

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Nhc Place at the Trace		STREET ADDRESS, CITY, STATE, ZIP CODE  8353 Highway 100 Nashville, TN 37221	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on policy review, observation, and interview, the facility failed to ensure to maintain or enhance residents' dignity and respect during dining when 6 of 9 (Unit Manager (UM) A, Certified Nursing Assistant (CNA) B, Licensed Practical Nurse (LPN) J, CNA F, Staffing Coordinator E, and CNA G) failed to knock and/or announce themselves before entering a resident's room and failed to use courtesy titles when addressing residents and when referring to residents.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's undated sheet titled, Partner Education-Dignity Training, revealed .We all must show respect toward each patient and preserve the rights and needs of our patients at all times. We expect that you will provide patients with a comfortable and pleasant environment .Respect your privacy, dignity, and confidentiality .</li> <li>2. Review of the facility's policy titled, USE OF COURTESY TITLES, dated 6/2006, revealed .It is the policy of this center to use courtesy titles .when addressing patients in all written records and communication .</li> <li>3. Observation during dining on the 500 Hall on 2/10/2025 at 11:30 AM, revealed UM A entered Resident #31's room and stated, Hey sweetheart are you ready to eat ., entered the bathroom for a washcloth, washed the resident's hands, exited the resident's room and returned to the meal cart. UM A failed to knock and/or announce herself prior to entering the resident's room and failed to use courtesy titles when addressing the resident.</li> <li>4. Observation during dining on the 500 Hall on 2/10/2025 at 11:45 AM, revealed CNA B and LPN J entered Resident #25's room, failed to knock and/or announce themselves prior to entering the resident's room, placed the meal tray on the over the bed table, CNA B stated, You want me to make you a milkshake girlie ., exited the room and looked back and stated, I'll be right back my friend . and returned to the meal cart.</li> <li>5. Observation during dining in the 500 Hall Common Dining Room on 2/10/2025 at 11:50 AM, revealed UM A approached the table with a bottle of hand sanitizer and stated, The man with the plan, you know the deal seal . referring to Resident #27 while applying hand sanitizer to the resident's hands. UM A then walked to the right side of the table to Resident #1 and stated, Let me get your hands sweet heart while applying hand sanitizer to Resident #1's hands, and then UM A looked over to the left side of the same table and stated to Resident #24, Are you ok dear . UM A failed to use courtesy titles when addressing or referring to Resident #1, #24, and #27.</li> </ol> <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  445525	Facility ID:  445525  If continuation sheet Page 1 of 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Nhc Place at the Trace		STREET ADDRESS, CITY, STATE, ZIP CODE  8353 Highway 100 Nashville, TN 37221	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6. Observation during dining in the 500 Hall Common Dining Room on 2/10/2025 at 11:52 AM, revealed UM A applied hand sanitizer to Resident #34's hands, Resident #34 stated, Why are you doing this. UM A stated, Boo Boo you know that we do this . UM A failed to use a courtesy title when addressing or referring to Resident #34,</p> <p>7. Observation during dining on the 500 Hall on 2/12/2025 at 7:30 AM, revealed CNA F and Staffing Coordinator E entered Resident #42's room, CNA F placed the meal tray on the over the bed table, both CNA F and Staffing Coordinator E repositioned the resident in the bed, sanitized their hands, and exited the room. Neither CNA F or Staffing Coordinator E knocked and/or announced themselves prior to entering Resident #42's room.</p> <p>8. Observation during dining on the 500 Hall on 2/12/2025 at 7:35 AM, revealed Staffing Coordinator E removed a tray from the meal cart, entered Resident #48's room, and placed the meal tray on the over the bed table, exited the room and returned to the meal cart. Staffing Coordinator E failed to knock and/or announce herself prior to entering Resident #48's room.</p> <p>9. Observation during dining on the 500 Hall on 2/12/25 at 7:45 AM, revealed CNA G removed a tray from the meal cart, knocked and entered Resident #27's room, placed the tray on the over the bed table, Resident #27 stated, May I ask a question. CNA G stated, What's that hun [honey], adjusted the resident in bed, sanitized her hands and exited the resident's room, and returned to the meal cart.