STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445488	A. Building B. Wing	04/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Somerfield at the Heritage	900 Heritage Way Brentwood, TN 37027

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to provide information regarding a resident's right to develop an Advance Directive for 2 of 11 sampled residents (Resident #49 and #302) reviewed for Advance Directives. The findings include: Review of the facility's policy titled, Advance Directives, dated 12/2016, revealed .Advance directives will be respected in accordance with state law and facility policy .Upon admission, the resident will be provided with written information concerning the right to refuse or accept medical or surgical treatment to formulate an advance directive if he or she chooses to do so . Review of the medical record, revealed Resident #49 was admitted to the facility on [DATE] with diagnoses of Spinal Stenosis, Diabetes Mellitus, Anemia, and Adjustment Disorder with Anxiety. Review of the 5-day Minimum Data Set (MDS) dated [DATE], revealed Resident #49 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated she was cognitively intact. Review of Resident #49's medical record, revealed there was no Advance Directive present and there was no documentation the resident or her legal representative was informed or provided written information regarding her right to develop an Advance Directive upon admission. Review of the medical record, revealed Resident #302 was admitted to the facility on [DATE], with diagnoses of Displaced Spiral Fracture Right Tibia, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Hypertension, and Urinary Tract Infection. Review of admission MDS dated [DATE], revealed Resident #302 had a BIMS of 15, which indicated she was cognitively intact. Review of Resident #302's medical record, revealed there was no Advance Directive present and there was no documentation the resident or her legal representative was informed or provided written information regarding her right to develop an Advance Directive upon admission. During an interview on 4/19/2022 at 3:28 PM, the Assistant Director of Nursing (ADON) confirmed that Resident #49 and #302 did not have Advance Directives and there was no documentation the residents or legal representatives were informed or provided written information regarding their right to develop an Advance Directive upon admission.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445488	A. Building B. Wing	04/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Somerfield at the Heritage	900 Heritage Way Brentwood, TN 37027

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to accurately assess a pressure injury for 1 of 1 sampled resident (Resident #205) reviewed for pressure ulcers. The findings include: Review of the facility's policy titled, Pressure Ulcers/Skin Breakdown - Clinical Protocol, dated 4/2018, revealed .the nurse shall describe and document/report the following .Full assessment of pressure sore including location, stage, length, width and depth, presence of exudate . Review of the closed medical record, revealed Resident #205 was admitted to the facility on [DATE] with diagnoses of Parkinson's Disease, Hypertensive Chronic Kidney Disease, Pressure Ulcer of the Right Hip, Diabetes Mellitus, Anemia, Osteoarthritis, Acute Kidney Failure, and Hypertension. Review of the Clinical Note Entry dated 3/3/2022, revealed Resident #205 had a Stage 2 pressure injury on the coccyx that was present on admission to the facility. Review of the admission Minimum Data Set (MDS) dated [DATE], revealed Resident #205 had a Stage 2 pressure injury that was present on admission to the facility. Review of the Clinical Notes Report dated 3/15/2022, revealed .PI [Pressure Injury] to coccyx, stage II [2] .7cm [centimeter] x [by] 7.2cm x 0.2cm, 80% [percent] tan slough [necrotic tissue] to wound bed . Review of the Clinical Notes Report dated 3/22/2022, revealed .PI [Pressure Injury] to coccyx, stage II [2] .8cm x 9.5cm x UTD [unable to determine] [depth], 100% dark brown to yellow, firm adherent tissue to wound bed . During an interview on 4/20/2022 at 1:50 PM, the Director of Nursing (DON), confirmed that Resident #205 had a stage 2 pressure injury to the coccyx that was present on admission to the facility. The DON confirmed that Resident #205's coccyx pressure injury should have been re-classified as a stage 3 on 3/15/2022, when there was 80% slough present, and as an unstageable on 3/22/2022, when the wound depth was unable to be determined due to being 100% covered with a firm adherent tissue.