STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445458	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Oaks Health Care Center	1101 Persimmon Ridge Rd Jonesborough, TN 37659

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, review of medical records, review of facility investigation documentation, and interviews, the facility failed to protect the residents' right to be free from physical abuse by a staff member for 1 resident (Resident #21) of 15 residents reviewed for abuse. The facility was cited at Past Non-Compliance for F-600. Non-compliance began on 6/1/2025 and ended on 6/6/2025.The facility is not required to submit a Plan of Correction for F-600.The findings include:Review of the facility's undated 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 .Abuse means the willful infliction of injury .or punishment with resulting physical harm, pain or mental anguish .it includes .physical abuse .includes but not limited to hitting, slapping .The facility will provide ongoing oversight and supervision of staff in order to assure that its policies are implemented as written .prohibiting and preventing all forms of abuse .Recognizing signs of abuse .Identifying, correcting and intervening in situations in which abuse .is more likely to occur .assure that the staff assigned have knowledge of the individual residents' care needs and behavioral symptoms . Review of the medical record revealed Resident #21 was admitted to the facility on [DATE] with diagnoses including Difficulty in Walking, Chronic Kidney Disease Stage 4, and Lack of Coordination. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #21 scored a 3 on the Brief Interview for Mental Status (BIMS) assessment, which indicated the resident had severe cognitive impairment. The resident required partial/moderate assistance from staff with toileting hygiene, personal hygiene, and transfers. Review of a comprehensive care plan for Resident #21 revised 3/18/2025, revealed .requires assistance with ADLS [activities of daily living] .Transfer .Partial/Moderate assistance .exhibiting affectionate behaviors towards staff .Assist the resident to develop more appropriate methods of coping and interacting. Encourage the resident to express feelings appropriately .If reasonable, discuss the resident's behavior. Explain/reinforce why behavior is inappropriate and/or unacceptable to the resident .has impaired cognitive function . Review of a witness statement dated 6/1/2025, revealed .I [Housekeeping Aide (HA) A] am reporting .incident on .around 9:00 am [AM] on May 31, 2025 [5/31/2025] [Resident #21] grabbed my bottom [buttocks], I was not thinking and my reaction caused me to open handed smack him, I left no marks .back of hand rt [right] side of face .He was in sitting position in bed . Review of a BIMS assessment for Resident #21 dated 6/1/2025, revealed a score of 3 which indicated the resident had severe cognitive impairment. Review of a facility reported incident dated 6/1/2025, revealed .on 6/1/25 [6/1/2025], [perpetrator, HA A] reported that on 5/31/25 [5/31/2025] at approx [approximately] 9am [9:00AM] .she was grabbed by [Resident #21] as she was cleaning his room and responded by turning and backhanding him across the face .Resident has Bims [BIMS] of 3 .When NHA [Nursing Home Administrator] interviewed on 6/1/25 [6/1/2025] he states he has no recollection of any thing [anything] happening yesterday .He denied that he grabbed her and he states no one has touched him .full body assessment and MD/PA [Medical Doctor/Physician Assistant] to assess .Will also be (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
	445458	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Oaks Health Care Center	1101 Persimmon Ridge Rd Jonesborough, TN 37659

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	followed by Psych [Psychiatric Provider] and Social Services for Psychosocial Well being [wellbeing] .Interview of all residents with BIMS of 11 or greater to ensure no other incidents have occurred .Skin assessments completed for all resident [residents] with BIMS of less than 11 to ensure no injuries .are present .none found .Staff member was immediately suspended .until investigation has been completed .Door codes changed .All staff educated .preventing, reporting, and identifying abuse immediately or before next scheduled shift .MD, APS [Adult Protective Services], Ombudsman and conservator notified .Adhoc [an urgent meeting] QAPI [Quality Assurance Performance Improvement] to implement all interventions . Review of a facility 5 day follow up investigation dated 6/6/2025, revealed .Resident [Resident #21] (BIMS 3) denies .anything occurred .The conervator [Conservator] was notified .police dept. [department], APS, and the ombudsman were all