STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445512	A. Building B. Wing	03/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nashville Center for Rehabilitation and Healing LL	832 Wedgewood Avenue Nashville, TN 37203

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, medical record review, and interview the facility failed to determine and perform a significant change Minimum Data Set (MDS) assessment for 1 of 40 sampled residents (Resident #16) reviewed. The findings include: Review of the facility MDS/Care Plan Coordinator Job Description revealed, .MDS/Care Plan Coordinator is an experienced health care provider who ensures an accurate assessment and up-to-date care plan for all residents . Review of the Resident Assessment Instrument (RAI) Version 3.0 Manual revealed, .A significant change is a decline or improvement in a resident's status .will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions . Review of medical record revealed Resident #16 admitted to facility on 8/16/2020 with diagnoses which included Metabolic Encephalopathy, Hepatic Failure, and Alcoholic Cirrhosis of Liver. Review of Resident #16's Nursing Progress Notes revealed, .12/14/2022 resident noted with IV [intravenous] fluids for hydration .responsive sluggishly to name, unable to safely swallow hs [hour of sleep] meds at present d/t [due to] cognition, resident not following verbal commands effectively HOB [head of bed] elevated for aspiration precaution .12/16/2023 resident noted with IV fluids for hydration .12/30/2022 .resident AMS [altered mental status] .start Rocephin [antibiotic] for Covid PNA [pneumonia] .would need midline placed . 1/4/2023 resident presents overall weak .1/30/2023 Right Heel Unstageable wound with 100 % Eschar . Review of the Quarterly MDS dated [DATE] revealed Resident #16 had a Brief Interview for Mental Status score of 11 which indicated moderately impaired cognition. Continued review of the MDS revealed Resident #16 experience no swallowing disorders and no unhealed pressure ulcers. Review of Resident #16's Nurse Practitioner Notes revealed, .1/06/2023 Covid f/u [follow up] .2/22/2023 Pt [patient] seen today for f/u per ST [Speech Therapy] .they think Pt's excess saliva and swallowing is due to esophagus issues .ST recommends PPI [proton pump inhibitors - medications that reduce the production of acid by the stomach] Omeprazole [PPI medication] ordered .3/14/2023 .IV fluids .ordered x 3 days . 3/15/2023 CXR [chest xray] shows right basilar infiltrate . (continued on next page)

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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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/15/2023 at 11:26 AM, MDS coordinator confirmed a significant change MDS assessment would be completed if a new diagnoses, significant weight loss, or overall decline in a resident. The MDS coordinator confirmed the last MDS for Resident #16 was 12/26/2022 which was a Quarterly MDS assessment. During an interview on 3/16/2023 at 9:14 AM, Wound Care Nurse stated (Resident #16) had an overall decline that started in January. It started with Covid diagnose, her nutritional status decline, we had to assist her more with meals, and then the facility acquired unstageable pressure ulcer presented on 1/30/2023.

