

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445486	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2026
NAME OF PROVIDER OR SUPPLIER Stoneridge Health Care, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5121 Greer Road Goodlettsville, TN 37072	
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 - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to monitor water temperatures to ensure the environment was free from accident hazards when hot water temperatures ranging from 131 degrees Fahrenheit (F) to 134 degrees F were found in 6 of 17 (Resident #4, #7, #14, #15, #20, #23, #26, #27, and #30) occupied resident bathrooms, with no documentation of temperatures being monitored from 11/26/2025 though 3/15/2026. The findings include: 1. Review of the facility policy titled, Accident and Hazard Prevention Policy, dated 1/1/2026, revealed .A systematic process shall be in place to identify, evaluate, and correct environmental hazards on an ongoing basis . 2. Review of the undated Maintenance Director's job description revealed .Ensures the facility remains in compliance with all federal, state and local regulations .Ensures .monitors compliance .Maintains a safe .environment free of objects/situations that could cause harm .to residents, families, visitors, and associates .Performs regular safety inspections of the facility and documents the findings . 3. Review of the (named supplier) Invoice dated 3/16/2026, revealed .RESPONDED TO CALL OF HOT WATER ISSUES. CLEANED THE MIXING VALVE. REMOVED BAD CASING GASKET. FURNISHED AND INSTALLED A NEW CASING GASKET. SET TEMPERATURE TO 110°. OPERATING PROPERLY. NO LEAKS . 4. Review of the medical record revealed Resident #4 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Acute and Chronic Respiratory Failure, Anxiety, and Depression. Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) assessment score of 15, which indicated Resident #4 was cognitively intact. Resident #4 required supervision for personal hygiene and partial assistance with toilet transfers. During an interview on 3/15/2026 at 10:35 AM, Resident #4 was asked if the water was hot when she used it. Resident #4 stated .I can't go in there because I can't walk alone .They will get me water to wash up if I need it .I haven't had any problems . Observation in Resident #4's bathroom on 3/15/2026 at 12:12 PM, revealed the water temperature in Resident #4's sink with a reading of 132 degrees F. 5. Review of the medical record revealed Resident #27 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Legal Blindness, Dementia, Major Depressive Disorder, and Anxiety. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 15 which indicated Resident #27 was cognitively intact. Resident #27 was independent with personal hygiene and required supervision for toilet transfer. Observation in Resident #27's bathroom on 3/15/2026 at 10:47 AM, revealed the water temperature in Resident #27's sink with a reading of 132 degrees F. During an interview on 3/17/2026 at 10:55 AM, Resident #27 stated that she does not go to the bathroom because she has a bedside commode and that she had not had a problem with the water temperature. 6. Review of the medical record revealed Resident #7 was admitted to the facility on [DATE], with diagnoses including Atherosclerotic Heart Disease, Hemiplegia and Hemiparesis, Anxiety, and Major Depressive Disorder. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 11, which indicated Resident #7 was moderately cognitively impaired. Resident #7 was dependent on staff for toileting and hygiene. Review of the medical record revealed (continued on next page)</p>		

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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #30 was admitted to the facility on [DATE], with diagnoses including Alzheimer's, Legal Blindness, Hearing Loss Bilateral, and Dementia. Review of the quarterly MDS assessment dated [DATE], revealed Resident #30 was unable to be evaluated for a BIMS score due to severely impaired cognition. Resident #30 required maximal assist for toileting and personal hygiene. Observation in Resident #7 and #30's shared bathroom on 3/15/2026 at 10:48 AM, revealed the water temperature in the sink with a reading of 134 degrees F. During an interview on 3/17/2026 at 10:50 AM, Resident #7 stated she doesn't get out of bed and that she only gets bed baths. Resident #7 was asked if she has ever had an issue with the water temperature neither being too hot or too cold, and she stated No. No interview could be conducted with the Resident #30 as she was asleep each time she was approached for an interview. 7. Review of the medical record revealed Resident #26 was admitted to the facility on [DATE], with diagnoses including Malignant Neoplasm of Brain, Schizophrenia, Bipolar, and Hypertension. Review of the admission MDS assessment dated [DATE], revealed a BIMS score was not attempted due to Resident #26 was severely cognitively impaired. Resident #26 was dependent on staff for personal hygiene and required substantial assist for toilet transfers. Observation in Resident #26's bathroom on 3/15/2026 at 10:55 AM, revealed the water temperature in Resident #26's sink with a reading of 133 degrees F. During an interview on 3/15/2026 at 2:26 PM, the Director of Nursing (DON) was asked how Resident #26 was bathed. The DON stated, .the CNA gives her baths .this resident does not use her bathroom at all . 8. Review of the medical record revealed Resident #14 was admitted to the facility on [DATE], with diagnoses including Dementia, Anxiety, Benign Prostatic Hyperplasia, and Depression. