic, Antidepressant, Diuretic, Hypoglycemic, and Anticonvulsant medications. Review of the Physician Orders dated 7/29/2025, revealed the following medications: a. Insulin Aspart (for increased blood sugar) b. Tradjenta (for increased blood sugar) c. Furosemide (to decrease fluid) d. Lamotrigine (for bipolar disease) e. Clozapine (for bipolar disease) f. Allopurinol (for gout) g. Amlodipine (for Heart Failure) h. Bisacodyl for (for constipation) i. Famotidine (for reflux) j. Fluoxetine (for Bipolar) k. Insulin Glargine (for increased blood sugar) l. Lamotrigine (for Bipolar disease) Review of the Medication Administration Record (MAR) dated July 2025, revealed no medications were administered for July 8, 2025 from 7:30 AM to 12:00 PM. During an interview on 7/30/2025 at 12:57 PM, the Director of Nursing (DON) confirmed that a blank indicated medications were not administered. The DON confirmed that medications should be signed out when they are administered. 3. Review of the medical record revealed Resident #6 was admitted to the facility on [DATE], with diagnoses including Depression, Anxiety, and Insomnia. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 13 which indicated Resident #6 was cognitively intact. Resident #6 was taking antidepressant, anticoagulant, and opioid medications. Review of the Physician Orders dated 7/29/2025, revealed .Midodrine HCl [Hydrochloride-used to increase blood pressure] Oral Tablet 2.5 MG [milligrams] Take one tab by mouth before meals for hypotension, Hold if SBP [systolic blood pressure] > [greater than]110 . Review of the MAR dated July 2025, revealed Midodrine was administered when the blood pressure was outside the parameters on: a. 7/1/2025 at 6:30 AM with a blood pressure (BP) of 112/78. b. 7/2/2025 at 6:30 AM with a BP of 118/70. c. 7/4/2025 at 6:30 AM with a BP of 122/78 and 11:30 AM with a BP of 112/64. d. 7/5/2025 at 6:30 AM with a BP of 124/78 and 4:30 PM with a BP of 112/64. e. 7/6/2025 at 6:30 AM with a BP of 124/68. f. 7/10/2025 with a BP of 118/50. g. 7/11/2025 at 11:30 AM with a BP of 113/70. h. 7/17/2025 at 6:30 AM with BP of 119/52 and 11:30 AM with a BP of 119/52. i. 7/19/2025 at 6:30 AM with BP of 112/88. j. 7/26/2025 a 6:30 AM with a BP of 123/64. k. 7/25/2025 at 4:30 PM with a BP of 114/59. l. 7/30/2025 at 11:30 AM with a BP of 120/62. During an interview on 7/30/2025 at 1:00 PM, the DON confirmed that the medication should have been held and not administered according to the physician orders. 4. Review of the medical record revealed Resident #7 was admitted to the facility on [DATE], with diagnoses including Paraplegia, Neuromuscular Dysfunction of Bladder, Diabetes, Anxiety, and Depression. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445439	A. Building B. Wing	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Creek Post Acute	2650 North MT Juliet Road Mount Juliet, TN 37122

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the admission MDS assessment dated [DATE], revealed a BIMS score of 15 which indicated Resident #7 was cognitively intact. Resident #7 was taking hypoglycemic medications. Review of the Physician's Order dated 7/3/2025, revealed .Notify physician if blood sugar greater than 400 . Review of the MAR dated 7/2025, revealed Resident #7's blood glucose level was above 400 on the following dates. a. 7/10/2025 at 7:30 AM, glucose level was 403 b. 7/12/2025 at 9:00 PM, glucose level was 408 c. 7/14/2025 at 7:30 AM, glucose level was 462 d. 7/22/2025 at 11:30 AM, glucose level was 428 e. 7/25/2025 at 9:00 PM, glucose level was 408 The facility failed to notify the physician of Resident #7's glucose levels greater than 400. During an interview on 7/30/2025 at 12:30 PM, the DON confirmed that a resident's glucose level greater than 400 should be reported to the physician. 