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interviews, the facility failed to create and provide a baseline care plan for 5 of 40 (Residents #59, #62, #100, #216, and #358) sampled residents reviewed for baseline care plans. The findings include: Review of the facility's policy titled, Care Plans Baseline, dated 11/30/2022, revealed, .A baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within forty-eight (48) hours of admission .A comprehensive care plan may be used in place of the baseline care plan providing the comprehensive care plan is developed within 48 hours of the resident's admission and meets the requirements of a comprehensive assessment .The resident and/or record . Review of the medical record revealed Resident #34 was readmitted on [DATE] with diagnoses which included Altered Mental Status, End Stage Renal Disease, and Cerebral Infarction. Review of the admission Minimum Data Set (MDS) dated [DATE] revealed Resident #34's Brief Interview for Mental Status (BIMS) score of 8 indicated moderately impaired cognition. Review of the care plan history detail revealed the last review of the baseline care plan was completed on 1/21/2023. The baseline care plan was not reviewed after Resident #34's readmission. During an interview on 3/6/2023 at 9:25 AM, MDS Coordinator confirmed baseline care plans should be completed on admission by the admitting nurse. During an interview on 3/6/2023 at 9:35 AM, the Wound Care Nurse confirmed Resident #34's baseline care plan has not been reviewed since her readmission on [DATE]. During an interview on 3/6/2023 at 9:45 AM, Social Service Director (SSD) confirmed, I met with [Named Resident #34] on the day of admission within 24 hours. If a resident or family wanted a copy of the care plan, I think they would have to go through medical records to be able to obtain a copy. Review of the medical record revealed Resident #59 was admitted to the facility on [DATE] and readmitted to this facility on 2/10/2023 with diagnoses of Malignant Neoplasm of Prostate, Depression and Type 2 Diabetes Mellitus with Hyperglycemia. Review of the Quarterly MDS for Resident #59 dated 2/18/2023 revealed a BIMS score of 15 which indicated no cognitive impairment. Review of the baseline care plan for Resident #59 revealed the baseline care plan was not completed within 48 hours. Review of the medical record revealed Resident #62 was readmitted to the facility on [DATE] with diagnoses which included Type 2 Diabetes and Atrial Flutter. (continued on next page)

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the admission MDS assessment dated [DATE] revealed Resident #62 had a BIMS score of 15 indicating no cognitive impairment. During an interview on 3/13/2023 at 9:00 AM, Resident #62 confirmed the resident had not received a copy of the baseline care plan after admission to the facility. Review of the medical record revealed Resident #100 was admitted to this facility on 2/21/2023 with diagnoses of Infection and Inflammatory Reaction Due to Internal Left Hip Prosthesis, Subsequent Encounter. Review of the Comprehensive MDS for Resident #100 dated February 10, 2023 revealed a BIMS score of 15 which indicated no cognitive impairment. During an interview on 03/13/2023 at 11:15 AM, Resident #100 confirmed she had not received a copy of her baseline care plan. Review of the medical record revealed Resident #216 was admitted to the facility on [DATE] with diagnoses which included Abscess of Bursa Left Shoulder and Type 2 Diabetes Mellitus. During an interview on 3/13/2023 at 4:09 PM, Resident #216 confirmed he was not given a copy of his baseline care plan. Review of the medical records revealed Resident #358 was admitted to the facility on [DATE] with diagnoses which included Cellulitis of Left Lower Limb, Cellulitis of Right Lower Limb, Type 2 Diabetes Mellitus without Complications. Continued review confirmed a baseline care plan was not initiated for Resident #358.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **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 have quarterly care plan conference meetings with the resident or resident's representative for 11 out of 40 sampled residents (Residents #19, #30, #32, #49, #57, #60, #69, #76, #77, #81, and #82). The findings include: Review of the undated facility policy, Care Plans, Comprehensive Person-Centered, revealed, .The interdisciplinary team [IDT], in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident .The comprehensive, person-centered care plan is developed within seven [7] days of the completion of the required MDS [Minimum Data Set] [Admission, Annual or Significant Change in Status], and no more than 21 days after admission .Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change .The IDT team reviews and updates the care plan .when there has been a significant change in the resident's condition .when the desired outcome is not me .when the resident has been readmitted to the facility from a hospital stay .at least quarterly, in conjunction with the required quarterly MDS assessment . Review of the undated facility policy, Care Planning-Interdisciplinary Team, revealed, The interdisciplinary team is responsible for the development of resident care plans .The IDT includes but is not limited to . resident's attending physician .a registered nurse .nursing assistant .member of the food and nutrition services staff .Care plan meetings scheduled at the best time of the day for the resident and family .if it is determined that participation of the resident or representative is not practicable for development of the care plan, an explanation is documented in the medical record . Review of the medical records revealed Resident #19 was admitted to the facility on [DATE] with diagnoses which included Human Immunodeficiency Virus Disease, Unspecified Symptoms and Signs Involving Cognitive Functions following Cerebral Infarction, and Restless Leg Syndrome. Review of the Quarterly Minimum Data Set (MDS) dated [DATE] for Resident #19 revealed a Brief Interview for Mental Status (BIMS) score of 11 which indicated moderately impaired cognition. Review of the medical records for Resident #19 revealed one Care Plan meeting on 3/24/2021 with family involvement. No further Care Plan meetings were noted. Review of the medical records revealed Resident #30 was admitted to the facility on [DATE]which included Alzheimer's Disease, Chronic Kidney Disease, and Unspecified Protein-Calorie Malnutrition. Review of the Significant change in status MDS dated [DATE] for Resident #30 revealed a BIMS score of 2 which indicated cognitive impairment. Review of the Care Plan for Resident #30 revealed one Care Plan meeting on 12/15/2021 with family involvement. No further Care Plan meetings were noted nor any family participation in the care planning process. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the medical records revealed Resident #32 was admitted to the facility on [DATE] with a readmission on [DATE] with diagnoses of altered mental status, vascular dementia without behavioral disturbance, mood disturbance and anxiety. Review of the Quarterly MDS dated [DATE] revealed a BIMS score of 5 which indicated a severe cognitive impairment. Review of medical records revealed MDSs for Resident #32 were updated on 7/8/2022, 7/14/2022, 7/21/2022, 9/14/2022, 9/16/2022, 9/21/2022, 12/18/2022, 12/19/2022, 1/28/2023. Review of medical records revealed care plans for Resident #32 were completed on 2/26/2022, 7/27/2022, 9/20/2022, 11/2/2022, and 3/7/2023. Review of the medical record revealed Resident #49 was admitted to the facility on [DATE] with diagnoses which included Dementia without Behavioral Disturbance, Chronic Kidney disease, and Cerebral Infarction. Review of the Significant change in status MDS dated [DATE] for Resident #49 revealed a staff assessment for mental status which revealed memory problems. Review of the medical record for Resident #49 revealed one Care Plan meeting on 8/25/2021 with family involvement. No further Care Plan meetings were noted nor any family participation in the care planning process. Review of the medical records revealed Resident # 57 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Acute Respiratory Failure with Hypoxia, Hemiplegia and Hemiparesis following Cerebral Infarction affecting Right Dominant Side and Metabolic Encephalopathy. Review of the Comprehensive MDS dated [DATE] revealed Resident #57 had no BIMS score present. MDS indicated BIMS should not be conducted and Resident #57 has short-term and long-term memory problems and was severely impaired. Review of the medical records revealed MDSs for Resident #57 were updated on 11/4/2021, 2/4/2022, significant change on 2/28/2022, 5/31/2022, 8/3/2022, 11/27/2022, 12/22/2022, and 2/16/2023. Review of