

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Spring Meadows Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Highway 76 Clarksville, TN 37043	

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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</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, medical record review, and interview, the facility failed to complete resident assessments, using the Centers for Medicare &amp; Medicaid Services-specific RAI (Resident Assessment Instrument) process, within the regulatory time frames for 7 of 28 sampled residents (Resident #5, #17, #22, #48, #76, #86, and #93) reviewed for completion of the MDS resident assessments.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Review of the MDS 3.0 RAI Manual v (version) 1.17.1 October 2019, page 2-37 revealed .using the Centers for Medicare &amp; Medicaid Services-specific RAI process within the regulatory time frames.</li> <li>Review of the medical record revealed Resident #5 was admitted to the facility on [DATE], with diagnoses including Diabetes, Coronary Artery Disease, Hypertension, Depression, and Polyneuropathy.</li> </ol> <p>Review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/7/2022, revealed Item Z0500B with a completion date of 11/23/2022. The quarterly assessment should have been completed by 11/21/2022.</p> <ol style="list-style-type: none"> <li>Review of the medical record revealed Resident #17 was admitted to the facility on [DATE], with diagnoses including Stroke, Coronary Artery Disease, Hypertension, Diabetes, Dementia, Hemiplegia, Anxiety, and Depression.</li> </ol> <p>Review of the quarterly Minimum Data Set (MDS) with an ARD of 1/18/2023, revealed Item Z0500B with a completion date of 12/7/2023. The quarterly assessment should have been completed by 12/2/2023.</p> <ol style="list-style-type: none"> <li>Review of the medical record revealed Resident #22 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Cerebral Infarction, Dysphagia, Depression, and Anxiety.</li> </ol> <p>Review of the quarterly MDS with an ARD of 7/14/2023, revealed Item Z0500B with a completion date of 8/1/2023. The quarterly assessment should have been completed by 7/28/2023.</p> <ol style="list-style-type: none"> <li>Review of the medical record revealed Resident #48 was admitted to the facility on [DATE], with diagnoses including Dementia, Hypertension, Acute Kidney Failure, Depression, and Anxiety.</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
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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the admission MDS with an ARD of 2/3/2023, revealed Item Z0500B with a completion date of 2/22/2023. The admission assessment should have been completed by 2/10/2023.</p> <p>6. Review of the medical record revealed Resident #76 was admitted to the facility on [DATE], with diagnoses including Diabetes, Coronary Artery Disease, Hypertension, Depression, and Anxiety.</p> <p>Review of the admission MDS with an ARD of 4/14/2023, revealed Item Z0400I with sections A0050 and A0700X completed on 8/28/2023. The admission assessment should have been completed by 4/21/2023.</p> <p>7. Review of the medical record revealed Resident #86 was admitted to the facility on [DATE], with diagnoses including Dementia, Hypertension, Depression, Anxiety, and Spinal Stenosis.</p> <p>Review of the admission MDS with an ARD 1/16/2023, revealed Item Z0500B with a completion date 2/2/2023. The admission MDS should have been completed by 1/30/2023.</p> <p>8. Review of the medical record revealed Resident #93 was admitted to the facility on [DATE], with diagnoses including Heart Failure, Diabetes, Quadriplegia, Dementia, and Hypertension.</p> <p>Review of the admission MDS with an ARD 7/15/2023, revealed Item Z0500B with a completion date of 7/26/2023. The admission MDS should have been completed by 7/22/2023.</p> <p>During an interview on 7/11/2024 at 3:50 PM, the MDS Coordinator was asked about the timeliness of completion of the MDS resident assessments. The MDS Coordinator confirmed that the assessments were completed and transmitted late. The MDS Coordinator confirmed that the Director of Nursing (DON) is responsible for ensuring that MDS resident assessments are completed in a timely manner.</p> <p>During an interview on 7/11/2024 at 6:09 PM, the Administrator was asked who is responsible for ensuring that MDS resident assessments are completed in a timely manner. The Administrator confirmed that the MDS Coordinators are responsible for completing all resident assessments in a timely manner and the Administrator is ultimately responsible with ensuring that the assessments are done timely.</p>		