5. Review of the medical record revealed Resident #11 was admitted to the facility on [DATE], with diagnoses including Paraplegia, Neuromuscular Dysfunction of Bladder, Diabetes, Anxiety, and Depression. Review of the Physician Orders dated 7/3/2025, revealed .Mirtazapine .for DEPRESSION .VERBALIZATION OF FEELING SADNESS .FOR (MIRTAZIPINE) USE: MONITOR # [number] OF EPISODES OF (VERBALIZATION OF FEELING SADNESS) every shift .FOR (TRAZODONE) [medication for depression] USE: MONITOR # OF EPISODES OF (VERBALIZATION OF DIFFICULTY OF SLEEPING) every shift FOR (DULOXETINE)[medication for depression] USE: MONITOR # OF EPISODES OF (VERBALIZATION OF DIFFICULTY OF SLEEPING) every shift . Review of the admission MDS assessment completed 7/7/2025, revealed a BIMS score of 15, which indicated Resident #11 was cognitively intact. Resident required moderate assistance with toileting. Resident was taking antidepressant, antianxiety, anticoagulant, antibiotic, opioid, and hypoglycemic medications. Review of MAR dated 7/2025, revealed .FOR (MIRTAZIPINE) USE:MONITOR # OF EPISODES OF (VERBALIZATION OF FEELING SADNESS) and FOR (DULOXETINE) USE: MONITOR # OF EPISODES OF (VERBALIZATION OF DIFFICULTY OF SLEEPING) every shift -Start Date 7/3/2025 1900 [7:00 PM] .FOR (TRAZODONE) USE:MONITOR # OF EPISODES OF (VERBALIZATION OF DIFFICULTY OF SLEEPING)every shift-Start Date 7/3/2025 1900 . Shift monitoring was not documented as performed on the following dated: a. 7/8/2025 from 7:00 PM to 7:00 AM b. 7/9/2025 from 7:00 AM to 7:00 PM c. 7/10/2025 from 7:00 AM to 7:00 PM d. 7/11/2025 from 7:00 AM to 7:00 PM e. 7/14/2025 from 7:00 PM to 7:00 AM f. 7/15/2025 from 7:00 PM to 7:00 AM g. 7/16/2025 from 7:00 PM to 7:00 AM h. 7/17/2025 from 7:00 AM to 7:00 PM and from 7:00 PM to 7:00 AM. During an interview on 7/30/2025 at 12:30 PM, the DON confirmed that blanks on the MAR indicates medication or monitoring was not performed. The DON confirmed the MAR should be completed if the medication or monitoring was performed. 6. Review of the medical record revealed Resident #12 was admitted to the facility on [DATE], with diagnoses including Diabetes, Spinal Stenosis, Anxiety, Depression, and Legal Blindness. Review of the annual MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated Resident #12 was cognitively intact. Resident was taking an insulin, antianxiety, antidepressants, diuretics, and opioid medications. Review of the Physician Orders dated 7/30/2025, revealed the following medications: a. Amitriptyline (for depression) b. Baclofen (for muscle spasms) c. Brimonidine (for vision loss) d. Dorzolamide/Timilol (for vision loss) e. Lantus (for high blood glucose) f. Levothyroxine (thyroid hormone) g. Lubiprostone (for constipation) h. Rosuvastatin (for heart disease) i. Travoprost (for glaucoma and ocular hypertension) j. Vitamin D3 (for anemia) k. Melatonin (for insomnia) l. Lispro (for high blood glucose) m. Gabapentin (for nerve pain) n. Humalog (for high blood glucose) o. Cetirizine (for allergies) p. Citalopram (for depression) q. Docusate (for stool softener) r. Low-Ogestrol (for abnormal uterine bleeding) s. Torsemide (for heart failure) t. Aspirin (for heart disease) u. Calcium (for low calcium) v. Ferrous Sulfate (for anemia) w. Miralax (for constipation) x. Aripiprazole (atypical antipsychotic for depression) Review of the MAR dated July 2025, revealed no medications were administered for July 3, 2025, and July 6, 2025, from 7:00 PM to 7:00 AM, and July 8, 2025, from 7:00 AM to 7:00 PM. 7. Review of medical record revealed Resident #14 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Hypothyroidism, and Tracheostomy Status. Review of the annual MDS assessment dated (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445439	A. Building B. Wing	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Creek Post Acute	2650 North MT Juliet Road Mount Juliet, TN 37122

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[DATE], revealed a BIMS score of 15, which indicated Resident #14 was cognitively intact. Resident #14 was taking Diuretics and Anticonvulsant medications. Resident required suctioning and tracheostomy care. Review of the Physician Orders dated 7/29/2025, revealed: a. Trach [Tracheostomy] Care b. Change Disposable Inner Cannula c. Monitor tolerance of Trach Care d. Clean Trach Stoma with Normal Saline Review of Physician Orders dated 7/29/2025, revealed .Enhanced Barrier Precautions (12/19/2024) .Clean with Normal Saline every evening shift trach stoma (1/29/2025).Monitor tolerance for Trach Care every evening shift .Clean with Normal Saline every evening shift trach stoma .Change Disposable inner cannula .with trach care every evening . Review of the Treatment Administration Record (TAR) dated