

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/14/2022
NAME OF PROVIDER OR SUPPLIER Nhc Place at Cool Springs		STREET ADDRESS, CITY, STATE, ZIP CODE 211 Cool Springs Blvd Franklin, TN 37067	
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 0886</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Perform COVID19 testing on residents and staff.</p> <p>Based on policy review, SARS-CoV-2 (COVID-19) testing log, Staff Time and Attendance sheets, and interview, the facility failed to develop and implement a system to track and ensure all staff with medical and religious exemptions for COVID-19 testing were tested twice weekly for the prevention and potential spread of COVID-19 when 3 of 8 staff members (Registered Nurse (RN) #1 and #2, and Nurse Aide (NA) #1) failed to perform COVID-19 testing twice weekly for 3 of 4 weeks (8/15/2022 - 8/21/2022, 8/29/2022 - 9/4/2022, and 9/5/2022 - 9/11/2022) reviewed. This had the potential to effect the residents these employees cared for.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, .Mandatory COVID-19 Vaccine, dated 2/2/2022, revealed .staff who do not receive the COVID-19 vaccination are considered to be at-risk for transmitting COVID-19 to other staff and patients .exemptions .Testing 2x [times]/week prior to shift regardless .</p> <p>Review of the facility's SARS-CoV-2 Testing Logs and Staff Time and Attendance sheets from 8/15/2022 -9/11/2022 revealed the following employees failed to perform the required twice weekly COVID-19 testing:</p> <p>a. 8/15/2022-8/21/2022 - RN #2</p> <p>b. 8/29/2022- 9/4/2022 - RN #1 and RN #2</p> <p>c. 9/5/2022 - 9/11/2022 - RN #1 and NA #1</p> <p>During an interview on 9/14/2022 at 5:30 PM, the Director of Nursing (DON) was in the room assisting and confirming exempted staff COVID-19 testing, and the DON was asked if she expected her staff to complete the twice weekly testing as required. The DON stated, Yes .</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
---	-------	-----------