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score was not attempted due to Resident #14 was severely cognitively impaired. Resident #14 was dependent on staff to perform personal hygiene and toilet transfers. Review of the medical record revealed Resident #15 was admitted to the facility on [DATE], with diagnoses including Epilepsy, Dementia, Depression, Hypertension, and Anxiety. Review of the admission MDS assessment dated [DATE], revealed a BIMS score of 5, which indicated Resident #15 was severely cognitively impaired. Resident #15 was dependent on staff for toilet transfers. Observation in Resident #14 and #15's shared bathroom on 3/15/2026 at 12:12 PM, revealed the water temperature in the sink with a reading of 134 degrees F. During an interview on 3/15/2026 at 1:48 PM, Resident #15 was asked if he uses his bathroom. Resident #15 stated he does not use the bathroom in his room. During an interview on 3/15/2026 at 2:26 PM, the Director of Nursing (DON) was asked how Resident #14 was bathed. DON stated, .he gets assistance from the CNA and staff .goes to the shower room . The DON was asked how Resident #15 was bathed, and she stated, .Hospice bathes him, he does not use his restroom . 9. Review of the medical record revealed Resident #20 was admitted to the facility on [DATE], with diagnoses including Chronic Kidney Disease, Need for Assistance with Personal Care, and Hypertension. Review of the admission MDS assessment dated [DATE], revealed a BIMS assessment score of 15, which indicated Resident #20 was cognitively intact. Resident #20 required substantial assistance with personal hygiene and transfer to the toilet. Review of the medical record revealed Resident #23 was admitted to the facility on [DATE], with diagnoses including Displaced Fracture of Lateral Condyle of Left Tibia, Chronic Obstructive Pulmonary Disease, and Epilepsy. Review of the admission MDS assessment dated [DATE], revealed a BIMS assessment score of 13, which Resident # 23 was cognitively intact. Resident #23 required partial assistance for personal hygiene and was dependent for toileting. Observation in Resident #20 and #23's shared bathroom on 3/15/2026 at 12:12 PM, revealed the sink's water temperature was 132 F. During an interview on 3/15/2026 at 2:30 PM, Resident #20 was asked if she had ever had any problems with the water being too hot in her bathroom. Resident #20 stated .I don't even go in there .I wear a brief . When asked if the water had ever been too hot during personal care, Resident #20 stated .Oh no . During an interview on 3/15/2026 at 3:15 PM, Resident #23 was asked if she had any problems with the water being too hot in her bathroom. Resident #23 stated .I can't use the bathroom .the cast on my leg makes it too hard to get in there .if I need to wash (continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>my hands, they bring me a washcloth . During an interview on 3/16/2026 at 4:44 PM, the Executive Director/Maintenance Supervisor was asked how often water temperatures should be checked. The Executive Director/Maintenance Supervisor stated, .Weekly .I have someone here working on the plumbing now and changing out the mixing valve and to make sure the system is working properly . During an interview on 3/17/2026 at 7:45 AM, the Executive Director/Maintenance Supervisor was asked how water temperatures should be maintained. The Executive Director/Maintenance Supervisor stated he should do weekly checks in random rooms and different hallways. During an interview on 3/17/2026 at 3:27 PM, the Administrator was asked how often water temperatures should be checked. The Administrator stated, .We don't have a policy on that . The Administrator was asked how water temperatures should be monitored and she replied .We will be doing daily checks for the next 7 days and then weekly after that .</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to ensure medications were properly stored and secured when medications were found unsecured and unattended in 2 of 17 (Resident #2 and #25) resident occupied rooms reviewed and when a treatment cart was left unsecured and unattended. The findings include: 1. Review of the facility policy titled, Medication Storage Policy, dated 11/2026, revealed .Purpose.To ensure medications are stored safely and securely in accordance with CMS (Centers for Medicare and Medicaid Services) regulations for long-term care facilities.All medications will be stored in a safe, secure, and properly maintained environment to protect residents and maintain medication integrity.All medications must be stored in locked medication carts, medication rooms, or medication refrigerators when not in use.Medication rooms, carts, and refrigerators must remain locked when not directly in use.Controlled Substances must be secured in a double-locked system according to federal and state regulations. Review of the facility policy titled, Narcotic Storage Policy, dated 11/2026, revealed .All narcotic and controlled medications will be stored, secured, and accounted for to prevent loss, diversion, or unauthorized access.All controlled substances must be stored in a double-locked system within the medication cart or medication room.Controlled substances must remain secured when not in direct use. 2. Review of the medical record revealed Resident #2 was admitted to the facility on [DATE], with diagnoses including Displaced Intertrochanteric (the area between the greater and lesser trochanters (a large bony prominence