July 2025, revealed the facility failed to document the change of the Disposable Inner Cannula on the following dates: a. 7/11/2025 (7:00 PM-7:00 AM) b. 7/14/2025 (7:00 PM-7:00 AM) c. 7/19/2025 (7:00 PM-7:00 AM) d. 7/26/2025 (7:00 PM-7:00 AM) Review of the TAR dated July 2025, revealed tracheostomy care was not documented as performed on the following dates: a. 7/11/2025 (7:00 PM-7:00 AM) b. 7/14/2025 (7:00 PM-7:00 AM) c. 7/26/2025 (7:00 PM-7:00 AM) Review of the TAR dated July 2025, revealed .Monitoring tolerance of Trach Care every evening shift . was not documented for the following dates. a. 7/11/2025 (7:00 PM-7:00 AM) b. 7/14/2025 (7:00 PM-7:00 AM) c. 7/26/2025 (7:00 PM-7:00 AM) During an interview on 7/30/2025 at 12:47 PM, the DON confirmed there were days when the tracheostomy care was blank which indicated the treatment was not done. 8. Review of medical record revealed Resident #45 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Memory Deficit, Diabetes, Bipolar Disorder, and Dysphagia. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 9, which indicated Resident #45 was moderately cognitively intact. Resident #45 was taking an antidepressant, diuretic, hypoglycemic (including insulin) and an anticonvulsant medication. Review of the Physician Orders dated 7/29/2025, revealed .Carvedilol Tab [tablet] 25MG [Milligram] Give 1 tablet orally two times a day for HTN [Hypertension] Hold for HR [Heart Rate] <60 [less than 60]. Notify NP [Nurse Practitioner] if dose is held . Review of the MAR dated July 2025, revealed Carvedilol Tab 25MG was administered to Resident #45 as follows: a. 7/13/2025 at 9:00 PM and the Resident's heart rate was 56. b. 7/18/2025 at 9:00 PM and the Resident's heart rate was 57. c. 7/26/2025 at 9:00 PM and the Resident's heart rate was 56. d. 7/27/2025 at 9:00 AM and the Resident's heart rate was 59. During an interview on 7/30/2025 at 12:47, the DON confirmed the medication should have been held if the heart rate was less than 60.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445439	A. Building B. Wing	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Creek Post Acute	2650 North MT Juliet Road Mount Juliet, TN 37122

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 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 policy review, observation, and interview, the facility failed to ensure infection control practices were followed to prevent the spread of infection when 2 of 4 (Licensed Practical Nurse (LPN) B and D) staff failed to perform hand hygiene for 3 of 9 (Resident #1, #18 and #75) residents, 2 of 4 (LPN B and Registered Nurse (RN) C) nurses failed to clean reusable equipment between residents for 2 of 9 (Resident #18 and #45) during medication administration. The findings include: 1. Review of the facility policy titled, Cleaning and Disinfection of Resident-Care Items and Equipment, dated 2019, revealed .Resident-care equipment, including reusable items .will be cleaned and disinfected according to current CDC [Center for Disease Control and Prevention] recommendations for disinfection .Reusable items are cleaned and disinfected between residents .stethoscopes, durable medical equipment .Reusable resident care equipment will be sanitized in between residents . Review of the undated facility policy titled, Handwashing/Hand Hygiene, revealed .This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections .All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors .Hand hygiene is indicated .after contact with blood, body fluids, or contaminated surfaces; after touching a resident .before moving from work on soiled body site to a clean body site on the same resident .and immediately after glove removal . Review of the facility policy titled, Isolation .Transmission Based Precautions, dated September 2022, revealed .Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection .or has a laboratory confirmed infection, and is at risk of transmitting the infection to other residents .Contact precautions are implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces . 