STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445470	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Towne Square Care of Puryear	220 College Street Puryear, TN 38251

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on facility policy review, observation, and interview, the facility failed to ensure food was stored, prepared, and served under sanitary conditions when undated, unlabeled food items were found stored in the kitchen. The facility had a census of 24 and 24 of the residents were served from the Kitchen. The findings include: 1. Review of the undated facility policy titled, Food Storage (Dry, Refrigerated, and Frozen) revealed .Food shall be stored on shelves in a clean, dry area free from contaminants Food shall be stored at appropriate temperatures and using appropriate methods to ensure the highest level of food safety.All food-items will be labeled. The label must include the name of the food and the date by which it should be sold, consumed, or discarded.Discard food that has passed the expiration date, and discard food that has been prepared in the facility after seven days of storing under proper refrigeration.Leftover contents of cans and prepared food will be stored in covered, labeled and dated containers in refrigerators and/or freezers . 2. Observation in the kitchen in the walk-in refrigerator on 5/17/2026 at 8:05 AM, revealed the following: a. 4 unlabeled, undated clear, plastic bags of unknown yellow liquid in a plastic container. b. 2 unlabeled, undated plastic wrapped watermelon halves. c. 3 unlabeled, undated plastic packages of unopened chicken breast. 3. Observation in the kitchen in the dry storage room on 5/17/2026 at 9:17 AM, revealed the following: a. 1 round, plastic container with rice with no legible use by date or expiration date. b. 1 round, plastic container with flour with no legible use by date or expiration date. 4. Observation and interview in the kitchen in the walk-in refrigerator with the Certified Dietary Manager (CDM) on 5/17/2026 beginning at 9:43 AM, revealed the CDM confirmed the undated, unlabeled yellow liquid substance in the walk- in refrigerator was a scrambled egg mixture. The CDM was asked when the bags of scrambled egg mixture were placed in the refrigerator and when do they expire. The CDM stated, I do not know. I will have to look for dates in order to put dates on them. The CDM observed that there were no use by dates, expiration dates, or stock (date the item was stored) dates on the 4 bags of scrambled egg mixtures, 2 watermelon halves, and 3 packages of chicken breast. The CDM stated, We should have the date the items were placed in the refrigerator or a use by date. 5. Observation and interview in the kitchen in the walk-in freezer with the CDM on 5/17/2026 beginning at 9:48 AM, revealed 2 undated, unopened plastic bags of spinach, an undated clear plastic bag of tater tots, an opened, undated clear plastic bag of chicken nuggets, a clear plastic storage bag of ground cooked meat dated 3/3 (3/3/2026 stocked date) with no name, expiration date or use by date listed, an opened, unlabeled, undated plastic bag with fish strips and 4 unlabeled, undated, long, clear, plastic packaged whole pork loins. The CDM was asked how the items should be labeled when placed in the freezer and refrigerator. The CDM stated, . the items need to be labeled, have the date as the day it came out of the box and the product's name. I do not know if the use by dates should be on the items. 6. Observation and interview in the kitchen in the dry storage room with the CDM on 5/17/2026 beginning at 2:56 PM, revealed the CDM confirmed the lid of the plastic container of rice had a date of 6/3/25 (6/3/2025) and the lid of the plastic container of flour had a date of 12-24 (12/24/2025). The CDM was asked what the date on the lids represents. The CDM stated, .The stock date .12/24 is not the correct date on the flour.should have the date when the flour was filled into the container. The (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	CDM was asked if the flour should have a use by date. The CDM stated, I guess I will have to check on use by dates. The CDM was asked about the 6/3/2025 date on the rice container. The CDM stated, That is not the stock date I will have look at receipts of purchase . 