

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Westmoreland Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5837 Lyons View Pike Knoxville, TN 37919	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27405</p> <p>Based on facility policy review, medical record review, facility investigation documentation review, police report review, and interview, the facility failed to protect the residents' right to be free from physical abuse for 3 residents (Resident #2, Resident #4, and Resident #6) of 21 residents reviewed for abuse.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Abuse, Neglect, Misappropriation, Exploitation Policy, effective 8/2023, revealed .Purpose: To prohibit and prevent abuse, neglect, exploitation .and to ensure reporting of alleged violations .</p> <p>Review of the medical record revealed Resident #2 was admitted to the facility on [DATE] with diagnoses including Hemiplegia, Type 2 Diabetes Mellitus, and Major Depressive Disorder.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #2 scored a 15 on the Brief Interview for Mental Status (BIMS) which indicated the resident was cognitively intact. Continued review revealed no behaviors were observed during the assessment period.</p> <p>Review of the comprehensive care plan for Resident #2 revised 9/28/2023, revealed .Resident tries to direct other residents without their approval .Resident to notify staff for assistance for other residents as needed instead of her trying to direct them .</p> <p>Review of the medical record revealed Resident #3 was admitted to the facility on [DATE] with diagnosis including Alzheimer's Disease, Encounter for Palliative Care, and Non-[NAME] Lymphoma. Continued review revealed the resident discharged to another facility on 11/9/2023.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #3 scored a 99 on the BIMS which indicated the resident was unable to complete the interview. Continued review revealed no behaviors were observed during the assessment period.</p> <p>Review of the comprehensive care plan for Resident #3 revised 9/28/2023, revealed .Provide doll to resident when agitated and redirect to room .Psy [psychiatric] services referral as needed .</p> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Westmoreland Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5837 Lyons View Pike Knoxville, TN 37919	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility investigation dated 9/28/2023, revealed .[Resident #2] .was assisting another resident . [Resident #3] from another resident room .[Resident #3] made contact with [Resident #2's] face Resident #2 stated .it was a tap .[Resident #2] wanted nothing to be done regarding incident .Reeducated [Resident #3] to get staff for redirection of other residents .</p> <p>Review of a Police Report investigation dated 9/28/2023, revealed .on 9/28/2023 .officer .responded to Simple Assault .The complainant .is the director of the nursing home .stated that one resident had hit another resident .When went to speak with the suspect .was unable to get clear statement from her due to severely declined mental state .I then spoke with the victim .who stated she was trying to get .[suspect] back to correct room and .[suspect] hit her in the side of the face .stated it wasn't hard .she did not have any injuries from being hit .</p> <p>Review of a Skin Assessment for Resident #2 completed on 9/28/2023 revealed no injuries or new areas observed.</p> <p>Review of a Psychiatric Nurse Practitioner (NP) note for Resident #3 dated 9/29/2023, revealed .[Resident #3] is alert with confusion .co-managed by .hospice .[NP] asked to see [Resident #3] regarding altercation between another resident [Resident #2] .[Resident #3]does not have the mental capacity to answer questions about the the incident .does not appear to be in any distress .continues to be confused .no known triggers to behaviors or modifying factors .Recommendations .discontinue .[antipsychotic medication] .</p> <p>Review of a Psychiatric NP Note for Resident #2 dated 9/29/2023, revealed .[Resident #2] is pleasant and smiling .asked to see [Resident #2] regarding an incident where she [Resident #2] was smacked by another resident [Resident #3] .[Resident #2] states she likes to help take care of the other residents and feels like she can be helpful with redirection .we discussed boundaries and letting the staff take care of other residents .Recommendations: continue current treatment plan and medications .</p> <p>During an interview on 7/24/2024 at 12:51 PM, Licensed Practical Nurse (LPN) H stated she was standing there when incident happened on 9/28/2023, and she observed Resident #3 hit Resident #2 in the face. Continued interview revealed the LPN denied prior incidents between the two residents. Interview revealed the residents were immediately separated with neither resident having any injury.</p> <p>During an interview on 7/24/2024 at 1:02 PM, Resident #2 stated she was redirecting Resident #3 and she [Resident #2] smacked her .it didn't hurt . Continued interview revealed the resident stated no further incidents happened between the two residents.