2. Observation during medication administration on 7/30/2025 at 8:08 AM, revealed LPN B failed to perform hand hygiene prior to donning and after doffing gloves when administering medications for Resident #1. Observation during medication administration on 7/30/2025 at 8:19 AM, revealed LPN B failed to perform hand hygiene prior to donning and after doffing gloves when administering medications for Resident #18. LPN B used the blood pressure machine to obtain vital signs, took the machine back into hallway and left it. LPN B failed to disinfect the blood pressure machine. Observation during medication administration on 7/30/2025 at 12:15 PM, revealed RN C failed to disinfect the stethoscope after use on Resident #45. During an interview on 7/30/2025 at 1:43 PM, the Director of Nursing (DON) confirmed that staff should wash hands between glove changes while passing medications and staff should clean reusable equipment between use on residents. 3. Review of the medical record revealed Resident #75 was readmitted to the facility on [DATE], with diagnoses including Pressure Ulcer, Hypertension, Depression, Anxiety, and Methicillin Resistant Staphylococcus Aureus (MRSA). Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #75 was cognitively intact. Resident had a stage 2 and stage 3 pressure ulcer that were not present on admission. Review of a physician's order dated 7/16/2025, revealed, .Contact isolation due to MRSA [Methicillin-resistant Staphylococcus aureus] of wound x [times] 14 days every shift. Review of a physician's order dated 7/16/2025, revealed, TX: [Treatment] Cleanse area with wound cleanser and pat dry, Apply CALCIUM ALGINATE [promotes wound healing], cover w/ [with] silicone super absorbent DRESSING Location: right gluteus [large muscle of buttocks] every day shift for pressure injury AND as needed for pressure injury.TX: Cleanse area with wound cleanser and pat dry, Apply CALCIUM ALGINATE, cover w/ silicone super absorbent DRESSING Location: left gluteus every day shift for Altered Skin Integrity (Left Gluteus) - cleanse with normal saline, pat dry. apply calcium alginate with silver, cover with zinc and secure with foam border . Observation during wound care in the Resident's room on 7/30/2025 at 9:02 AM, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445439	A. Building B. Wing	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Creek Post Acute	2650 North MT Juliet Road Mount Juliet, TN 37122

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	LPN D failed to perform hand hygiene and don new gloves after removal of soiled dressings. LPN D moved the overbed table and wheelchair to resident's bedside with soiled gloves. During an interview on 7/30/2025 at 9:20 AM, LPN D stated I know that I messed up. I didn't sanitize after changing gloves. LPN D was asked if he should remove gloves and perform hand hygiene after removal of soiled dressing. LPN stated No, because one hand is clean and one hand is soiled. LPN confirmed that he should not touch objects in the room with soiled gloves. During an interview on 7/30/2025 at 9:31 AM, the DON confirmed staff should remove and change gloves during wound care and perform hand hygiene after the removal of gloves and confirmed that staff should not touch items in the resident's room with soiled gloves after performing wound for resident in contact precautions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445439	A. Building B. Wing	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Creek Post Acute	2650 North MT Juliet Road Mount Juliet, TN 37122

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, observation and interview, the facility failed to ensure a safe, sanitary, and comfortable environment for 2 of 53 (Resident #5, #46, #55, and #93) shared resident bathrooms, and for 2 of 53 (Resident #64, #76, and #92) shared resident rooms observed. The findings include: 1. Review of the facility policy titled, Resident Environmental Quality, dated 2024, revealed .It is the policy of this facility to be designed, constructed, equipped, and maintained to provide a safe, functional, sanitary and comfortable environment for residents, staff and the public .General Guidelines .Preventive maintenance schedules .for the maintenance of the building .should be followed to maintain a safe environment . 2. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE], with diagnoses including Diabetes, Traumatic Brain Injury, and Chronic Kidney Disease. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 5, which indicated severe cognitive impairment. 3. Review of the medical record revealed Resident #93 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Bipolar, and Dementia. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 14, which indicated Resident #93 was cognitively intact. Observation in Residents #5 and #93's shared bathroom on 7/28/2025 at 10:25 AM, and on 7/29/2025 at 11:48 AM and 5:17 PM, a large patch of dried drywall mud was observed with a brown water stain measuring about 3 feet long above the baseboard on the wall behind the toilet. During an interview on 7/30/2025 at 5:17 PM, in Resident #5 and Resident #93's shared bathroom, the Maintenance Director confirmed that resident bathroom's sheetrock should be free from water stains and excessive sheetrock mud. 4. Review of the medical record revealed Resident #46 was admitted to the facility on [DATE], with diagnoses including Dementia, Anxiety, and Depression. Review of the quarterly MDS assessment dated [DATE], revealed Resident #46 was severely cognitively impaired. 5. Review of the medical record revealed Resident #55 was admitted to the facility on [DATE] with diagnoses including Dementia, Chronic Obstructive Pulmonary Disease, and Anxiety. Review of the quarterly MDS assessment dated [DATE], revealed Resident #55's cognitive skills for decision making were severely impaired. Observation on 7/28/2025 at 11:15 AM, in Resident #46 and #55's shared bathroom revealed an approximate 3 inch x (by) 6 inch broken and caved-in area of drywall directly above the baseboard. During an interview on 7/30/2025 at 5:30PM, in Resident #46 and Resident #55's shared bathroom, the Maintenance Director confirmed that resident bathroom's sheetrock should be free from holes in the drywall. 4. Review of the medical record revealed Resident #64 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Dysphagia, Depression, Diabetes, and Gastrostomy. Review of the quarterly MDS assessment dated [DATE], revealed staff did not perform a BIMS due to Resident #64 was severely cognitively impaired. Resident was dependent on staff to perform Activities of Daily Living (ADLs). Observations in Resident #64's room on 7/28/2025 at 4:09 PM, and 7/29/2025 at 7:39 AM, 10:30 AM, and 3:54 PM, revealed thick dust and dirt build up on the air conditioner vents under the window and splattered dried brown substance on the resident's side rail of bed and on the infusion pole. During an observation and interview in Resident #63's room on 7/29/2025 at 4:32 PM, the Housekeeping Manager confirmed that the air conditioning vents, resident's side rail, and infusion pole were very soiled and should be cleaned daily. 5. Review of the medical record revealed Resident #76 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Diabetes, and Chronic Kidney Disease. Review of the quarterly MDS assessment dated [DATE] revealed a BIMS score of 15, which indicated Resident #76 was cognitively intact. Observations in Resident #76's room on 7/28/2025 at 12:33 PM and 7/29/2025 at 7:36 AM, revealed the privacy curtain had multiple brown splatters on the lower half of the curtain. During an interview on (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445439	A. Building B. Wing	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Creek Post Acute	2650 North MT Juliet Road Mount Juliet, TN 37122

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	7/30/2025 at 7:40 AM, the Director of Nursing confirmed that the privacy curtains should not be left soiled and stained. 6. Review of the medical record revealed Resident #92 was admitted to the facility on [DATE], with diagnoses including Parkinson's Disease, Anxiety, Depression, and Osteoarthritis. Review of the admission MDS assessment dated [DATE], revealed a BIMS score of 11, which indicated Resident #92 was moderately cognitively impaired. Observation in Resident #92's room on 7/29/2025 at 4:03 PM, revealed air conditioner vents with thick dust, dirt, and food crumbs. The wall behind the resident's bed had a large area of sheetrock peeled off with a hole. During an interview on 7/29/2025 at 5:09 PM, the Maintenance Director confirmed resident rooms should be clean, and free of dust build up and damaged sheetrock.