7. Observation and interview in the kitchen in the walk in freezer, with the CDM on 5/17/2026 beginning at 3:01 PM, revealed 2 unopened, undated bags of spinach, an opened, undated, plastic bag of chicken nuggets, 2 clear, unopened plastic bags of ravioli with a stock date of 5/2 (5/2/2026), not labeled with a use by date or expiration date, an unopened package of bologna with a manufacturer's expiration date of 5/12/2025 and an opened plastic bag of ravioli with a date of 3/9 (3/9/2026), not labeled with a use by date or expiration date. The CDM confirmed 3/9 was the date the bag of ravioli was opened. 8. Observation and interview in the kitchen in the dry storage room with the CDM on 5/18/2026 beginning at 8:35 AM, revealed the CDM confirmed there was a plastic container with rice and a plastic container with flour in the bins with no use by or expiration date. There were 2 unopened bags of marshmallows with an expiration date of 2/17/2026 and 2 plastic containers of sugar with no use by date and no expiration date. The CDM looked at the rice and flour and stated, . should be an expiration date or use by date . 9. Observation and interview in the kitchen in the walk in freezer with the CDM on 5/18/2026 at 8:40 AM, revealed there were 2 unopened, undated packages of spinach, and 4 undated long, plastic sleeves of uncut pork loins, an unopened bag of ravioli dated 5/2 (5/2/2026), with no use by date or expiration date, an opened bag of ravioli dated 4/13 (4/13/2026), with no use by date or expiration date, and a plastic container labeled beef soup dated 3/11 (3/11/2026), with no use by date or expiration date. The CDM was asked how long the soup is good for. The CDM stated, The soup is good for 2 months. 60 days from 3/11/2026, the date the soup was labeled as stored, was 5/10/2026 . The facility failed to ensure food items were properly labeled with the items name and a date that the item should be used by or discarded and failed to ensure that expired food items were disposed of and not available for use.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record, observation, and interview,ˆthe facilityˆfailed toˆensure medications wereˆproperly storedˆwhen 2 of 2 medication storage carts (Hall 1 and Hall 2) had expired and outdated medications.ˆˆThe findings include:ˆ ˆˆ 1. Review of the facility's policy titled, Medication Storage, dated 2/1/2017, revealed .No discontinued, outdated, or deteriorated medications should be available for use in the facility.Expired medications are to be removed from areas medication carts prior to or at the time of expiration.ˆ 2. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE], with diagnoses including Hypertension, Kidney Disease, and Dementia. Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #3 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment, which indicated he was cognitively intact. Review of the Physician Order dated 12/8/2025, revealed .clonidine HCl [medication used to treat high blood pressure] Oral Tablet 0.1 MG [milligram].Give 1 tablet by mouth every 24 hours as needed for Systolic blood pressure greater than 160. 3. Review of the medical record revealed Resident #6 was admitted to the facility on [DATE], with diagnoses including Alzheimer's Disease, Anxiety, and Congestive Heart Failure. Review of the quarterly MDS dated [DATE], revealed Resident #6 scored a 08 on the BIMS assessment which indicated that she was moderately cognitively impaired. Review of the Physician Order dated 5/17/2024, revealed .Morphine Sulfate [used to treat pain] IR [immediate release] Oral Solution 20 MG/ML [milliliter].Give 0.25 ml by mouth every 3 hours as needed for SEVERE PAIN. 4. Review of the medical record revealed Resident #8 was admitted to the facility on [DATE], with diagnoses including Diabetes, Depression, and Anxiety. Review of the quarterly MDS dated [DATE], revealed Resident #8 scored a 15 on the BIMS assessment which indicated that she was cognitively intact. Review of the Physician Order dated 6/18/2025, revealed .Cymbalta [used to treat depression] Oral Capsule Delayed Release Particles 20 MG (Duloxetine HCl) Give 1 capsule by mouth one time a day for depression/nerve pain. 5. Review of the medical record revealed Resident #25 was admitted to the facility on [DATE], with diagnoses including Gastro-Esophageal Reflux Disease, Heart Failure, and Osteoarthritis. Review of the annual MDS dated [DATE], revealed Resident #25 scored a 15 on the BIMS assessment which indicated that she was cognitively intact. Review of the Physician Order dated 2/17/2026, revealed .Hyoscyamine Sulfated [used to treat stomach and intestinal disorders] Oral Tablet 0.125 MG.Give 1 tablet by mouth every 4 hours as needed for secretions. 