</p> <p>10. During an interview on 2/12/2025 at 4:08 PM, the Director of Nursing (DON) confirmed staff should knock and announce themselves prior to entering a resident's room. The DON confirmed that residents should be addressed with courtesy titles and should not be referred to with pet names.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Nhc Place at the Trace		STREET ADDRESS, CITY, STATE, ZIP CODE  8353 Highway 100 Nashville, TN 37221	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on the medical record review, observation, and interview, the facility failed to ensure the environment was free of accident hazards when unsecured sharps were observed in 1 of 80 (Resident #47) occupied resident rooms.</p> <p>The findings include:</p> <p>Review of the medical record revealed Resident #47 was admitted to the facility on [DATE], with diagnoses including Supraventricular Tachycardia, Atrial Fibrillation, Hemiplegia and Hemiparesis and Cerebral Infarction.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #47 was cognitively intact, was dependent with toileting, required partial/ moderate assistance with transfers and bed mobility, setup or clean-up assistance with personal hygiene, used a wheelchair and walker for mobility and received anticoagulants.</p> <p>Review of the Care Plan dated 11/29/2024, revealed .Anticoagulant . At Risk for Bleeding . Approach .Use electric razor .</p> <p>Review of Physician's Order dated 11/27/2024, revealed Eliquis [a medication to prevent blood clotting] . tablet .5 mg [milligram] .1 tab [tablet] .oral Every 12 Hours.</p> <p>Observation in the Resident's room on 2/10/2025 at 11:27 AM, revealed Resident #47 was up in the wheelchair watching television (tv) with 2 blue disposable razors noted in a wash basin on the counter in the bathroom.</p> <p>Observation in the Resident's room on 2/10/2025 at 4:48 PM, revealed 2 blue disposable razors noted in a wash basin on the counter in the bathroom.</p> <p>During an observation and interview on 2/10/2025 at 5:58 PM, the Director of Nursing (DON) was shown the razors in Resident #47's bathroom and was asked should these razors be out on the counter in resident's bathroom. The DON stated, No, they should be in the drawer.</p> <p>During an interview on 2/11/2025 at 7:47 AM, the DON confirmed Resident #47 should not have had razors in his room.</p> <p>During an interview with Certified Nursing Assistant (CNA) I on 2/12/2025 at 12:35 PM, CNA I was asked if Resident #47 uses a bladed razor or an electric razor. CNA I confirmed Resident #47 uses an electric razor and stated, I've never seen him with a bladed razor.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Nhc Place at the Trace		STREET ADDRESS, CITY, STATE, ZIP CODE  8353 Highway 100 Nashville, TN 37221	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on policy review, medical record review, observation, and interview, the facility failed to ensure 1 of 4 (Registered Nurse (RN) L) nurses administered medications with a medication error rate of less than 5 percent (%). A total of 2 errors were observed out of 33 opportunities, resulting in a medication error rate of 6.06%.</p> <p>The findings include:</p> <p>1. Review of the undated facility policy titled, Med Pass Education Tool, revealed .Anything that indicates slow-release or enteric coating .should NOT be crushed .Other common medications that should not be crushed .EC [Enteric Coated] aspirin [used to thin the blood] .Potassium tablets [a dietary supplement] .</p> <p>Review of the undated facility policy titled, Med Pass Education Tool, revealed .Anything that indicates slow-release or enteric coating .should NOT be crushed .Other common medications that should not be crushed .EC [Enteric Coated] aspirin .Potassium tablets .</p> <p>2. Review of the medical record revealed the Resident #77 was admitted to the facility on [DATE], with diagnoses including Age-related Osteoporosis, Fibromyalgia, Chronic Kidney Disease, Pleural Effusion, Chronic Atrial fibrillation, Hyperlipidemia, Hypothyroidism, Long Term (current) Use of Aspirin, and Anemia.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #77 had a Brief Interview for Mental Status (BIMS) score of 15 indicating Resident #77 had intact cognition.</p> <p>Review of the Physicians Orders dated 1/24/2025-2/12/2025, revealed .calcium carbonate - vitamin D3 [used for low bone density] tablet .600mg [milligram] -10 mcg [microgram] (400 unit) .1 tab [tablet] .oral Twice a day .carvedilol [used for high blood pressure] tablet . 