STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445487	A. Building B. Wing	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Waters of Johnson City, LLC	140 Technology Lane Johnson City, TN 37604

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** 27405 Based on facility policy review, medical record review, and interview, the facility failed to resubmit a Pre-Admission Screening and Resident Review (PASARR) timely after a new mental health diagnosis for 2 residents (Resident #30, and Resident #14) of 6 residents reviewed for PASARR. The findings include: Review of the facility's policy titled, Guidelines For PASRR Process, dated 517/2023, revealed .PASRR [PASARR] is a federally mandated process that requires all states to pre-screen all residents regardless of their payer source or age who are seeking admission to a Medicaid funded nursing facility .PASRR has 3 goals: 1. Identify people, including adults, (residents), with mental illness .2. To ensure appropriate placement, whether in the community or in the nursing facility .3. To ensure people, (residents), receive the required services for mental illness . Review of a PASARR Level 1 screen for Resident #30 dated 1/22/2020, revealed the resident had 2 mental health diagnosis which included Anxiety Disorder, and Depression (mild or situational). Review of the medical record revealed Resident #30 was admitted to the facility on [DATE] with new mental health condition of Post Traumatic Stress Disorder and Major Depressive Disorder. Review of a quarterly Minimum Data Set (MDS) assessment for Resident #30 dated 1/27/2025, revealed Resident #30 had an active diagnosis which included Anxiety Disorder, Depression, and Post Traumatic Stress Disorder (PTSD). Review of the Comprehensive Care Plan revision on 8/18/2023 revealed Resident #30 had a care plan for Major Depressive Disorder and PTSD. Review of the medical record revealed a new PASARR for Resident #30 was not submitted after the new mental health diagnosis was added of Post Traumatic Stress Disorder and Major Depressive Disorder. 50407 Medical record review revealed Resident #14 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including PTSD, Hemiplegia, and Heart Failure. (continued on next page)

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
	445487	A. Building B. Wing	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Waters of Johnson City, LLC	140 Technology Lane Johnson City, TN 37604

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	Review of a PASARR for Resident #14 dated 5/11/2017, revealed .Level 1 Form .no documented diagnosis of major mental illness .no known mental health behaviors . Review of a comprehensive care plan dated 8/27/2024, revealed Resident #14 had a Care plan for .Trauma . PTSD . Review of a quarterly MDS assessment dated [DATE], revealed Resident #14 scored a 3 on the BIMS assessment which indicated the resident had severe cognitive impairment. Review of the Psychiatric Notes for Resident #14 dated 2/21/2025 revealed, .Psychiatric . Evaluation .PTSD . Review of a Psychiatric Nurse Practitioner Note for Resident #14 dated 2/21/2025, revealed, .Psychiatric Periodic Evaluation .PTSD . During a record review and interview on 2/24/2025 at 3:20 PM, the Administrator stated it was his expectation a new PASARR was to be completed after a new mental diagnosis. During further interview the Administrator, confirmed the facility failed to refer Resident #30 and Resident #14 to the state designated agency for PASARRS after identifying new mental health conditions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445487	A. Building B. Wing	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Waters of Johnson City, LLC	140 Technology Lane Johnson City, TN 37604

