

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/29/2023
NAME OF PROVIDER OR SUPPLIER The Waters of Shelbyville, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 835 Union Street Shelbyville, TN 37160	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interview, the facility failed to follow MD (Medical Doctor's) orders for 1 of 17 (Resident #3) residents reviewed.</p> <p>The findings include:</p> <p>Review of the facility policy titled, GUIDELINES FOR PHYSICIAN ORDERS--(FOLLOWING PHYSICIAN ORDERS,) dated 6/18/2023, revealed, .It is the policy of the facility to follow the orders of the physician .All physician orders received pertaining to the resident will be implemented and followed throughout the course of the resident's stay in the facility as the orders are received .</p> <p>Review of the medical record for Resident #3 revealed he was admitted on [DATE] with diagnoses which included Chronic Obstructive Pulmonary Disease and Atrial Fibrillation.</p> <p>Review of the Annual Minimum Data Set (MDS) assessment for Resident #3 dated 11/7/2023, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment.</p> <p>Review of the Care Plan for Resident #3 revealed, .Focus .is at risk for alteration in respiratory status related to DX [diagnosis] of COPD [Chronic Obstructive Pulmonary Disease], chronic respiratory failure with hypoxia, emphysema .receives oxygen as ordered . Interventions included, .O2 [oxygen] therapy per orders, change O2 tubing per facility protocol and as needed .</p> <p>Review of the Order Summary Report for Resident #3 revealed and order for Oxygen 2/lpm (liters per minute) per NC (nasal cannula) continuous every shift for COPD.</p> <p>Review of the Medication Administration Record (MAR) for Resident #3 dated 11/1/2023-11/30/2023, revealed he was administered oxygen at 2 lpm continuous.</p> <p>Observation in Resident #3's room on 11/27/2023 at 12:30 PM, revealed Resident #3 lying in bed with oxygen on via nasal cannula at 4 lpm.</p> <p>During an interview and observation in Resident #3's room on 11/28/2023 at 11:40 AM, the Regional Nurse Consultant #2 verified the oxygen concentrator was on, attached to Resident #3 via a nasal cannula, and was set to deliver oxygen at 4 lpm. Resident #3 stated, My oxygen has to be on 4 or I can't breathe. Upon review of Resident #3's Physician's Orders, Regional Nurse Consultant #2 confirmed the order was for oxygen at 2 lpm continuous. The Regional Nurse Consultant confirmed the nurses were not following the Physician's Order for Resident #3's oxygen administration.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility procedure review, medical record review, observations, and interviews, the facility failed to ensure that a resident who needs respiratory care is provided such care, consistent with professional standards of practice, for 2 of 2 (Residents #3 and #4) residents reviewed.</p> <p>The findings include:</p> <p>Review of the facility's procedure titled, Oxygen Administration, dated 1/1/2020 revealed, .Change humidifier and tubing per facility procedure .At regular intervals, check and clean oxygen equipment, masks, tubing and cannula .</p> <p>Review of the medical record for Resident #3 was admitted to the facility on [DATE] with diagnoses which included Chronic Obstructive Pulmonary Disease and Atrial Fibrillation.</p> <p>Review of the Annual Minimum Data Set (MDS) assessment for Resident #3 dated 11/7/2023, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment.</p> <p>Review of the Order Summary Report for Resident #3 revealed and order for, . Oxygen 2/lpm (liters per minute) per NC (nasal cannula) continuous every shift for COPD .Change nebulizer tubing and mask weekly every night shift on Thu [Thursday] .Change oxygen tubing and H2O [water] Nebulizer every week every night shift every Thu .</p> <p>Observation in Resident #3's room on 11/27/2023 at 12:30 PM, revealed Resident #3 lying in bed with oxygen on via nasal cannula at 4 liters per minute (lpm). The humidifier attached to the oxygen concentrator was not dated. A nebulizer mask was hanging on the humidifier bottle that was sitting in a pulled out drawer of the bedside nightstand. The nebulizer mask was undated.</p> <p>During an interview and observation in Resident #3's room on 11/27/2023 at 2:44 PM, the Director Of Nursing (DON) stated the nebulizer mask was not contained in a bag or stored properly. He stated the date on the bag hanging from the concentrator was 11/2/2023. The DON stated the humidifier bottle nor the nebulizer mask were dated. He stated the nebulizer mask and oxygen equipment are to be dated and changed weekly.</p> <p>Review of the medical record revealed Resident #4 was admitted to the facility on [DATE] with diagnoses which included Pyogenic Arthritis and Pneumonia.</p> <p>Review of the Quarterly MDS assessment for Resident #4 dated 11/2/2023 revealed a BIMS score of 14, which indicated no cognitive impairment.</p> <p>Review of the Order Summary Report for Resident #4 revealed an order dated 10/26/2023 for Ipratropium-Albuterol Solution (a medication used to dilate the bronchi in the lung to improve breathing) 0.5-2.5 (3)mg (milligram)/3ml (milliliter) 1 vial inhale orally every 6 hours for cough/congestion.</p> <p>Observation in Resident #4's room on 11/27/2023 at 12:45 PM, revealed a nebulizer mask laying on an overbed table not in a bag. The date on the mask was illegible.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and observation in Resident #4's room on 11/27/2023 at 2:46 PM, the DON stated the nebulizer mask was not contained in a bag or stored properly. He stated the nebulizer mask had no date, and it should be dated.</p>