

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2025
NAME OF PROVIDER OR SUPPLIER Nhc Healthcare, Franklin		STREET ADDRESS, CITY, STATE, ZIP CODE 216 Fairground St Franklin, TN 37064	

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)
<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>(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 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Facility Assessment Tool review, policy review, Falls Management Process Resource review, medical record review, Emergency Medical System (EMS) report review, Hospital record review, observation, and interview, the facility failed to ensure all nursing staff possessed the competencies and skill sets necessary to provide nursing and related services to safely meet the residents' needs for 2 of 7 (Resident #3 and Resident #6) sampled residents reviewed. On 5/28/2025, Resident #3 had an unwitnessed fall and was found on the floor lying next to her bed on her right side with her arm under her back. Resident #3 was unable to move her right arm. Licensed Practical Nurse (LPN) F moved Resident #3's arm from behind the resident's body and the LPN felt/heard Resident #3's bones popping/grinding together. Resident #3 stated, My arm is broken! several times. Resident #3 reported pain in all 5 fingers on her right extremity. On 9/10/2025, Resident #6 presented with a facility acquired stage 2 pressure ulcer/injury (open skin injury that involves the outer layer and middle layer of the skin) to her sacrum (lower back/tailbone area) region. The sacral wound progressed to an unstageable ulcer (pressure ulcer with full thickness and muscle loss) and required debridement (removal of damaged tissue from a wound) from Physical Therapy on 2 treatments. On 10/8/2025, 10/12/2025, and 10/13/2025, reviews of the Medication Administration Record (MAR) revealed Santyl [an ointment that breaks down dead tissue quickly] was not available and Medihoney [antibacterial ointment used for gentle removal of dead tissue] was used instead without obtaining a physician's order for the use of alternative wound care. On 10/16/2025, Registered Nurse (RN) D was observed providing water through a 3-milliliter (ml) syringe to Resident #6. RN D acknowledged she was providing fluids through a syringe since Resident #6 was unable to drink from a straw. Immediate Jeopardy (IJ) (a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) was identified related to the facility's failure to provide nursing staff who possess competencies and skill sets necessary to determine if a resident who had fallen should be moved and repositioned to prevent further injury, failure to adhere to the physician's wound care orders, and failure to ensure appropriate means of hydration were provided. The Administrator, Regional Nurse, and Regional Nurse Assistant were notified of the Immediate Jeopardy for F-726 on 10/17/2025 at 6:40 PM, in the Conference room. The facility was cited at F-726 at a scope and severity of J.</p> <p>A partial extended survey was conducted from 10/17/2025 through 10/24/2025. An acceptable Removal Plan, which removed the immediacy of the Jeopardy for F-726 was received on 10/21/2025. The Removal Plan was validated onsite by the surveyor on 10/24/2025, through audit review, medical record review, observation, review of education records, and staff interviews. The IJ began on 5/28/2025 and was removed on 10/25/2025. The facility's noncompliance at F-726 continues at a scope and severity of D for monitoring of the effectiveness of the corrective actions. The facility is required to submit a Plan of Correction. The findings include: 1. Review of the undated Facility Assessment Tool revealed, .The purpose of the assessment is to determine what resources are necessary to care for patients competently during both day-to-day operations and emergencies. Use this assessment to make decisions about your direct care staff needs, as well as your capabilities to provide services to the patients in your center. Using a competency-based approach focuses on ensuring each patient is provided care that allows the patient to maintain or attain their highest practicable physical, mental and psychosocial well-being. 2. Review of the facility policy titled, 205 Incident and Accident Process, dated 7/2025, revealed .An incident or accident is defined as any occurrence that is outside the norms or any happening that is not consistent with the routine operation of the center or care of a particular patient. Some examples of incidents/accidents are: Falls Found on floor.All patient incidents should be documented in the EHR [Electronic Health Record].When any incident results in injury, as defined below, and/or there is evident of negligence, they must be reported to clinical risk management. Injury is defined.Significant injury including: Fracture or dislocation of bones or joints.Any condition requiring medical treatment outside the center that is inconsistent with the routine management of the patient's preexisting condition(s) The DON [Director of Nursing] should review all incidents for accuracy and complete documentation.Review EHR [Electronic Health Record] documentation for all patients incidents - is data complete and thorough.Were the proper notifications completed and documented.Is alert charting taking place.Was a significant injury identified after completion of the fall event and if so, was the event edited to include the significant injury Was hospitalization</p>		