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50407 Based on facility policy review, medical record review, observations, and interviews, the facility failed to develop a care plan for 1 resident (Resident #9) and failed to implement a care plan for 2 residents (Residents #32 and #38) for Enhanced Barrier Precautions (EBP) of 19 residents reviewed for care plans. The findings include: Review of the facility's policy titled, Baseline Care Plan Assessment/Comprehensive Care Plans, updated 9/18/2018, revealed .It is the policy of the facility to ensure .every resident has a .Care Plan completed and implemented .to promote continuity of care .communication among .staff .increase resident safety .to meet the resident's medical .nursing needs .develop .objectives along with appropriate interventions .to achieve . greatest degree of .safety . Medical record review revealed Resident #9 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Obstructive and Reflux Uropathy, Diabetes Mellitus, and Dementia. Review of the Physician's Orders for Resident #9 dated 10/29/2024 revealed .Change indwelling [urinary] catheter . Review of a comprehensive care plan dated 12/11/2024, revealed Resident #9 had an Indwelling Foley Catheter care plan. Further review revealed interventions included EBP. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #9 scored a 3 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Further review revealed the resident had an indwelling urinary catheter. During an observation on 2/23/2025 at 1:52 PM, Resident #9 had an indwelling urinary catheter. Continued observation revealed there was no EBP signage or Personal Protective Equipment (PPE) available in or outside the resident's room. Medical record review revealed Resident #32 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Dementia, Diabete, and Obstructive Reflux Uropathy. Review of a comprehensive care plan dated 10/4/2024, revealed Resident #32 had a care plan for a pressure ulcer on the right heel. Further observations revealed EBP had not been developed prior to 2/24/2025. Review of a quarterly MDS assessment dated [DATE], revealed Resident #32 scored a 9 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Further review revealed the resident had a pressure ulcer wound. Review of the Physician's Orders dated 2/21/2025, for Resident #32 revealed the resident had an order for wound care to the right heel for an unhealed stage 4 pressure ulcer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445487	A. Building B. Wing	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Waters of Johnson City, LLC	140 Technology Lane Johnson City, TN 37604

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 2/23/2025 at 1:51 PM, Resident #32 had a pressure wound on the right heel. Observation revealed there was no EBP signage posted or PPE available in or outside the resident's room. Medical record review revealed Resident #38 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including End Stage Renal Disease, Hemiplegia, and Stroke. Review of a quarterly MDS assessment dated [DATE], revealed Resident #38 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Further review revealed the resident received dialysis services. Review of the Physician's Orders for Resident #38 dated 2/19/2025 revealed .Dialysis .two times per week . Review of a comprehensive care plan revised 2/20/2025, revealed Resident #38 had a Dialysis Care Plan. Further review revealed EBP had not been developed on the care plan. During an observation on 2/23/2025 at 1:52 PM, Resident #38 had a central venous hemodialysis access port [tube inserted into large vein of chest allowing immediate access to bloodstream for hemodialysis] on the right side of chest. Continued observation revealed there was no EBP signage or PPE available in or outside the resident's room. During an observation and interview on 2/23/2025 at 4:42 PM, the Assistant Director of Nursing (ADON) observed the doors for Residents #9, #32, and #38 and confirmed there was no EBP signage posted or PPE available inside or outside the residents' rooms. During an interview and observation on 2/24/2025 at 10:00 AM, the DON stated it was the expectation residents with indwelling catheters, wounds, and central venous hemodialysis access ports have EBP signage posted and PPE available in or outside the resident's room. The DON reviewed the care plans for Residents #9, #32, and #38 and confirmed EBP was not developed and/or implemented prior to 2/24/2025.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445487	A. Building B. Wing	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Waters of Johnson City, LLC	140 Technology Lane Johnson City, TN 37604

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	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** 27405 Based on facility policy review, medical record, observation, and interview the facility failed to secure medications for 1 resident (Resident #4) of 19 residents reviewed for medication storage. The findings include: Review of the facility's policy titled, Medication Self Administration, undated, revealed .Residents who request to self-administer drugs will be assessed .the assessment results will be discussed with the attending physician and an order obtained to self-administrator if appropriate .bedside storage of prescription and non-prescription drugs is permitted when the assessment demonstrates the practice is safe . Review of the medical record revealed Resident #4 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Chronic Kidney Disease, Hypertensive Heart Disease with Heart Failure, and Diverticulosis of Intestine. Review of the Admission Minimum Data Set (MDS) assessment for Resident #4 dated 2/5/2025, revealed Resident #4 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Review of the Comprehensive Care Plan revision date of 2/6/2025, revealed Resident #4 was not assessed or care planned for self-medication storage and self-administration. Review of the active Physicians Orders dated 2/24/2025, revealed Resident #4 did not have an active order to self-administer drugs. During an observation and interview on 2/23/2025 at 1:01 PM, Resident #4 was observed in room watching television. Continued observation revealed a 15 milliliter (ml) bottle of artificial tears, a 1 ounce (oz) tube of zinc oxide, and a bottle of 100 triple magnesium vitamins half-empty. Resident #4 stated her son brought the medication to her and she administered them herself. Continued observation revealed Resident #4 did not have a roommate. During multiple observations throughout the survey revealed no residents with wandering behaviors noted on the unit/hall where Resident #4 resided. During an observation, interview, and record review on 2/23/2025 at 1:04 PM, the Assistant Director of Nursing (ADON) observed the medications in Resident #4's room. The ADON confirmed the medications were available for resident-self administration and confirmed the artificial tears, zinc oxide, and triple magnesium vitamins were not secured in resident room. The ADON confirmed Resident #4 had not been assessed for medication storage and self-administration of medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445487	A. Building B. Wing	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Waters of Johnson City, LLC	140 Technology Lane Johnson City, TN 37604