the medical records revealed care plans for Resident #57 were completed on 4/17/2022, 8/3/2022, 9/20/2022 and 1/12/2023. Review of the medical records revealed Resident #60 was admitted to the facility on [DATE] with diagnoses which included Schizophrenia Unspecified, Chronic Obstructive Pulmonary Disease Unspecified, and Mild Intellectual Disabilities. Review of the Quarterly MDS dated [DATE] for Resident #60 revealed a BIMS score of 12 which indicated moderately impaired cognition. Review of the medical records for Resident #60 revealed one Care Plan meeting on 11/20/2020 with resident involvement. No further Care Plan meetings were noted nor any family participation in the care planning process. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the medical records revealed Resident #69 was admitted to this facility on 3/12/2021 with diagnoses of Atrial Fibrillation, Essential Hypertension and Major Depressive Disorder. Review of the Quarterly MDS dated [DATE] revealed Resident #69 had a BIMS score of 15 which indicated no cognitive impairment. Review of the medical records revealed MDSs were updated on 9/10/2021, 12/10/2021, 3/15/2022, 5/22/2022, 8/24/2022, 10/24/2022, 12/23/2022, 1/5/2023 and 3/16/2023. Review of the medical records revealed the care plans for Resident #69 were completed on 10/1/2021, 1/7/2022, 4/23/2022, 8/3/2022 and 10/11/2022. Review of the medical record revealed Resident #76 was admitted to the facility on [DATE] with diagnoses which included Myoclonus, End Stage Renal Disease, Dependence on Renal Dialysis, and Type 2 Diabetes Mellitus with Diabetic Neuropathy Unspecified. Review of the Quarterly MDS dated [DATE] for Resident #76 revealed a BIMS score of 10 which indicated moderately impaired cognition. Review of the medical records for Resident #76 revealed no Care Plan Conferences had been held. Review of the medical record revealed Resident #77 was admitted to the facility on [DATE] with diagnoses which included Acute Disseminated Encephalitis and Encephalomyelitis and Encephalopathy Unspecified. Review of the Comprehensive MDS dated [DATE] for Resident #77 revealed no BIMS score documented. Review of the medical records for Resident #77 revealed one Care Plan meeting on 4/13/2022 with resident and family involvement. No further Care Plan meetings were noted. Review of the medical record revealed Resident #81 was admitted to the facility on [DATE] with diagnoses which included Encounter for Other Orthopedic Aftercare, Pneumonia due to Coronavirus Disease 2019, and Displaced Intertrochanteric Fracture of the Left Femur Subsequent Encounter for Closed Fracture with Routine Healing. Review of the Comprehensive MDS dated [DATE] for Resident #81 revealed a BIMS score of 12. Review of the medical records for Resident #81 revealed one Care Plan meeting on 1/11/2022 with resident and family involvement. No further Care Plan meetings were noted. Review of the medical record for Resident #82 revealed he was admitted to the facility on [DATE] with diagnoses which included Cerebral Infarction, Chronic Obstructive Pulmonary Disease (COPD), Schizoaffective Disorder, and Anxiety Disorder. Review of the Quarterly MDS dated [DATE] for Resident #82 revealed a BIMS score of 3 which indicated cognitive impairment. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the medical record for Resident #82 revealed one Care Plan meeting on 5/19/2022 with family involvement. No past Care Plan meetings were noted nor any family participation in the care planning process. During an interview on 3/15/2023 at 9:37 AM, the Social Service Director confirmed that she only does care plan conferences for long term care residents at the resident's or the family's request. She also confirmed that she has not done care conferences with Residents #19, #30, #32, #49, #57, #60, #69, #76, #77, #81, and #82. During an interview on 3/15/2023 at 11:26 AM, the MDS Coordinator confirmed, The care plan should be reviewed and revised after each annual, Quarterly MDS assessment. Each department completes their part of the MDS, completes the CAAs (Care Area Assessments), and then the department would make the care plan decisions. Every department gets notified in Point Click Care (PPC-electronic computer system) that it is time to review and revise the care plan. If the care plan was reviewed or revised it would show under the care plan review of the PCC system.