</p> <p>Review of the medical record revealed Resident #4 was admitted to the facility on [DATE] with diagnoses including Contractures, Hypertension, and Hypoglycemia. Continued review revealed the resident transferred to another facility she had resided at prior to admission on 3/13/2024.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #4 scored a 15 on the BIMS assessment which indicated resident was cognitively intact. Continued review revealed no behaviors were observed during the review.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Westmoreland Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5837 Lyons View Pike Knoxville, TN 37919	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the comprehensive care plan for Resident #4 revised 12/28/2023, revealed .allow resident the opportunity to identify own self needs .encourage the resident to participate in conversation .refer to Psy [psychiatric] PRN [as needed] .</p> <p>Review of the medical record revealed Resident #5 was admitted to the facility on [DATE] with diagnoses including Progressive Ophthalmoplegia, Type 2 Diabetes Mellitus, and Urinary Tract Infection.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #5 scored a 99 on the BIMS assessment indicating the resident was unable to complete the interview. Continued review revealed no behaviors were observed during the review.</p> <p>Review of the comprehensive care plan for Resident #5 revised 12/28/2023, revealed .resident to resident altercation .causative factors/ situations will be identified and avoided .redirect as needed .allow resident to express thoughts and feelings .send to ER [emergency room] for psychiatric evaluation .</p> <p>Review of a Nursing Progress Note for Resident #5 dated 12/28/2023, revealed .[Resident #5]went into [Resident #4's] room and was squeezing and holding her leg and hitting roommate [Resident #4] .</p> <p>Review of the facility investigation dated 12/28/2023, revealed .[Resident #4] was struck and grabbed by roommate [Resident #5] .roommate and resident separated immediately .[Resident #5] was sent to hospital .</p> <p>Review of facility documentation dated 12/28/2023, revealed .Administrator notified police .two police officers came to building to interview residents [Resident #4 and Resident #5] they did not feel that they needed to do police report on this .</p> <p>Review of a Skin Assessment for Resident #4 completed on 12/28/2023, revealed no changes or bruising noted.</p> <p>Review of a Psychiatric NP Note for Resident #4 dated 12/28/2023, revealed .[Resident #4] lying in her bed . nursing observed another resident [Resident #5] pulling on her legs and tapping on her leg .[Resident #4] denies .injuries or areas in which resident touched her will continue to monitor for any latent effects of this incident. No injury noted, resident denies any pain or discomfort .</p> <p>Review of a Psychiatric NP Note for Resident #5 dated 12/28/2023, revealed .[Resident #5] has a history of vascular dementia .she was observed pulling on another resident's leg [Resident #4] trying to pull resident toward her .she denies any pain or discomfort or recollection of the above mentioned incident with the other resident .Resident has had increased behaviors .has been evaluated by the psychiatric nurse practitioner . without significant improvement in her behaviors, will ask that she be sent for geropsychiatric evaluation .</p> <p>During an interview on 7/24/2024 at 7:12 AM, the Social Services Director (SSD) stated she was aware of the resident-to-resident contact when Resident #5 struck and squeezed Resident #4. Continued interview revealed the SSD was not aware of any other incidents prior to Resident #4 discharge on 3/13/2024 .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Westmoreland Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5837 Lyons View Pike Knoxville, TN 37919	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/24/2024 at 9:15 AM, Resident #5 appeared frail and confused and unable to recall the incident [between Resident #4 and Resident #5] stating .everyone is treating her well .</p> <p>Review of the medical record revealed Resident #6 was admitted to the facility on [DATE] with diagnoses including Major Depressive Disorder, Anxiety Disorder, and Acute Respiratory Failure.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #6 scored a 15 on the BIMS assessment which indicated resident was cognitively intact. Continued review revealed no behaviors observed during the assessment period.</p> <p>Review of the comprehensive care plan for Resident #6 revised 12/17/2023, revealed .resident to resident altercation .causative factors/situation will be identified .allow resident to express thought and feelings .refer to mental health for evaluation .</p> <p>Review of the medical record revealed Resident #7 was admitted to the facility on [DATE] with diagnoses including Dementia and Behavioral Disturbances.</p> <p>Review of the admission MDS assessment dated [DATE], revealed Resident #7 scored a 3 on the BIMS assessment indicating severe cognitive impairment. Continued review revealed no behaviors observed during the assessment period.