6.25 mg .1 tab . oral Twice a day .hydrochlorothiazide [used for high blood pressure] tablet .12.5 mg .1 tab .oral Once A Day . magnesium oxide [OTC] (over the counter) [used for constipation] tablet .400 mg (241.3 mg magnesium) .1 tab .oral Twice A Day .methocarbamol [used for muscle spasm] tablet .500 mg .1 tab .oral Three times a day .potassium chloride tablet extended release . 10 mEq [milliequivalent] .1 tab .oral once a day .Eliquis (apixaban) [used to thin blood] tablet .5 mg .1 tab . oral Twice A Day .cholecalciferol (vitamin D3) [used for low bone density] tablet .125 mcg (5,000 unit) .1 tab . oral Once A Day .losartan [used for high blood pressure] tablet .100 mg .1 tab .oral Once a day .allopurinol [used for gout] tablet .100 mg .1 tab .oral Once A Day .aspirin [OTC] tablet .delayed release (DR/EC) .81 mg . 1 tab .oral Once a day .cyanocobalamin (vitamin B 12) [used to treat anemia] tablet .1,000 mcg .1 tab . oral Once A Day .ezetimibe [used to treat high cholesterol] tablet .10 mg .1 tab .oral Once A Day .Eye Health Plus Lutein (vit a, c and e-lutein-minerals) [used for age-related eye disease] tablet .300 mcg-200mg-27mg-2mg 1 oral Once A Day .Ferrous Sulfate [used for anemia] tablet 325 mg .1 tablet .oral Once A Day .</p> <p>Observation during medication administration on 2/12/2025 at 8:27 AM, revealed RN L removed the following medications from the cart to administer to Resident #77.</p> <p>a. calcium carbonate - vitamin D3 tablet; 600mg -10 mcg 1 tablet</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Nhc Place at the Trace		STREET ADDRESS, CITY, STATE, ZIP CODE  8353 Highway 100 Nashville, TN 37221	

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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. carvedilol 6.25 mg 1 tab</p> <p>c. hydrochlorothiazide 12.5 mg 1 tab</p> <p>d. magnesium oxide tablet 400 mg 1 tab</p> <p>e. methocarbamol tablet 500 mg 1 tab</p> <p>f. potassium chloride tablet extended release 10 mEq 1 tab</p> <p>g. Eliquis 5 mg 1 tab</p> <p>h. cholecalciferol 125 mcg 1 tab</p> <p>j. losartan tablet 100 mg 1 tab</p> <p>k. allopurinol tablet 100 mg 1 tab</p> <p>l. aspirin delayed release (DR/EC) 81 mg 1 tab</p> <p>m. cyanocobalamin 1,000 mcg 1 tab</p> <p>n. ezetimibe tablet 10 mg 1 tab</p> <p>o. Eye Health Plus 1 tab</p> <p>p. Ferrous Sulfate tablet 325 mg 1 tab</p> <p>RN L crushed the medications including the extended-release potassium and delayed release enteric coated aspirin, placed the medication in a cup with applesauce, entered the room and administered the medications to Resident #77, resulting in 2 medication errors for crushing the extended release and enteric coated medications.</p> <p>During an interview on 2/12/2025 at 10:50 AM, RN L was asked if the potassium chloride extended release and aspirin delayed release should have been crushed. RN L stated, I think some dissolve, I think it's up to the provider and the pharmacy.</p> <p>During an interview on 2/12/2025 at 4:08 PM, the Director of Nursing confirmed slow-release and enteric coated medications should not be crushed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Nhc Place at the Trace		STREET ADDRESS, CITY, STATE, ZIP CODE  8353 Highway 100 Nashville, TN 37221	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of rosemontpharma.com, policy review, medical record review, interview, and observation, the facility failed to ensure residents were free from significant medication errors for 1 of 4 sampled residents (Resident #77) reviewed.</p> <p>The findings include:</p> <p>1. Review of the rosemontpharma.com article titled, Information For Patients On The Dangers Of Tablet Crushing, dated 9/2023, revealed . The clinical consequences for the patient of crushing tablets or opening capsules can mean that the drug is less effective or more likely to cause side effects. When crushing disrupts a drug's sustained-release properties, the active ingredient is no longer released and absorbed gradually, resulting in overdose. When a gastro-resistant layer is destroyed by crushing, underdosing is likely . Enteric coatings .These stop the drug breaking down in the stomach, to protect either the stomach or the drug, or to enable it to be released further along the digestive process . Modified or prolonged release .These drugs - also known as extended release, slow release or controlled release - are steadily released, which means they don't have to be taken so frequently .