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F 0660 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Plan the resident's discharge to meet the resident's goals and needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and interview, the facility failed to develop and implement an effective discharge planning process for 1 of 40 sampled residents (Resident #32) reviewed for potential discharge. The findings include: Review of the undated facility policy titled, Transfer or Discharge, Facility-Initiated, revealed, .A post-discharge plan is developed for each resident .This plan will be reviewed with the resident, and/or his or her family . Review of the medical record revealed Resident #32 admitted to facility on 9/21/2020 with diagnoses which included Atherosclerotic Heart Disease and Displaced Comminuted Fracture of Right Arm. Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #32 had a Brief Interview for Mental Status (BIMS) score of 12 which indicated moderately impaired cognition. Review of the care plan revealed Resident #32 had a focus of resident expects to return to his previous living arrangement out in the community with an intervention to make arrangements with required community resources to support independence post-discharge. During an interview on 3/13/2022 at 1:20 AM, Resident #32 stated, I would like to discuss my care. I came to the facility because I broke my arm, been here two years and I would like to go back home. During an interview on 3/15/2023 at 9:37 AM, Social Service Director confirmed no documentation related to his wish to discharge. During an interview on 3/15/2023 at 11:06 AM, the Discharge planner stated, Discharge planning starts upon admission.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility failed to ensure 1 of 5 sampled residents (Resident #77's) enteral tube was labeled and dated. The findings include: Review of facility policy titled, Enteral Feedings-Safety dated 3/08/2023 revealed, .2. on the formula label document initial, date and time the formula was hung, and initial that the label was checked against the order . Review of the medical record revealed Resident #77 was admitted to the facility on [DATE] with diagnoses which included Acute Disseminated Encephalitis and Encephalomyelitis Unspecified, and Encephalopathy Unspecified. Review of the Comprehensive Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #77 receives nutrition by enteral tube and no Brief Inteview for Mental Status (BIMS) score was documented. Review of the current Physician's Orders for Resident #77 revealed orders for the enteral tube. Observations in Resident #77's room on 3/14/2023 at 8:22 AM and 9:50 AM, revealed enteral tube was not labeled and dated. Observation and interview in Resident #77s room on 3/14/2023 at 9:53 AM, the Unit Manager confirmed that the enteral tube should be labeled and dated. During an interview on 3/14/2023 at 10:11 AM, the Director of Nursing (DON) confirmed Resident #77's enteral tube should be labeled and dated.

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **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 apply hubs to the end of an IJ (Internal Jugular Vein) Catheter external limbs and failed to apply a hub on the end of an IV (Intravenous) tubing and date the tubing for 1 of 17 (Resident #216) residents. The findings include: Review of the undated facility's policy titled, Administration Set/Tubing Changes revealed .Label tubing with date, time and initials. If a facility requires, label may include the date and time that tubing was initated and when tubing should be discontinued or changed .Place a sterile end cap on the primary and/or secondary intermittent tubing when it is disconnected from the catheter . Review of the medical record revealed Resident #216 was admitted to the facility on [DATE] with diagnosis which included Abscess of Bursa Left shoulder. Review of the Physician orders dated 3/8/2023 revealed .Vancomycin HCl Intravenous Solution Reconstituted 750 mg (milligrams) intravenously every 12 hours for L [left shoulder] Osteomyelitis . Observation and interview on 3/13/2023 at 11:22 AM revealed Resident #216 had an IJ on the right torso with three external limbs. Continued observation revealed each limb did not have a hub on the end. To the right of Resident #216 was a IV pole with a IV bag of Vancomycin with the tubing undated and no hub on the end. Resident #216 stated he admitted to the facility without hubs on the IJ. Observation and interview in Resident #216's room on 3/13/2023 at 11:34 AM, the Licensed Practical Nurse (LPN) #4 confirmed the IJ did not have hubs on the ends of the external limbs and they were supposed to be capped. Continued interview revealed the IV tubing was supposed to be dated and the end of the tubing should be capped when not in use. During an interview on 3/14/2023 at 9:39 AM, the Unit Manager for 100 hall confirmed she was aware the IJ external limbs were not capped, and the IV bag of Vancomycin tubing was undated and not capped at the end. During and interview on 3/16/2023 at 2:25 PM, the Director of Nursing (DON) stated she expected the central lines to have a hub on the ends when not in use, and the iv tubing should be dated with a hub on the end when not in use.