</p> <p>Review of the comprehensive care plan for Resident #7 revised 12/17/2023, revealed .resident to resident altercation .causative factor/ situations will be identified .redirect as needed .maintain calm environment . refer to mental health .</p> <p>Review of the facility investigation dated 12/17/2023, revealed .heard .[Resident #6] saying, get her [Resident #7]out of my room .[Resident #7] was hitting [Resident #6] on the arm. Resident #7 was immediately escorted back to her room.</p> <p>Review of facility documentation dated 12/17/2023, revealed .police were notified and came to building. They do not feel that an official police report needs to be made .there is no redness or bruising at all during full body assessment .</p> <p>Review of a Skin Assessment for Resident #6 completed 12/17/2023, revealed no injuries or new areas found .</p> <p>Review of a Psychiatric NP Note for Resident #6 dated 12/21/2023 revealed .[Resident #6] had an encounter with [Resident #7]. It was reported [Resident #6] was hit by [Resident #7] .[Resident #6] feels safe and does not feel threatened when she sees the resident who was accused of hitting her .she said it was incredibly silly to bring a cop. She agreed to talk to the Police officer .as long as he had a sense of humor .she said it was not like she was punched or hurt .</p> <p>Review of a Psychiatric NP Note for Resident #7 dated 12/18/2023 revealed .[Resident #7] wandered into another residents room and lightly tapped the other resident [Resident #6] on the arm .she has no recollection .she is pleasantly confused .she is easily redirected .ordered a urinalysis, CBC [complete blood count], CMP [comprehensive metabolic panel] to rule out any type of metabolic disturbances that could cause these behaviors .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Westmoreland Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5837 Lyons View Pike Knoxville, TN 37919	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/24/2024 at 7:12 AM, the SSD stated Resident #6 and Resident #7 had no prior resident to resident altercations denied any lasting effects with either resident. Continued interview revealed the residents had no further altercations with Resident #7. Resident #7 had a planned discharge from the facility to home on 1/5/2024.</p> <p>During an interview on 7/24/2024 at 9:22 AM, Resident #6 stated everyone is good to her and when questioned about the past incident. The resident stated, .that was nothing but a light hit and overreaction . Continued interview revealed the resident was immediately removed from her room with no further incidents.</p> <p>During an interview on 7/24/2024 at 2:02 PM, the Administrator confirmed .if the facility investigation said it [physical contact] happened between the residents, when Resident #3 struck [Resident #2, when Resident #5 struck Resident #4, and when Resident #7 struck Resident #6] then it is true .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Westmoreland Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5837 Lyons View Pike Knoxville, TN 37919	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45837</p> <p>Based on facility policy review, medical record review, facility documentation review, and interviews, the facility failed to ensure 1 of 8 (Resident #1) sampled residents reviewed for accident hazards received adequate supervision to prevent elopement (a situation where a resident leaves the premises or safe area without necessary supervision). On 12/10/2023, at approximately 10:50 PM, the facility staff observed Resident #1, a vulnerable and cognitively impaired resident with a history of wandering behaviors, outside the building next to a fence. The facility's failure to provide adequate supervision to Resident #1 resulted in Immediate Jeopardy (IJ), (a situation in which the provider's noncompliance with one or more requirements of participation has caused or is likely to cause serious injury, harm, impairment, or death to a resident) for Resident #1 and placed 4 other residents identified as having the potential for elopement at risk for Immediate Jeopardy.</p> <p>The Administrator, Director of Nursing (DON), and Assistant Director of Nursing (ADON) were notified of the Immediate Jeopardy on 7/24/2024 at 8:48 AM in the Administrator's office.</p> <p>The facility was cited Immediate Jeopardy at F-689 at a scope and severity of J which constitutes Substandard Quality of Care.</p> <p>The IJ began on 12/10/2023 and continued through 12/13/2023. The facility's corrective actions were completed on 12/13/2023.</p> <p>An acceptable Removal Plan/Allegation of Compliance for the past noncompliance, which removed the immediacy, was provided by the facility on 7/24/2024 and was validated on site.</p> <p>The IJ was cited as past noncompliance for F-689 and the facility is not required to submit a Plan of Correction.</p> <p>The findings include:</p> <p>Review of the undated facility policy titled, Elopement Response, revealed .Purpose: It is the intent of the facility to provide a safe and home-like environment for all residents and to provide adequate supervision .to prevent the possibility of elopement or unsafe wandering .Elopement: When a resident leaves the facility premises or a safe area without authorization .or supervision .Any staff member observing a resident attempting to leave the premises .shall attempt to re-direct the resident .