</p> <p>Review of the undated facility policy titled, Med Pass Education Tool, revealed .Anything that indicates slow-release or enteric coating .should NOT be crushed .Other common medications that should not be crushed .EC [Enteric Coated] aspirin .Potassium tablets .</p> <p>2. Review of the medical record revealed the Resident #77 was admitted to the facility on [DATE], with diagnoses including Age-related Osteoporosis, Fibromyalgia, Chronic Kidney Disease, Pleural Effusion, Chronic Atrial fibrillation, Hyperlipidemia, Hypothyroidism, Long Term (current) Use of Aspirin, and Anemia.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #77 had a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition.</p> <p>Review of the Physician's Orders for Resident #77 dated 1/24/2025-2/12/2025, revealed .aspirin [OTC] [over the counter] tablet, delayed release .81 mg [milligram] 1 tab [tablet] Once a day .potassium chloride extended release 10 mEq [milliequivalent] .once a day .</p> <p>Observation during medication administration on 2/12/2025 at 8:27 AM, revealed RN (Registered Nurse) L removed medications from the medication cart including potassium chloride extended release 10 mEq and aspirin 81mg tablet delayed release, placed in medicine cup, meds crushed the medications, mixed with applesauce, and administered the medications to Resident #77.</p> <p>During an interview on 2/12/2025 at 10:50 AM, RN L was asked if the potassium chloride extended release or aspirin delayed release should have been crushed. RN L stated, I think some dissolve, I think it's up to the provider and the pharmacy.</p> <p>During an interview on 2/12/2025 at 4:08 PM, the Director of Nursing confirmed slow-release or enteric coated medications should not be crushed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Nhc Place at the Trace		STREET ADDRESS, CITY, STATE, ZIP CODE  8353 Highway 100 Nashville, TN 37221	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Refer to F759</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Nhc Place at the Trace		STREET ADDRESS, CITY, STATE, ZIP CODE  8353 Highway 100 Nashville, TN 37221	
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 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 policy review, facility documentation review, job descriptions, observation, and interview, the facility failed to ensure food was stored and served under sanitary conditions when floors were soiled throughout the kitchen, cookware and equipment were soiled, when the dishwasher was not maintained at an appropriate temperature for sanitation, and when 1 of 1 staff (Cook N) failed to perform hand hygiene during tray line service. The facility had a census of 82 with 82 of those residents receiving a tray from the kitchen.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Cleaning Equipment, dated 11/2027, revealed .Equipment must be cleaned and/or sanitized after every use .Department inspections should be conducted to review sanitation, and immediate action should be taken to correct any problems that interfere with meeting sanitary standards .</p> <p>Review of the facility policy titled, Griddles/Grills, dated 11/2017, revealed .After each use .For char-grills, use stiff brush to remove food particles from grate .</p> <p>Review of the facility policy titled, Refrigerator and Freezer Storage, dated 11/2017, revealed .Refrigerator and frozen foods will be stored properly for optimal product safety .Foods will be stored in their original container or a NSF [National Sanitation Foundation] approved container or wrapped tightly in moisture-proof film, foil .clearly labeled with the contents and use by date .</p> <p>Review of the facility policy titled, Machine Warewashing, dated 11/2017, revealed .Most tableware, utensils, adaptive equipment, pots and pans .can be effectively cleaned and sanitized in warewashing machines. Most warewashing machines sanitize by using either hot water or a chemical-sanitizing solution . High-Temperature Machines .rely on hot water to clean and sanitize. The temperature of the wash solution in dish machine that use hot water to sanitize may not be less than 165 [degree] F [Fahrenheit] .The temperature of the final sanitizing rinse must be at least 180 [degree] F .The temperature is measured using a built-in thermometer to check the temperature of the water at the manifold, where the water sprays into the tank .Check each rack for soiled items as it comes out of the machine. Run dirty items through again until they are clean. Most items will only need to pass if proper equipment and procedures are used .Keep the warewashing machine in good repair .If the temperature are not in the proper range, immediately call the appropriate service company and stop the operation of the machine . Manually finish the dishes if necessary, following manual warewashing guidelines .Use disposal (plates/utensils, etc.) for the next meal if necessary. Do not utilize the dish machine again until it is in good repair.