notified of reported incident .No witnesses of alleged incident .On 6/1/25 [6/1/2025] an interview with [HA A] .reported she had a trauma response to inadvertently strike him [Resident #21] on the face with an open back of her hand .All other residents that had a BIMS of 11 or higher were interviewed .All staff were educated in identifying, preventing and reporting abuse and on the abuse policy of facility .Resident was assessed by Psych NP [Psychiatric Nurse Practitioner], Social worker and Facility Physician Assistant .All staff were educated and tested on recognizing, preventing, and reporting abuse . The staff member [HA A] .was terminated .Staff will continue to receive monthly abuse training for not less than 6 months .resident [Resident #21] was assessed for psychosocial concerns and signs/ symptoms of abuse for 3 days . During a telephone interview on 12/2/2025 at 1:40 PM, Registered Nurse (RN) Supervisor stated she was able to recall the allegation of physical abuse which involved HA A and Resident #21. The RN Supervisor stated several months ago (unable to recall exact date) HA A had reported to her while HA A was cleaning Resident #21's room, Resident #21 had grabbed HA A on the buttocks and out of reflex she smacked Resident #21. The RN Supervisor stated she immediately notified the Abuse Coordinator/ Administrator by telephone and made her aware of the situation. The RN Supervisor stated she supervised HA A at the nurses' station until the Administrator arrived at the facility. The RN Supervisor stated when the Administrator arrived at the facility HA A went with the Administrator to the Administrator's office. The RN Supervisor stated she interviewed and assessed Resident #21's skin. The RN supervisor stated Resident #21 did not report he had been smacked. The RN Supervisor stated Resident #21 did not have any redness or signs of injury. The RN Supervisor stated she did recall receiving education on Abuse by the facility that same day. The RN Supervisor stated she was familiar with HA A and worked with her several times (about every other weekend). The RN Supervisor stated she had never witnessed or received reports from staff or residents of HA A being abusive towards any of the residents. During an interview on 12/3/2025 at 8:35 AM, the Administrator stated she recalled the allegation of Physical Abuse which involved HA A smacking Resident #21. The Administrator stated on 6/1/2025 she had received a telephone call from the RN Supervisor who reported to her HA A had reported Resident #21 had grabbed HA A on the buttocks and HA A smacked Resident #21. The Administrator stated she immediately went to the facility and got a statement from HA A and then placed HA A on suspension pending results of an investigation. The Administrator confirmed HA A had stated to her while HA A was cleaning Resident #21's room he had grabbed her (HA A) on the buttocks, and as a response she (HA A) smacked him (Resident #21) across the face using the back of her hand. The Administrator stated during an interview with Resident #21 on 6/1/2025 Resident #21 did not report being smacked or grabbing HA A on the buttocks. The Administrator stated a skin assessment was completed on Resident #21 on 6/1/2025 which revealed no redness or signs of injury. The Administrator stated the local police department, Adult Protective Services, and the local State Ombudsman were notified of the alleged incident. The Administrator stated all residents in the facility with a BIMS of 11 or higher were interviewed and they reported no concerns of being abused. The Administrator stated skin assessments were conducted on all residents in the facility with a BIMS of less than 11 which revealed no concerns or signs of physical abuse. The Administrator stated (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445458	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Oaks Health Care Center	1101 Persimmon Ridge Rd Jonesborough, TN 37659

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	100% of all staff members in the facility were educated on preventing, recognizing, and reporting abuse. The Administrator further stated HA A employment was terminated as of 6/2/2025. The Administrator stated the alleged date of compliance was 6/3/2025. During a telephone interview on 12/3/2025 at 9:19 AM, HA A stated she recalled the alleged incident which involved herself and Resident #21. HA A stated several months ago (unable to recall the exact date) she was cleaning Resident #21's room and when she bent over Resident #21 grabbed her on her behind (buttocks). HA A stated out of response she smacked him [Resident #21] across the face using the back of her hand. HA A confirmed contact was made between the back of her hand and Resident #21's face. HA A further