on the upper femur (thigh bone) of the proximal (toward the center of the body) femur) Fracture of Left Femur, Non-Pressure Chronic Ulcer of Other Part of Left Foot, Non-Pressure Chronic Ulcer of Other Part of Right Foot, and Osteoarthritis. Review of the significant change Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #2 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment, which indicated Resident #2 was cognitively intact and received scheduled and prn (as needed) pain medication regimen. Review of the Physician Order dated 2/21/2026, revealed Potassium Chloride ER (extended release) Tablet Extended Release 20 MEQ (milliequivalent).1 tablet by mouth one time a day. Review of the Physician Order dated 3/4/2026, revealed HYDROcodone (a Schedule II controlled medication used for pain management) -Acetaminophen Oral Tablet 5-325 MG (milligram).Give 1 tablet by mouth every 12 hours as needed for pain . During an observation and interview in Resident #2's room on 3/15/2026 at 11:19 AM, 2 white pills, one broken in half, were observed in a small clear medication cup on the resident's over bed table. Resident #2 was asked what the medications were in the cup. Resident #2 stated I was taking them and felt sick. The one that is broke in half is potassium, the other is hydrocodone. During an observation and interview in Resident #2's room on 3/15/2026 at 11:25 AM, Licensed Practical Nurse (LPN) A verified the medications in the medication cup on the resident's over bed table were potassium and Hydrocodone. LPN A was asked if medications should be left at bedside unsecured and unattended. LPN A stated, No. Review of the medical record revealed Resident #6 was admitted to the facility on [DATE], with diagnoses including Alzheimer's Disease, Type 2 Diabetes, and Pressure Ulcer of Right Heel. Review of the significant change MDS assessment dated [DATE], revealed Resident #6 scored a 12 on the BIMS assessment, which indicated Resident #6 was moderately cognitively impaired and was noted for 1 unstageable pressure ulcer with pressure ulcer/injury care. Review of the Physician Order dated 3/6/2026, revealed Cleanse right heel with wound cleanser and pat dry. Apply [Named prescription-only topical medication used to debride chronic skin ulcers] to wound bed followed with [Named antibacterial foam dressing]. Cover with ABD [abdominal] pad and secure with rolled gauze and tape.one time a day. Observation at the Treatment Cart on 3/16/2026 at 1:37 PM, revealed LPN F removed the following supplies from the Treatment Cart in the hallway (continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>across from Resident #6's room: (Named prescription-only topical medication used to debride chronic skin ulcers), rolled gauze, ABD pad, sterile gauze sponges, (Named) wound wash, (Named antibacterial foam dressing), and tape. At 1:52 PM, LPN F and the Director of Quality Assurance entered Resident #6's room with the supplies and performed wound care for the resident with the Treatment Cart unlocked, unsecured, and unattended, with the key in the lock in the hallway. The Treatment Cart was left out of sight of facility staff during wound care treatment. During an observation and interview at the Treatment Cart on 3/16/2026 at 2:01 PM, LPN F was asked if she had left the treatment cart unlocked. LPN F stated, Yes. LPN F was asked should it had been left unlocked when out of sight. LPN F stated, No, it shouldn't have. 3. Review of the medical record revealed Resident #25 was admitted to the facility on [DATE], with diagnoses including Dementia, Chronic Allergic Conjunctivitis (inflammation of the thin and clear layer that covers the white surface of the eye), and Dry Eye Syndrome of Bilateral Lacrimal (tear) Glands. Review of the significant change MDS assessment dated [DATE], revealed Resident #25 scored a 7 on the BIMS assessment, which indicated Resident #25 was severely cognitively impaired. Review of the Physician Orders revealed no order for allergy relief eye drops. Observation in Resident #25's room on 3/15/2026 at 11:28 AM, revealed an opened box with Resident #25's name written on it containing a bottle of allergy relief eye drops on the nightstand. During an observation and interview in Resident #25's room on 3/15/2026 at 11:35 AM, the eye drops remained on the nightstand. LPN A stated, The resident's daughter leaves those here. LPN A was asked if over the counter medications should be left unsecured and unattended in a resident's room. LPN A stated, No. During an interview on 3/17/2026 at 1:09 PM, the Director of Nursing (DON) was asked how medications should be stored. The DON stated, In the cart or in a locked area. The DON was asked who should have access to medications. The DON stated, Only the charge nurses and the pharmacist, if he is here. The DON was asked if medications should be left at bedside unsecured and unattended. The DON stated, Not pills. The DON was asked how narcotics and controlled substances should be stored. The DON stated, Double locked. The DON was asked if having medications unsecured and unattended at bedside could create an opportunity for another resident to take the medication. The DON stated, Absolutely. The DON was asked if the treatment cart should be left unlocked, unsecured, and unattended on the hallway. The DON stated, No. The DON was asked if leaving a treatment cart unlocked, unsecured, and unattended on the hall could create an opportunity for a resident to take something out of it or ingest something that is stored in it. The DON stated, Yes.</p>		