</p> <p>2. Review of the Registered Dietitian Nutritionist job description dated 1/15/2021, revealed .Reviews sanitation and safety of the FNS [Food and Nutrition Services] department routinely and provides guidance in finding solutions to any problems noted .Has a thorough understanding and practice of all regulations (local, state, and federal) which affect FNS including department. Must be able to work with and train staff to improve patient care and FNS services .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Nhc Place at the Trace		STREET ADDRESS, CITY, STATE, ZIP CODE  8353 Highway 100 Nashville, TN 37221	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Director of Food and Nutrition Services job description dated 7/7/2022, revealed .To ensure all functions of the FNS [Food and Nutrition Services] Department, both Administrative and Clinical duties are carried out accurately and appropriately .Responsible for development/adherence to policies and procedures .cleaning schedules, and other food services management tools .Has a thorough understanding and practice of all regulations .which affect Evaluates trends and developments food safety and service practices and techniques and investigates their adaptability to the FNS program .Inspects FNS department regularly to ensure that it is safe, secure, and sanitary .</p> <p>3. Observation and interview in the Kitchen during the initial tour on 2/10/2025 at 10:26 AM, revealed the following:</p> <ul style="list-style-type: none"> <li>a. 2 cooking pots hanging above the 3 compartment sink with black build up on the bottom of the pots.</li> <li>b. a perforated pan with dried food particles on the side. The CDM (Certified Dietary Manager) confirm that the perforated pan should be clean and free of food particles.</li> <li>c. 2 small clear dessert bowls stacked inside each other with cantaloupe stuck between the 2 bowls in a storage bin. The CDM confirmed that the bowls should be clean and food should not be on the bowls.</li> <li>d. a metal mixing kettle and a metal stand up mixer with build up of spillage and dried food particles.</li> <li>e. plastic rolling containers with breadcrumbs, rice, and fish batter, soiled with dried food splatters on the exterior of the containers.</li> <li>f. the bottom shelf of a metal prep table with dried spillage and dried food particles.</li> <li>g. a metal drying rack with a build up of dried food and tan spillage on the sides and on the bottom of the rack.</li> <li>h. the char-grill with thick carbon build up. The CDM confirmed that it was black build up.</li> <li>i. the floor throughout the kitchen was soiled and with thick black build under the deep fryer.</li> <li>j. 2 opened and undated loaves of wheat bread on a ledge above the serving line.</li> <li>k. half loaf of white bread opened and undated on a ledge above the serving line.</li> <li>l. 2 expired 4-ounce (oz) cups of grape juice dated 1/30/2025 stored in the reach in refrigerator.</li> <li>m. 20 expired 4 oz cups of grape juice dated 1/30/2025 stored in the walk-in refrigerator.</li> </ul> <p>4. Observation and interview in the kitchen on 2/10/2025 at 3:53 PM, the CDM confirmed that the dishwasher temperatures (temp) are supposed to be 160 degrees F at wash and 180 degrees F at rinse. The CDM stated, Staff are supposed to inform me or maintenance when the temp is too low, the water temp will come down 5-10 degrees and are instructed to wait 5-10 minutes then restart (dishwasher) .</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Nhc Place at the Trace		STREET ADDRESS, CITY, STATE, ZIP CODE  8353 Highway 100 Nashville, TN 37221	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview in the Kitchen on 2/11/2025 at 10:02 AM, revealed [NAME] O was in the dish room running the dish washer and the dishwasher final rinse temp was not maintained and dropped to 151 degrees F. [NAME] R was asked, what's the process for reporting the dishwasher temperatures when they are not maintained. [NAME] R stated, I don't know the answer . [NAME] R returned with the CDM. The CDM was asked how he ensures that dishes are being sanitized properly if temperatures are not being maintained. The CDM confirmed that there was not any sanitation on the dishwasher since it is a high temp dishwasher and stated, Staff know to stop and let the water reheat after 5-10 minutes.