</p> <p>Review of the medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses including Dementia, Anxiety Disorder, and Hypertension.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Westmoreland Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5837 Lyons View Pike Knoxville, TN 37919	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of an Elopement Risk assessment dated [DATE] and reviewed on 10/24/2023, revealed Resident #1 was a moderate risk for elopement on the assessment .cognitively impaired with poor decision making skills . resident ambulate independently, with or without assistive device .resident verbally expressed the desire to go home .[box checked for the following] Resident is not at risk for elopement/wandering at this time . Summary of Review .Resident ambulates throughout the facility looking for bank, dept [department] store . She knows her room number .No exit seeking toward doors observed .Date 10/24/23 .</p> <p>Review of a care plan for Resident #1 dated 2/23/2023 showed .Elopement risk as evidenced by a history of wandering aimlessly, impaired safety awareness .</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #1 scored an 8 on the Brief Interview for Mental Status (BIMS) assessment which indicated moderate cognitive impairment, and no wandering behaviors were identified on the MDS.</p> <p>Review of a witness statement dated 12/10/2023, revealed Certified Nursing Assistant (CNA) A stated . just . got to 400 hall nurse [Registered Nurse, (RN) D] was .going outside .[RN D] came right back in saying [Resident #1] was outside. [RN D] .2nd shift CNAs and I went outside .escorted her back inside, when I came in I went to her room. Door was shut, opened door to find her window wide open and no screen .Let others [nurses] see it [see the window open] then closed the window .3rd shift CNA and I keep close watch to [Resident #1], assisted with getting an UA [urinalysis, a test of urine for checking for presence of bacteria] and skin assessment then helped [Resident #1] to bed .</p> <p>Review of a progress note for Resident #1 dated 12/11/2023 at 2:15 AM, revealed .At [10:50 PM] this nurse was informed that resident had climbed out of room window and was observed outside attempting to climb fence on facility property. Resident was assisted by staff inside facility. Resident observed AA/O [alert and oriented] to self .no c/o [complaints of] pain or discomfort. small abrasion .base of index finger. No other injuries observed at this time. When asked why resident climbed out window, resident stated 'I wanted to go home'. Resident stated 'I don't understand what I did wrong'. Nurse informed resident of risk for injury and staff responsibility for her care and safety. Resident observed at this time with sweater, shirt, pants, and tennis shoes on-appropriately dressed .Nurse [RN D] stated 'the resident was never left unattended, she opened the exterior door and yelled for the CNA's to assist her that a resident had gotten outside'. Staff assisted the resident back inside the facility via wheelchair and placed in hall next to resident's room. Nurse informed that the window was open. This Nurse [RN D] closed the window and had made .notification at [11:15 PM] to have maintenance come into facility to screw window shut .skin assessment obtained and documented .residents RP [responsible party] was notified .</p> <p>Review of a witness statement dated 12/11/2023, revealed CNA B stated .20 mins[minutes] before th [the] incident [Resident #1] was at the nurses station talking to us she went back to her room with her door shut as usual .</p> <p>Review of a witness statement dated 12/11/2023, revealed CNA C stated .was observing [Resident #1] come back in from outside I [CNA C] watched over [Resident #1] after she came to her room from being outside . my shift 11p [PM]- 7 AM .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Westmoreland Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5837 Lyons View Pike Knoxville, TN 37919	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of a witness statement dated 12/11/2023, revealed RN D stated .[RN D] stepped off the unit 400 hall side door for some air. Observed resident [Resident #1] .outside standing at fence attempting to climb fence I held door open and did not leave .while I called for CNAs to come that a resident was outside .[Resident #1] had on appropriate clothing and sneakers .[Resident #1] was assisted back inside and to her room where it was observed that her window was standing open .has no obvious injury except for small abrasion .Right index finger .</p> <p>Review of the facility documentation for Resident #1 dated 12/11/2023, revealed .On 12/10/2023, Administrator was notified .that [Resident #1] was outside by the fence .nurse observed this and called .for help .Resident was escorted back into the building and checked. Increased monitoring was initiated . Resident was appropriately dressed in warm clothes. Resident room was checked for environmental safety and staff continues to monitor closely .Describe any changes in the resident's behavior .No changes .