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43481 Based on facility policy review, medical record review, observation and interview, the facility failed to label and date oxygen tubing for 1 resident (Resident #176) and failed to change the oxygen tubing and humidifier bottle weekly for 1 resident (Resident #2) of 18 sampled residents reviewed receiving oxygen. The facility failed to properly store hand-held nebulizer (a drug delivery device used to administer medication in the form of a mist inhaled into the lungs) for 2 residents (Resident #2 and Resident #176) of 24 sampled residents reviewed receiving respiratory treatments. The findings include: Review of the undated facility Policy and Procedure titled, Oxygen Administration, revealed .It is the policy of this facility to provide oxygen to maintain levels of saturation to residents as needed and as ordered by the attending physician .Procedure: 4. Tubing, humidifier bottles and filters will be changed and maintained no less than weekly and PRN (as needed). Each will be labeled with date, time and initialed by staff completing this service to equipment . Review of the undated Policy and Procedure titled, Administering Nebulizer Therapy, revealed .Purpose: To provide accurate and safe administration of medications requiring nebulization to residents .Procedure: 2. Each resident requiring nebulized medication will have a nebulizer machine at the bed side with individual connecting tubing with mask or mouthpiece. The connecting tubing will be changed on a weekly basis and will be cleaned and covered after each use . Medical record review revealed Resident #2 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Major Depressive Disorder, Post-Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder, Diabetes Mellitus, Acute and Chronic Respiratory Failure, Asthma, and Chronic Obstructive Pulmonary Disease (COPD). Review of a Care Plan for Resident #2 initiated 1/17/2019 and revised 9/8/2024, revealed .risk for decreased cardiac output .Interventions .Oxygen per physician order .patient may self-administer nebulizers after set up by the nurse . Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #2 scored 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Review of the Order Summary Report for Resident #2, dated 2/24/2025, revealed current orders for . Ipratropium-Albuterol Solution 0.5-2.5 (3) MG [milligrams]/3 ML [milliliters] 3 ml inhale orally every 6 hours as needed for SOB [Shortness of Breath] or Wheezing via [by way of] nebulizer .Oxygen use at: Flowrate: (2)L [liters]/min[minute] via NC [nasal cannula] .Change oxygen tubing and humidifier bottle every night shift every Wed [Wednesday] . During an observation in Resident #2's room on 2/24/2025 at 8:00 AM, revealed Resident #2 sitting up a wheelchair in her room. The humidifier bottle and oxygen tubing were dated 2/13/2025. Continued observation revealed the handheld nebulizer mouthpiece, dated 2/13/2025, was uncovered, not stored in a bag, and lying on the bedside table. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445487	A. Building B. Wing	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Waters of Johnson City, LLC	140 Technology Lane Johnson City, TN 37604