</p> <p>Review of the Kitchen's Dishroom Record, dated 2/2025, revealed the rinse temperature was below 180 degrees on the following dates:</p> <ul style="list-style-type: none"> <li>a. 2/1/2025 AM 169 degrees, evening 178 degrees</li> <li>b. 2/2/2025 AM 175 degrees, noon 176 degrees</li> <li>c. 2/3/2025 AM 171 degrees,</li> <li>d. 2/4/2025 AM 174 degrees, noon 174 degrees, evening 177 degrees</li> <li>e. 2/5/2025 AM 179 degrees, noon 177 degrees, evening 169 degrees</li> <li>f. 2/6/2025 AM 175 degrees, noon 173 degrees, evening 175 degrees</li> <li>g. 2/7/2025 noon 177 degrees, evening 179 degrees</li> <li>h. 2/9/2025 noon 179 degrees, evening 178 degrees</li> <li>i. 2/10/2025 AM 179 degrees</li> </ul> <p>Observation and interview on 2/11/2025 at 10:16 AM, revealed the Regional Registered Dietitian (RD) had a test tray placed in the dishwasher with the final rinse temperature dropping to 160 degrees. The RD confirmed that there was an issue with the dishwasher and that someone would be contacted to assess the dishwasher. The RD confirmed that the facility would implement the use of disposable dining ware for serving meals.</p> <p>5. Observation in the Kitchen on 2/11/2025 from 3:55 PM to 4:26 PM, revealed [NAME] N walking away from the serving line multiple times, touching multiple items (including the warming oven handle) in the kitchen, without changing gloves or performing hand hygiene prior to returning to serving line. [NAME] N was observed obtaining 2 sweet potatoes from the warming oven with gloved hand and smashing 1 of the potatoes with gloved hand.</p> <p>6. Review of the Named company invoice for the dishwasher dated 2/11/2025, revealed .a leak at the vacuum breaker was repaired .a temp probe was repaired for the energy recover system. The incoming power for the booster is missing .They need to get a[an] electrician to fix the incoming power for the booster .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Nhc Place at the Trace		STREET ADDRESS, CITY, STATE, ZIP CODE  8353 Highway 100 Nashville, TN 37221	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the service report dated 2/11/2025, revealed .Back of House issue found .Machine [dishwasher] rinse temp not meeting 180 degrees .Rinse Temperature: 144 [degrees] Fahrenheit .Monitoring rinse temp for compliance to protect guests, reputations, machine efficiency .Chemical Sanitation 50PPM [Parts Per Minute] .Monitoring chemical sanitation level for compliance to protect guests and reputation .Installed stacking pump to allow dishes to be sanitized while rinse temp is low .</p> <p>7. Observation and interview in the kitchen on 2/12/2025 at 9:08 AM, revealed the stove eyes with thick carbon build up and a tan thick build up on the right front eye. The CDM stated that Ecolab came out last night and added a sanitizing line to the dishwasher. The CDM was asked regarding the testing of the sanitation of the dishwasher. The CDM stated that the facility does not have the sanitation test strips needed to test the dishwasher sanitation. The CDM confirmed that Ecolab performed a sanitation test prior to leaving. The CDM stated, I was perched the entire time that they were using the dishwasher to ensure the temps [temperatures] were not dropping.</p> <p>Observation and interview in the kitchen on 2/12/2025 at 9:46 AM, revealed [NAME] M washing dishes in the dish room with a wash temp of 142 degrees. [NAME] M turned the dishwasher off and did not report low temperatures to anyone. The CDM was asked how he was ensuring the sanitation of trays and dishes with having 2 Covid residents in the facility. The CDM confirmed Ecolab ran sanitation to the dishwasher. The CDM was asked how he was ensuring the proper sanitation level without being able to test. The CDM stated, I see where you are coming from.</p> <p>During an interview on 02/12/2025 at 12:08 PM, the Regional RD confirmed that she was first made aware of the issues with the dishwasher on 2/11/2025 and contacted the dishwasher manufacturer and Ecolab. The Regional RD was asked who made the decision to go back to using regular dishes and utensils. The Regional RD confirmed that she was not included in that decision.