confirmed she meant to smack him. HA A stated .I didn't hit him hard enough to leave any marks just enough for him to know he should not grab people like that .no man should grab a woman like that .I don't even allow my husband to touch me like that . HA A further stated she reported the incident to a nurse at the facility (unable to recall the name of the nurse) and the Administrator. HA A continued to state she no longer worked for the facility. A plan of correction was developed from 6/1/2025- 6/3/2025 to address the deficient practice identified. The corrective actions were validated on-site by the surveyor on 12/1/2025-12/3/2025 through interviews and review of facility documents. Local police department, Adult Protective Services, and the Local state Ombudsman were notified of the alleged incident. The facility's Plan of Correction included the following:1). Resident #21 was evaluated by a Psychiatric Nurse Practitioner, the facility Social Worker, and the facility's Physician Assistant with no concerns of injury or psychosocial harm. 2). All residents in the facility with a BIMS of 11 or higher were interviewed with no concerns for abuse. 3). Skin assessments were conducted on all residents in the facility with a BIMS of less than 11. 4). 100% of active staff were educated regarding preventing, recognizing, and reporting abuse from 6/1/2025 through 6/3/2025. Surveyor verified on site the following:1). Reviewed and validated onsite: Education related to abuse and abuse reporting with sign in sheets by all staff. 2). Reviewed and validated onsite: Skin Assessments conducted on 6/1/2025 for Residents with a BIMS of less than 11 with no concerns.3). Reviewed and validated onsite: Interviews conducted on 6/1/2025 for Residents with BIMS of greater than 11 with no concerns.4). Reviewed and validated onsite: The alleged abuse was reviewed in a at risk Quality Assurance Performance Improvement (QAPI) meeting held on 6/1/2025. Multiple staff interviews in various departments during the survey 12/1/2025 through 12/3/2025, staff verified through interviews they had received education on preventing, recognizing, and reporting abuse and were knowledgeable about the policies.The deficient practice was cited as past noncompliance for F-600 and the facility is not required to submit a plan of correction.Non-Compliance began on 6/1/2025 and ended on 6/6/2025 after the 5 day follow up investigation had been completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445458	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Oaks Health Care Center	1101 Persimmon Ridge Rd Jonesborough, TN 37659

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, review of medical records, and interview, the facility failed to resubmit a Pre-admission Screening and Resident Review (PASARR) timely after a new mental health diagnosis was added for 1 resident (Resident #9) of 5 residents reviewed for PASARR.The findings include: Review of the facility's undated policy titled, Coordination with PASARR Program, revealed .This facility coordinates assessments with the .[PASARR] program .to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services .appropriate to their needs .any level II resident who experiences a significant change in status will be referred promptly to the mental health or intellectual disability authority for additional resident review . Review of the medical record revealed Resident #9 was admitted to the facility on [DATE] with diagnosis including Anxiety Disorder, Lack of Coordination and Muscle Weakness. Continued review revealed the resident received a new mental health diagnosis of Paranoid Schizophrenia on 4/21/2024. Review of an approved PASARR Level II screen for Resident #9 dated 5/16/2023, revealed .If you have .changes in your physical or mental health .The nursing home must submit a new .screening . Review of the Comprehensive Care Plan revision on 4/23/2024 revealed Resident #9 had a care plan for PASRR. Review of an annual Minimum Data Set (MDS) assessment for Resident #9 dated 1/3/2025, revealed Resident #9 had an active diagnosis which included Schizophrenia. Review of the medical record revealed a new PASARR for Resident #9 had not been submitted after a new mental health diagnosis was added of Paranoid Schizophrenia 4/21/2024. During a record review and interview on 12/3/2025 at 7:55 AM, the Administrator and Director of Nursing (DON) stated the facility had not identified the need to refer Resident #9 to the State Designated Agency for a new PASARRS after a new mental health diagnosis was added for Resident #9 until 12/3/2025. Continued interview confirmed the facility failed to follow the policy for referring to the state agency for PASARRS after the new mental health diagnosis was added for Resident #9.