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview in Resident #2's room on 2/24/2025 at 10:30 AM, revealed the humidifier bottle and oxygen tubing connected to the concentrator was dated 2/13/2025. Continued observation revealed nebulizer equipment, dated 2/13/2025, was uncovered, not stored in a bag, and lying on the bedside table. Licensed Pratical Nurse (LPN) B confirmed the oxygen tubing and humidifier bottle were dated 2/13/2025. Continued interview with LPN B confirmed the handheld nebulizer mouthpiece was dated 2/13/2025, was uncovered, and not stored in a bag. LPN B stated the nebulizer should be stored in a plastic bag and everything is supposed to be changed once a week; usually on Wednesdays, on night shift. Medical record review revealed Resident #176 was admitted to the facility on [DATE] with diagnoses including COPD, Centrilobular Emphysema, and Acute Respiratory Failure. Review of a quarterly MDS assessment dated [DATE], revealed Resident #176 scored 15 on the BIMS assessment which indicated the resident was cognitively intact. Review of a Comphrensive Care Plan for Resident #176 dated 2/14/2025, revealed .altered respiratory status r/t [related to COPD .Provide oxygen as ordered . Review of the Order Summary Report for Resident #176, dated 2/24/2025, revealed current orders for . Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3 ML 1 vial orally three times a day for COPD .Wean supplemental oxygen saturation as able to RA (room air) to maintain oxygen saturation at/above 90% . During an observation in Resident #176's room on 2/24/2025 at 8:30 AM, revealed Resident #176 lying in bed wearinga nasal cannula. The resident's oxygen tubing was undated. Continued observation revealed handheld nebulizer equipment, dated 2/19/2025, was uncovered, not stored in a bag, and lying on the bedside table. During an observation and interview in Resident #176's room on 2/24/2025 at 9:02 AM, revealed Resident #176 lying in bed wearing a nasal cannula. The resident's oxygen tubing was not labeled or dated. Continued observation revealed handheld nebulizer equipment, dated 2/19/2025, was uncovered, not stored in a bag, and lying on bedside table. LPN B confirmed the oxygen tubing was not labeled or dated. Continued interview with LPN B confirmed the handheld nebulizer equipment was uncovered and not stored in a bag. During interviews with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) on 2/24/2025 at 4:20 PM, the ADON confirmed the oxygen tubing, and humidifier should be labeled and dated and the nebulizer should be stored in a bag after each use. The DON confirmed the oxygen tubing and humidifier was not changed weekly.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445487	A. Building B. Wing	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Waters of Johnson City, LLC	140 Technology Lane Johnson City, TN 37604

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50407 Based on facility policy review, medical record review, observations, and interviews, the facility failed to complete dialysis communications records for 1 resident (Resident #38) of 1 resident reviewed for dialysis. The findings include: Review of the facility's undated policy titled, Community Hemodialysis, revealed .Purpose .to ensure coordination of care for residents requiring hemodialysis .all residents .with needs for hemodialysis will have . a dialysis communication sheet .to communicate .information regarding the dialysis session . Medical record review revealed Resident #38 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including End Stage Renal Disease, Hemiplegia, and Stroke. Review of a Physician's Progress note dated 1/28/2025 revealed Resident #38 began dialysis treatments during a hospital stay from dates 1/9/2025 to 1/27/2025 and was to continue dialysis services long term. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #38 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed the resident received dialysis services. Review of the Physician's Orders for Resident #38 dated 2/19/2025 revealed .Dialysis .two times per week . Review of a comprehensive care plan revised 2/20/2025, revealed Resident #38 had a Dialysis Care Plan. During an interview and observation on 2/25/2025 at 8:10 AM, Resident #38 stated she went to dialysis services two days a week and had received treatments for a month. The resident further stated she did not take a dialysis communication sheet with her to dialysis services. During an interview on 2/25/2025 at 8:24 AM, Licensed Practical Nurse (LPN) A, stated she would send a face sheet with diagnoses and a list of medications with Resident #38 when the resident went to the dialysis treatments. The LPN was not aware a dialysis communication sheet was to be completed and sent with the resident to dialysis services. During an interview on 2/25/2025 at 8:48 AM, the Medical Records Director stated there was no documentation of dialysis communication sheets for Resident #38. During an interview on 2/25/2025 at 8:50 AM, the Director of Nursing (DON) stated it was the facility's expectation to send dialysis communication sheets with residents to dialysis services for each dialysis treatment. The DON confirmed dialysis communication sheets for Resident #38 had not been completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445487	A. Building B. Wing	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Waters of Johnson City, LLC	140 Technology Lane Johnson City, TN 37604

