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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>445507 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY COMPLETED<br><br>11/19/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Life Care Center of Hickory Woods |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4200 Murfreesboro Pike<br>Antioch, TN 37013 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of the Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual, policy review, medical record review, and interview, the facility failed to ensure assessments were signed to reflect timely submission and failed to complete quarterly assessments timely, using the Centers for Medicare &amp; Medicaid Services-specified RAI process within the regulatory time frames for 3 of 23 (Resident #5, #92, and #148) sampled residents reviewed. The findings include: 1. The MDS 3.0 RAI Manual v (version) 1.20.1 October 2025, page 2-35, revealed .The Quarterly assessment is an OBRA (Omnibus Budget Reconciliation Act) non-comprehensive assessment for a resident that must be completed at least every 92 days following the previous OBRA assessment of any type. It is used to track a resident's status between comprehensive assessments to ensure critical indicators of gradual change in a resident's status are monitored.The MDS completion date (Item Z0500B) must be no later than 14 days after the ARD [Assessment Reference Date] . Review of the facility policy titled, Resident Assessment Instrument &amp; Care Plan Development, dated 8/16/2022, revealed .The facility will follow the procedures set forth in the Resident Assessment Instrument (RAI) User's Manual 3.0 when completing the MDS, Care Area Assessment, and Comprehensive Care Plan. 2. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE], with diagnoses including Fracture of the Left Femur, Osteoporosis, and Dementia. Review of the annual MDS assessment dated [DATE], revealed item Z0500B was blank and should have been completed by 11/14/2025. The facility failed to ensure the annual MDS assessment was signed no later than 14 days after the ARD date. 3. Review of the medical record revealed Resident #92 was admitted to the facility on [DATE], with diagnoses including Dysphagia, Gastrointestinal Hemorrhage, and Gastro-Esophageal Reflux Disease (GERD). Review of the quarterly MDS assessment dated [DATE], revealed item Z0500B was blank and should have been completed by 11/12/2025. The facility failed to ensure the quarterly MDS assessment was signed no later than 14 days after the ARD date. 4. Review of the medical record revealed Resident #148 was admitted to the facility on [DATE], with diagnoses including Diabetes, Cerebral Infarction, Dementia, and Dysphagia. Review of the quarterly MDS assessment dated [DATE], revealed the next MDS assessment was completed on 10/21/2025. The facility failed to complete a quarterly MDS assessment by 9/27/2025. Review of the annual MDS assessment dated [DATE], revealed item Z0500B was blank and should have been completed by 11/4/2025. The facility failed to ensure the annual MDS assessment was signed no later than 14 days after the ARD date. During an interview on 11/19/2025 at 10:28 AM, the MDS Coordinator stated Resident's #5, #92, and #148's, MDS assessments should have been completed and submitted within 14 days of the ARD date.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE     | (X6) DATE                            |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                   | Event ID: | Facility ID:<br>445507               |
|   |           | If continuation sheet<br>Page 1 of 4 |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on facility policy review, observation, and interview, the facility failed to maintain a clean and sanitary environment when food debris was found on top of and inside the deep fryer, oil was observed dripping from the fryer onto the floor, a black, dried liquid substance was observed on the floor behind and around the stove, oven, deep fryer, ice machine, along the base boards and in the corners of the kitchen and when carbon build up and food debris was observed on the stovetop. The facility's census was 112 and 111 residents received meal trays from the kitchen. The findings include: 1. Review of the facility policy titled, Food Safety and Sanitation. Cleaning Schedule, dated 4/30/2025, revealed .shall develop a routine cleaning schedule to ensure department is maintained in a clean and sanitary manner. 2. Observations in the kitchen on 11/16/2025 at 9:45 AM, 11/17/2025 at 3:50 PM, and 11/18/2025 at 8:15 AM and 2:45 PM, revealed the following: a. The deep fryer had food debris on the top and inside of the deep fryer, oil drippings down the outside of the deep fryer, and oil on the floor beside the deep fryer. b. Black, dried, liquid substance on the floor behind and around the stove, oven, and deep fryer. c. Black, dried, liquid substance on the floor behind and around the ice machine. d. Black, dried, liquid substance along the baseboards and in the corners. e. Food debris and carbon buildup on the stovetop. During an interview on 11/19/2025 at 8:20 AM, the Dietary Director (DD) was asked if there should be black, dried, liquid substances on the floor. The DD stated, No . The DD was asked if there should be food debris and carbon buildup on the stovetop. The DD stated, No .