6. During an observation and interview on the Hall 1 Medication Cart on 5/18/2026 at 10:00 AM, Licensed Practical Nurse (LPN) A confirmed the following medication were expired. a. 3 tablets of Resident # 3's Clonidine 0.1mg expired on 4/30/2026. b. 1 bottle of Resident #6's Morphine Sulfate 15 mL expired on 3/2026. During an observation and interview on the Hall 2 Medication Cart on 5/18/2026 at 10:05 AM, LPN A confirmed the following medication were expired. a. 10 capsules of Resident # 8's Duloxetine 20mg expired on 12/31/2025. b. 30 tablets of Resident #25's Hyoscyamine Sulfate 0.125 mg expired on 4/30/2026. During an interview on 5/18/2026 at 10:05 AM, LPN A was asked if expired medications should be kept in the medication cart. LPN A stated, No, they should not. During an interview on 5/18/2026 at 10:57 AM, the Director of Nursing (DON) was asked what is your procedure for checking for expired medications. The DON sated .nursing should go through the medication cart and check for any expired medication and dispose of them accordingly. The DON was asked if expired meds should be in the medication carts. The DON stated, No, expired meds should not be on the cart.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on policy review, Centers for Medicare & [and] Medicaid Services Electronic Staffing Data Submission Payroll-Based Journal Long-Term Care Facility Policy Manual review, Quarterly Payroll Based Journal (PBJ) review, facility staffing information review, and interview, the facility failed to submit accurate staffing data for Quarter 1 for PBJ 2026 (October 1, 2025- December 31, 2025) reviewed for staffing data. The findings include: 1. Review of the facility policy titled Policy & Procedure: PBJ Reporting, dated 10/1/2024, revealed To ensure all necessary staffing hours are submitted to the Centers for Medicare & Medicaid Services as required. Review of the Centers for Medicare & Medicaid Services Electronic Staffing Data Submission Payroll-Based Journal Long-Term Care Facility Policy Manual dated June 2025, revealed .Direct care staffing and census data will be collected quarterly, and is required to be timely and accurate. Review of the facility PBJ Staffing Data Report for Quarter 1 2026 (October 1, 2025- December 31, 2025) revealed there were no daily Registered Nurse (RN) coverage for 8 consecutive hours reported on the following dates: a. 10/25/2025 b. 10/26/2025 c. 11/08/2025 d. 11/09/2025 e. 11/22/2025 f. 11/23/2025 g. 11/30/2025 h. 12/06/2025 i. 12/07/2025 j. 12/20/2025 k.12/28/2025 Review of time punches, the working schedule, staff daily postings, and the Nursing Home Licensing Checklist sheets revealed the PBJ Staffing Data Report for Quarter 1 2026 (October 1, 2025- December 31, 2025) was not accurately reported. The facility had daily RN coverage for 8 consecutive hours. During an interview on 5/19/2026 at 9:21 AM, the Administrator (ADM) was asked to tell how the PBJ Staffing Data Report for Quarter 1 2026 (October 1, 2025- December 31, 2025) indicated no daily RN covered for 8 consecutive hours. The ADM stated, Either [named Business Office Associate] is incorrectly transcribing from timeclock reading.The issue is on the reporting. maybe she [named Business Office Associate] needs to compare her findings with the Director of Nursing daily staffing sheets.she needs to find a way to see if RN coverage was really there or not before she reports. During an interview on 5/19/2026 at 11:53 AM, the ADM was asked was PBJ Staffing Data Report for Quarter 1 2026 (October 1, 2025- December 31, 2025) correct. The ADM stated, No, the report was not correct because it did not accurately or correctly reflect the actual hours worked. I expect whoever is reporting the PBJ staffing information.to report it accurately.