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. 50407 Based on facility policy review, observation, and interview, the facility failed to ensure garbage and refuse were properly contained in 1 dumpster (Dumpster A) of 2 dumpsters observed. The findings include: Review of the facility's policy titled, Trash Disposal, dated 8/23/2023, revealed .The Food Service department will dispose of trash appropriately and maintain the dumpster area for cleanliness and prevention of rodents .will ensure that the dumpster lids are closed .no trash is on the ground surrounding the dumpster . During an observation of the outside dumpster area on 2/23/2025 at 10:38 AM, with the Assistant Director of Dietary, revealed 2 dumpsters for waste disposal. Further observation revealed dumpster A lid was not closed and resulted in the dumpster's contents being left open to the elements and the potential exposure to pests. Further observation revealed the area around dumpster A had 1 trash bag of unknown contents (1/4 full) hanging from the top of the dumpster, 3 used disposable gloves, 1 milk carton, and multiple pieces of paper debris (various sizes) present on the ground. During an interview on 1/23/2025 at 10:48 AM, the Certified Dietary Manager confirmed the lid for dumpster A was not closed and the outside dumpster area was not maintained in a sanitary condition.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445487	A. Building B. Wing	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Waters of Johnson City, LLC	140 Technology Lane Johnson City, TN 37604

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** 50407 Based on facility policy review, medical record review, observations, and interviews, the facility failed to implement Enhanced Barrier Precautions (EBP) for 3 residents (Residents #9, #32 and #38) of 15 residents reviewed for EBP. The findings include: Review of the facility's policy titled, GUIDELINES for ENHANCED BARRIER PRECAUTIONS (EBP), revised 12/2022, revealed .It is the policy of the facility to ensure .appropriate PPE (Personal Protective Equipment) is utilized when indicated .gowns and gloves .Resident(s) with an indwelling medical device including . Central Venous Catheters [tube inserted into large vein of chest allowing immediate access to bloodstream for hemodialysis] .Indwelling Catheters .wounds . Medical record review revealed Resident #9 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Obstructive and Reflux Uropathy, Diabetes Mellitus, and Dementia. Review of the Physician's Orders for Resident #9 dated 10/29/2024 revealed .Change indwelling [urinary] catheter . Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #9 had an indwelling catheter. During an observation on 2/23/2025 at 1:52 PM, revealed Resident #9 had an indwelling urinary catheter. Continued observation revealed there was no EBP signage or Personal Protective Equipment (PPE) available in or outside the resident's room. Medical record review revealed Resident #32 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Dementia, Diabetes Type 2, and Obstructive Reflux Uropathy. Review of a quarterly MDS assessment dated [DATE], revealed Resident #32 had a pressure ulcer wound. Review of the Physician's Orders dated 2/21/2025 for Resident #32 revealed the resident had an order for wound care for a pressure ulcer wound on the right heel. During an observation on 2/23/2025 at 1:51 PM, Resident #32 had a pressure ulcer wound on the right heel. Further observation revealed there was no EBP signage posted or PPE available in or outside the resident's room. Medical record review revealed Resident #38 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including End Stage Renal Disease, Hemiplegia, and Stroke. Review of a quarterly MDS assessment dated [DATE], revealed the resident received dialysis services. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445487	A. Building B. Wing	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Waters of Johnson City, LLC	140 Technology Lane Johnson City, TN 37604

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	Review of the Physician's Orders for Resident #38 dated 2/19/2025, revealed .Dialysis .two times per week . During an observation on 2/23/2025 at 1:52 PM, revealed Resident #38 had a central venous hemodialysis access port on the right side of the chest. Continued observation revealed there was no EBP signage or PPE available in or outside the resident's room. During an observation and interview on 2/23/2025 at 4:42 PM, the Assistant Director of Nursing (ADON) observed the doors for Residents #9, #32, and #38 and confirmed there was no EBP signage posted or PPE available inside or outside the residents' room. During an interview on 2/24/2025 at 10:00 AM, The DON stated it was the expectation residents with indwelling catheters, wounds, and central venous hemodialysis access ports have EBP signage posted and PPE available in or outside the resident's room. The DON confirmed EBP signage was not posted, and PPE was not available in or outside the room for Residents #9, #32, and #38 prior to 2/23/2025.