</p> |  |  |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>(continued on next page)</p>                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on the Centers for Disease Control and Prevention (CDC) guideline review, policy review, medical record review, observation, and interview, the facility failed to ensure infection control practices to prevent the spread of communicable diseases when 3 of 3 staff (Certified Nursing Assistant (CNA) A, CNA B, and CNA C) failed to don personal protective equipment (PPE) and properly perform urinary catheter care for 2 of 2 (Resident #135 and #158) sampled residents reviewed for enhanced barrier precautions and catheter care. The findings include: 1. Review of the CDC article titled Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes, dated June 28, 2024, revealed .Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).Enhanced Barrier Precautions expand the use of gown and gloves beyond anticipated blood and body fluid exposures. They focus on use of gown and gloves during high-contact resident care activities that have been demonstrated to result in transfer of MDROs to hands and clothing of healthcare personnel, even if blood and body fluid exposure is not anticipated.Adherence to other recommended infection prevention practices including performing hand hygiene, cleaning and disinfection of environmental surfaces and resident care equipment, proper handling of indwelling medical devices, and care of wounds is also critical.Enhanced Barrier Precautions are recommended for residents with indwelling medical devices or wounds, who do not otherwise meet the criteria for Contact Precautions, even if they have no history of MDRO colonization or infection. Review of the facility policy titled, Enhanced Barrier Precautions, dated 8/19/2025, revealed .The facility should use Enhanced Barrier Precautions (EBP) as an additional MDRO [Multi-Drug Resistant Organism] mitigation strategy for residents that meet the following criteria, during high-contact resident care activities.EBP are indicated for residents with any of the following.Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.Indwelling medical device examples include. urinary catheters.EBP should be used for any residents who meet the about criteria, wherever they reside in the facility.EBP.refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities.PPE.refers to protective items or garments worn to protect the body or clothing from hazards that can cause injury and to protect residents from cross-transmission.Examples of high-contact resident care activities requiring gown and glove use include.Device care or use.urinary catheter. Review of the facility policy titled, Contact Precautions, dated 8/19/2025, . Contact precautions should also be used in situations when a resident develops signs and symptoms of a transmissible infection or has a laboratory confirmed infection that requires the use of contact precautions to prevent transmission of pathogens that are spread by direct (person to person) or indirect contact with resident or environment.and requires the use of appropriate PPE, including a gown and gloves.Don appropriate PPE before entry into the environment of resident on transmission-based precautions (contact precautions). Review of the facility policy titled, Transmission-based Precautions and Isolation Procedures, dated 8/19/2025, revealed .The facility will implement and utilize transmission based precautions to ensure the mitigation of infection spread and to ensure standards of infection prevention and control are followed.Contact precautions are intended to prevent transmission of pathogens that are spread by direct.or indirect contact with the resident or environment, and require the use of appropriate PPE, including a gown and gloves before or upon entering.the room.Enhanced Barrier Precautions.refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities.the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. Review of the facility policy titled, Indwelling Urinary Catheter ., dated 9/9/2025, revealed .Equipment.gown.Implementation.Put on gloves, gown, and as needed, other personal protective equipment to comply with enhanced barrier precautions.Provide routine hygiene for meatal care.always clean by wiping away from.the urinary meatus [the opening at the tip of the penis through which urine exits the body]. Use a washcloth and soap and water.to clean the periurethral area [the tissue surrounding the tube that carries urine from the bladder out of the body]. 2 Review of the medical record</p> |  |  |