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on facility policy review, observation, and interview, the facility failed to maintain clean and sanitary equipment for 1 of 3 ice machines and 2 of 2 stove drip pans. The facility also failed to properly store refrigerated foods in 1 of 2 walk-in coolers. The findings include: Review of the facility's policy titled, Sanitization, revealed, .The food service area is maintained in a clean and sanitary manner .Ice chests and coolers used to store and transport ice are cleaned regularly . Review of the facility's policy, Ice Machines and Ice Storage Chests, revealed, .Ice machines and ice storage/distribution containers will be used and maintained to assure a safe and sanitary supply of ice . Ice-making machines, ices storage chests/containers, and ice can all become contaminated by .unsanitary manipulation . Observation and interview in the kitchen on 3/13/2023 at 10:15 AM, revealed the small and large drip pans with large amounts of black, brown debris covering the width of pans. The Dietary Aide #2 confirmed the drip tray should be cleaned after every use. Observation and interview in the kitchen on 3/13/2023 at 10:20 AM, the Administrator confirmed the drip pans need to be cleaned immediately. Observation and interview of the walk-in cooler on 3/13/2023 at 10:30 AM, revealed sliced cheese wrapped in clear wrap with no label or date. The Dietary Aide #2 confirmed it should be labeled, dated, and the Dietary Aide #2 discarded the cheese. Observation and interview of the Kitchen ice machine on 3/13/2023 at 10:45 AM, revealed a carton (8 ounces) of liquid nutrition supplement was submerged down in the ice. The Dietary Aide #2 pulled the carton from the ice machine and stated, That should not be placed down in the ice chest.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445512	A. Building B. Wing	03/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nashville Center for Rehabilitation and Healing LL	832 Wedgewood Avenue Nashville, TN 37203

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Administer the facility in a manner that enables it to use its resources effectively and efficiently. Based on facility record review and interview the facility failed to obtain State approval to open a Long Term Care (LTC) Hemodialysis Unit. The findings include: Review of the facility policy titled, Long-Term Care Facility Renal Dialysis Coordination Agreement, dated 11/17/2020 revealed, .agreement where by the three [3] hours per treatment, and is administered up to five [5] treatments per week, pursuant to a physician's order .to residents of the LTC facility .on the premises of the LTC facility through the Dialysis Facility's home program, including the provision of training services in the delivery of Renal Dialysis to Residents . Review of the facility email from Tennessee Department of Health dated 6/6/2022 revealed, .[Named Facility] this office received your plan (s) for the above referenced project for review and approval. This [We Concur] letter and stamp will serve as full documentation for approval and installation of nine station dialysis den as reflected on revised the attached .sketch. This letter, however, does not relieve the owner, architects, sprinkler contractors or any other subcontractors from legal and/or regulatory responsibilities associated with the documents . Review of the (named dialysis in-house clinic's) time log dated 3/17/2023 revealed 10 residents scheduled to receive hemodialysis at the LTC facility. During an interview on 3/16/2023 at 3:38 PM the Administrator stated, Our first day the facility started in-house hemodialysis was 9/20/2021. I thought that our dialysis clinic was approved. We have 10 residents receiving in house dialysis.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview the facility failed to have a declination form for Influenza and Pneumococcal Immunizations for 1 of 5 (Resident #8) sampled residents reviewed. The findings include: Review of the undated facility policy titled, Influenza Vaccine revealed .All residents and employees who have no medical contraindications to the vaccine will be offered the Influenza vaccine annually to encourage and promote the benefits associated with vaccinations aganist influenza .A resident's refusal of the vaccine shall be documented on the informed consent for Influenza vaccine and placed in the resident's medical record . Review of the undated facility policy titled, Pneumococcal Vaccine revealed .All residents are offered Pneumococcal vaccines to aid in preventing Pneumonia/Pneumococcal infections . Residents/representatives have the right to refuse vaccination. If, refused, appropriate information is documented in the resident's medical record indicating