</p> <p>During an interview on 2/12/2025 at 2:49 PM, revealed the RD confirmed that he has not been included in any conversations related to any issues with the dishwasher or any concerns related to the sanitation of the dishwasher this week or prior. The RD confirmed that was a concern related to covid residents and the issue with the dishwasher sanitation.</p> <p>During an interview on 2/12/2025 at 3:38 PM, revealed the CDM, Regional RD, RD, and the Administrator were present. The CDM confirmed that opened food items should be labeled and dated. The CDM confirmed that expired food items should be discarded by the use by date. The CDM was asked if cookware or equipment should have thick carbon build up. The CDM stated, No. The CDM confirmed that there should not be dried food particles on clean dishes or cookware. The CDM confirmed that there should not be dried food particles, spillage, or dried substance build up on the sides or base of the rack, and mixing kettle and stand. The CDM confirmed that the dishwasher temperature logs should reflect appropriate temperatures in range and confirmed that staff should not leave the serving line and return without performing hand hygiene.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Nhc Place at the Trace		STREET ADDRESS, CITY, STATE, ZIP CODE  8353 Highway 100 Nashville, TN 37221	
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on policy review, medical record review, observation, and interview, the facility failed to prevent the spread of infections when 1 of 4 (Registered Nurse (RN) K) nurses failed to properly perform hand hygiene during blood glucose monitoring and cleaned an injection site with a used alcohol pad during medication administration.</p> <p>The findings include:</p> <p>1. Review of the undated facility policy titled, Med Pass Education Tool, revealed, .Use proper hand hygiene prior to donning and after doffing gloves .Use proper hand washing technique .Use a clean towel to turn off water .</p> <p>Review of the facility policy titled, 709 Hand Hygiene, dated April 2024 revealed, .To decrease the number of microorganisms, preventing cross contamination between staff and patients .Rinse your hands with water and use disposable towels to dry. Use towel to turn off the faucet .</p> <p>2. Review of the medical record revealed Resident #278 was admitted to the facility on [DATE], with diagnoses including Hypertensive Heart Disease, Congestive Heart Failure, Diabetes, and Cellulitis.</p> <p>Review of the Social Services Noted dated 2/5/2025, revealed a Brief Interview for Mental Status assessment was performed on 2/5/2025, revealing a score of 11, indicating Resident #278 was moderately cognitively impaired.</p> <p>Review of the Care Plan dated 2/4/2024, revealed .Diabetes .Monitor blood glucose levels as ordered and administer meds [medications]/insulin as directed .</p> <p>Review of the Physician's Orders dated 2/3/2025 revealed insulin aspart U-100 insulin pen [a medication to lower blood glucose] .100 unit/mL [milliliter] .7 UNITS . subcutaneous .Take before lunch and dinner .[blood glucose monitoring] .Before Meals and At Bedtime .</p> <p>Observation in Resident #278's room on 2/11/2025 at 11:41 AM, revealed RN K prepared to perform blood glucose monitoring, entered the bathroom, washed her hands, turned off water with her bare hand, and dried her hands with paper towel.</p> <p>Observation in Resident #278's room on 2/11/2025 at 12:10 PM, revealed RN K prepared to administer an insulin injection, cleaned an area to the left lower abdomen with an alcohol pad, and placed the alcohol pad on the over the bed table without a barrier. RN K picked the alcohol pad up off the overbed table and used the same alcohol pad to wipe Resident #278's left lower abdomen, removed the needle cap, and administered the insulin into the abdomen.</p> <p>During an interview on 2/12/2025 at 3:03 PM, RN K confirmed when performing handwashing the water should be turned off with a paper towel, not with her bare hand, and when cleaning an injection site an alcohol wipe should not be reused once placed on an over the bed table without a barrier.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2025
NAME OF PROVIDER OR SUPPLIER  Nhc Place at the Trace		STREET ADDRESS, CITY, STATE, ZIP CODE  8353 Highway 100 Nashville, TN 37221	
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	During an interview on 2/12/2025 at 4:08 PM, the Director of Nursing confirmed an alcohol wipe should not be reused to clean an injection site if it has been laid on an over the bed table without a barrier and a paper towel should be used to turn off the water when performing hand washing.		