STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445481	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Place Kingsport	100 Netherland Lane Kingsport, TN 37660

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to obtain a timely signature on the required Notice of Medicare Non-Coverage (NOMNC) for 1 resident (Resident #56) of 3 residents reviewed for beneficiary notification. The findings include:Review of the facility's undated policy titled, Form Instructions for the Notice of Medicare Non-Coverage (NOMNC) CMS [Centers for Medicaid and Medicare Services]-10123, revealed .The NOMNC must be delivered at least two calendar days before Medicare covered services end .The provider must ensure that the beneficiary or representative signs and dates the NOMNC to demonstrate that the beneficiary or representative received the notice and understands that the termination decision can be disputed .Review of the medical record revealed Resident # 56 was admitted to the facility on [DATE] with diagnoses including Nontraumatic Subarachnoid Hemorrhage, Muscle Weakness, Metabolic Encephalopathy, and Emphysema. Review of a Social Service Note for Resident #56 dated 2/11/2026, revealed .Resident received NOMNC, LCD [Last Covered Day] 2/12/26. Resident did not wish to appeal .Review of a NOMNC document for Resident #56 revealed .Services Will End on 02/12/2026 . The NOMNC was signed by the resident on 2/11/2026. Review of a Discharge Summary Progress Note dated 2/13/2026, revealed .Went over discharge instructions .Patient [Resident #56] assisted to car .During an interview on 4/1/2026 at 9:33 AM, the Social Services Director stated there was no documentation to confirm the NOMNC had been presented timely to Resident #56 and the signature date on the NOMNC was 2/11/2026, which did not fulfill the required two-day notice. During an interview on 4/1/2026 at 9:41 AM, the Administrator confirmed it was her expectation for NOMNCs to be presented to and signed by the resident two days prior to the date of end of coverage.

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
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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 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. Based on facility policy review, observation, and interview, the facility failed to ensure expired over-the-counter medications, intravenous (IV) catheters, syringes, blood collection tubes (vacuum-sealed tubes used for collecting, transporting, and processing blood samples for laboratory analysis), and sterile water vials were discarded and not available for resident use, failed to ensure an insulin pen was labeled with the resident's name, and failed to ensure wound care supplies were stored unopened in 1 medication cart of 2 medication carts and 1 medication room of 2 medication rooms observed for medication storage. The findings include:Review of the facility's undated policy titled, MEDICATION STORAGE IN THE FACILITY, revealed .Medications and biological are stored safely, securely, and properly following the manufacturer or supplier recommendations .Outdated, contaminated, or deteriorated drugs and those in containers, which are .without secure closures will be immediately withdrawn from stock .During an observation of the Willow/Dogwood medication cart on 3/31/2026 at 8:47 AM, revealed 3 of the 10 milliliter (ml) sterile water single-dose vials with an expiration date of 11/1/2025, 1 of the 24 gauge (ga) x 0.75 inch (in) shielded IV catheters (a type of small, flexible, and thin plastic tube inserted into a vein to deliver medications, fluids, or blood products directly into the bloodstream) with an expiration date of 12/31/2024, 1 of the 20 ga x 1 in shielded IV catheters with an expiration date of 2/28/2026, and 1 of the 1 ml Syringes (a device used to administer injections) with an expiration date of 12/31/2025. Further observation revealed 1 Insulin Lispro KwikPen (a medication used to treat diabetes) was not labeled with the resident's name and was stored in an unlabeled bag with an opened date of 3/19. During an interview on 3/31/2026 at 9:08 AM, Licensed Practical Nurse (LPN) B stated the sterile water vials, IV catheters, and syringe were expired and should have been discarded. Further interview revealed the Insulin Lispro KwikPen was not labeled with the resident's name. During an interview on 3/31/2026 at 9:15 AM, the Director of Nursing (DON) confirmed the sterile water, IV catheters, and syringe were expired, and the Insulin Lispro KwikPen was not labeled with the resident's name. During an observation of the Willow/Dogwood medication room on 3/31/2026 at 9:22 AM, revealed one box of hemorrhoidal suppositories with an expiration date of 2/2026, 5 blue-top 3 ml blood collection tubes with an expiration date of 3/12/2026. Continued observation revealed 3 open to air sterile wound therapy foam kit packages, available for resident use.During an interview on 3/31/2026 at 9:35 AM, LPN B stated the box of suppositories and the 5 blood collection tubes were expired. LPN B further stated the 3 sterile wound therapy foam kit packages had been opened, was available for resident use, and should have been discarded if not used. During an interview on 3/31/2026 at 9:44 AM, the DON confirmed the opened sterile wound therapy foam kit packages, expired medications, and any expired supplies should have been discarded.