the date of the refusal of the Pneumococcal vaccination . Review of the medical record revealed Resident #8 was admitted to the facility on [DATE] with diagnoses which included COVID-19, Acute Respiratory Failure with Hypoxia, and Type 2 Diabetes. Review of the Quarterly MDS (Minimum Data Set) assessment dated [DATE] revealed Resident #8 had a BIMS (Brief Interview for Mental Status) score of 7 indicating severe cognitve impairment. Review of the undated Influenza Immunization Informed Consent revealed the form was not signed for acceptance or decline of the immunization. Review of the undated Informed Consent for Pneumococcal Vaccine revealed the form was not signed for acceptance or decline of the immunization. During an interview on 3/15/2023 at 9:10 AM, Infection Preventionist confirmed the consent forms for Influenza and Pneumococcal are supposed to be filled out if refused.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and interview the facility failed to have a declination form for the COVID-19 vaccination for 1 of 5 (Resident #8) sampled residents reviewed. The findings include: Review of the medical record revealed Resident #8 was admitted to the facility on [DATE] with diagnoses which included COVID 19, Acute Respiratory Failure with Hypoxia, and Type 2 Diabetes. Review of the Quarterly MDS (Minimum Data Set) assessment dated [DATE] revealed Resident #8 had a BIMS (Brief Interview for Mental Status) score of 7 indicating severe cognitve impairment. Review of the undated COVID-19 Informed Consent Form revealed the form was not signed for acceptance or declination of the immunization. During an interview on 3/15/2023 at 9:10 AM, the Infection Preventionist confirmed the consent form for the COVID-19 vaccination was supposed to be filled out if they refuse.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. Based on facility policy review, observation, and interview the facility failed to have 1 of 40 operable call lights. The findings include: Review of the undated facility policy titled, Answering the Call Light revealed .Be sure the call light is plugged in and functioning at all times . Observation and interview in Resident #62's room on 3/14/2023 at 9:22 AM, Resident #62 stated his call light was not working. Continued interview revealed I push the hell out of the button before it will come on. Observation and interview in Resident #62's room on 3/14/2023 at 9:35 AM, confirmed the Unit Manger pressed the call light and it was not working. The Unit Manager reset the call light button and the light lit up. Then she turned it off and pressed the button again and it did not work. During an interview on 3/14/2023 at 9:45 AM, the Director of Maintenance confirmed the call light cord was worn and had been dropped which caused it not to work.

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F 0920 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide at least one room set aside to use as a resident dining room and for activities, that is a good size, with good lighting, air flow and furniture. Based on facility policy review, observation, and interview the facility failed to have adequate dining space for 3 of 3 rooms in the facility. The findings include: Review of the facility policy titled, TN COVID Communal Dining and Activity Programs, and Resident Outings revised 11/2022, revealed .Communal actvities and dining do not have to be paused during an outbreak, unless directed by the state or local health department . Observation in the 600 hall activties/dining room on 3/14/2023 at 7:55 AM revealed the door had a key pad which required a code before entering. There was a big TV (television) and various tables and chairs used for actvities. Contnued observation revealed games and activties stacked up aganist the wall on the shelves. Observation in the dining area for the 100, 200, 300, and 400 halls (Rehabilitation unit) on 3/15/2023 at 9:39 AM revealed one table with three chairs and two couches. Observation in the dining room on the 500 hall on 3/15/2023 at 9:55 AM revealed many items from different parts of the building stored in the room. The room had no space for communal dining. During an interview on 3/14/2023 at 8:48 AM, the Administrator stated the residents were having meals in their rooms at the time because of the construction which was currently happening at the facility. During an interview on 3/15/2023 at 9:42 AM, the Staffing Educator stated the Rehabilitation unit did not have communal dining area. During an interview on 3/15/2023 at 11:43 AM, the Activities Director confirmed the 600 hall dining room was a multipurpose room which held activities. The dining room held lunch club every day which was changed to movie time because many residents wanted to continue to watch TV or movies while eating. Continued interview revealed a dinner was held in the 600 hall dining room once a month. The residents who required assistance with their meals ate in their rooms. The Actvities Director stated it is not fine dining.