</p> <p>Review of a progress note for Resident #1 dated 12/11/2024 at 7:49 PM, revealed .resident continues to voice wanting to leave the facility DON .notified instructed to provide 1 on 1 care. CNA sitting in room at bedside resident laying in bed no distress noted .</p> <p>During a telephone interview on 7/23/2024 at 3:35 PM, CNA A stated the resident elopement happened as she showed up for her 11-7 shift on 12/10/2023, the nurse was going outside for fresh air and saw Resident #1 against the fence. Staff brought her in and found her door closed, window open and screen off laying outside the building. The CNA stated no one saw her leave the building through the window. The nurse who found her by the fence was RN D. The resident .was on 1 on 1 watch for 72 hours after that happened .</p> <p>During an interview on 7/24/2024 at 8:48 AM, the Administrator stated, immediately following the incident, rounds were done with other residents to make sure no other residents were affected and the resident had increased supervision. The Administrator stated 1:1 [1 on 1] supervision was initiated on 12/11/2023 at 7:00 PM after Resident #1's comments about wanting to go home were heard by staff. The Administrator stated that before 12/10/2023, there were no stop screws on any windows except the back 400 hall (secure unit), and the screws were put on all windows after the incident. The Administrator confirmed that Resident #1 eloped from the facility.</p> <p>During an interview on 7/24/2024 at 9:35 AM, CNA F stated she was working on 12/10/2023 and stated the nurse went to the outside door and stepped out and saw Resident #1 .holding on to the fence about to go over it . The CNA went outside and helped the resident inside with another staff member (RN D). The CNA stated she did not see the resident climb out the window as the resident's door was closed. The CNA stated she had never witnessed Resident #1 trying to get out a door or window, but the resident had asked to get out of doors before while wandering.</p> <p>The facility's corrective actions for the removal plan were issued to the state surveyors on 7/24/2024. The corrective action plan included the following:</p> <p>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Westmoreland Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5837 Lyons View Pike Knoxville, TN 37919	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The facility held a Quality Assurance Performance Improvement meeting on 12/11/2023 during which the attendees found it necessary to ensure building windows were all secure, review the Elopement Response policy with staff, review the Abuse policy with staff, and review elopement protocol with staff. The Administrator, Director of Rehab Therapy, Admissions, Human Resources Director, and Business Office Manager were included in the meeting.</p> <p>2. How the facility completed the action plan and identified and protected other residents having the potential to be affected by the same deficient practice.</p> <p>A head count was completed for all residents on 12/10/2023 by the DON and designees and elopement assessments completed on all residents on 12/12/2023, and the elopement assessments were ongoing and were used to update elopement books with current pictures of those residents to be kept at each nurses' station. Five residents were identified as elopement risk outside of the secured unit.</p> <p>Physician's orders, care plans and TASK [CNA communication] were updated on 12/11/2023 by MDS staff and included assessments completed on 12/12/2023 by medical and psychiatric nurse practitioners for Resident #1.</p> <p>All windows were checked and secured per regulations and completed on 12/11/2023 by the Maintenance Director and the Facility Manager. Ongoing door checks were initiated on 12/11/2023 by the Maintenance Director.</p> <p>Education was completed with current staff on 12/11/2023 by the Administrator and DON and will be ongoing for new staff. Education included Abuse and Elopement procedures and management. Continuing education was provided via telephone to include staff not available to attend in person and was completed on 12/13/2023.</p> <p>3. What measures were put into place or systemic changes made to ensure the deficient practice will not reoccur.</p> <p>Elopement drills were completed on 12/11/2023 and will be ongoing.</p> <p>Elopement education is ongoing through monthly staff meetings, orientation, and in-services for employees.</p> <p>Ongoing window audits were initiated on 12/11/2023 by the Environmental Service Director to ensure secure windows for all residents.</p> <p>Monitoring will be completed by a designated monitor who performs daily rounds to check for window security.</p> <p>The Removal Plan was validated onsite by the surveyors on 7/24/2024 which included review of the facility documentation to show each step was completed and staff interviews to confirm the completed and ongoing actions. Interviews with 21 staff members confirmed staff had been educated on elopement and participated in elopement drills.</p>		