STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445517	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Kingsport	2300 Pavilion Drive 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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interviews, the facility failed to revise the comprehensive care plan to include alterations in skin integrity for 2 residents (Resident #40 and #64) of 19 residents reviewed. The Findings include: Review of the facility's policy titled, Patient Care Policies dated 3/2026, revealed .incorporating the physicians plan of care (orders) into the care plan . Review of the medical record revealed Resident #40 was admitted to the facility on [DATE] with diagnoses including Fracture of Left Femur, Pressure Ulcer of Right Buttocks Stage 2, and Anxiety. Review of a 5-day Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #40 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had intact cognition and a stage 2 pressure ulcer. Review of a comprehensive care plan dated 5/4/2026, revealed Resident #40 had a .skin/wound . Review of a Physicians Order dated 4/28/2026 for Resident #40, revealed .apply zinc oxide [skin ointment] to open wound .5/19/2026 .float heels . During an interview on 5/28/2026 at 2:30, PM Registered Nurse (RN) MDS Coordinator confirmed Resident #40's comprehensive care plan had not been revised to include stage 2 wound, treatment for zinc oxide and float heels. Review of the medical record revealed Resident #64 was admitted to the facility on [DATE] with diagnoses including Chronic Kidney Disease with Heart failure, Type II Diabetes Mellitus with Polyneuropathy, and Excoriation (skin picking) Disorder. Review of the facility document titled, admission Observation, for Resident #64 dated 8/15/2025, revealed .scabbed areas to both arms and legs .numerous scratches to bilateral upper extremities .blanchable redness to buttocks . Review of a comprehensive care plan dated 8/15/2025 with a revision date of 5/13/2026, for Resident #64 revealed .Skin/Wound .will have no skin breakdown . Further review revealed there were no specific skin related problems identified. (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
	445517	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare, Kingsport	2300 Pavilion Drive Kingsport, TN 37660

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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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Physician's Order dated 9/16/2025 for Resident #64 revealed .[NAME] Calm-Cool .lotion .Apply to upper extremities BID [twice a day] . Review of a Physician's Order dated 4/7/2026 for Resident #64 revealed .encourage patient to wear protective sleeves on BUE [bilateral upper extremities] to prevent picking of areas . Review of a quarterly MDS assessment dated [DATE], revealed Resident #64 scored an 11 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Review of the facility document titled, Weekly Skin Observation, for Resident #64 dated 5/25/2026, revealed .shearing to bilateral buttocks and open abrasions to bilateral arms (self-inflicted) . Review of a Physician's Order dated 5/28/2026 for Resident #64 revealed .apply barrier cream to bilat [bilateral] buttocks and surrounding area twice daily . During an observation and interview on 5/28/2026 at 3:45 PM, the RN MDS Coordinator reviewed the comprehensive care plan for Resident #64. She stated she was responsible for the development and revision of the comprehensive care plans. The RN MDS Coordinator confirmed Resident #64's care plan had not been revised to include the self-inflicted abrasions on both arms and shearing to bilateral buttocks.

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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 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** Based on medical record review, observations, and interviews, the facility failed to obtain a physician's order for the administration of supplemental oxygen for 1 resident (Resident #11) of 22 residents observed for oxygen use. The findings include: Review of the medical record revealed Resident #11 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Hypertensive Heart and Chronic Kidney Disease with Heart Failure, Chronic Systolic Congestive Heart Failure, Chronic Kidney Disease Stage 3A, and Cardiomyopathy. Review of a 5-day Minimum Data Set assessment dated [DATE], revealed Resident #11 scored a 00 on the Brief Interview for Mental Status (BIMS) assessment, which indicated the resident had severe cognitive impairment.During an observation on 5/26/2026 at 11:38 AM, revealed Resident #11 was lying in bed with supplemental oxygen at 3 liters (L) per minute by nasal cannula (a thin, flexible plastic device used to deliver oxygen directly into the nostrils) in use. During an observation on 5/27/2026 at 2:53 PM, revealed Resident #11 was lying in bed with supplemental oxygen at 3L per minute by nasal cannula in use. Review of the current physician's orders report dated 4/28/2026 - 5/27/2026, for Resident #11 revealed there was no order for the use of supplemental oxygen. During an observation and interview on 5/27/2026 with Licensed Practical Nurse (LPN) A at 4:32 PM, in Resident #11's room revealed Resident #11 was receiving supplemental oxygen at 3L per minute. LPN A confirmed Resident #11 did not have a physician's order for the oxygen.Review of a physician's order for Resident #11 dated 5/27/2026, revealed an order was obtained for the use of supplemental oxygen at 3L per minute by nasal cannula after the State Survey Agency Surveyor interview with LPN A.During an interview on 5/28/2026 at 4:08 PM, the Director of Nursing confirmed an order should have been obtained to administer oxygen for Resident #11.