

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER The Waters of Union City , LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 Sunswept Dr Union City, TN 38261	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46252</p> <p>Based on policy review, record review, and interview the facility failed to provide information to the residents regarding their right to refuse medical or surgical treatment or to formulate an advance directive for 8 of 24 (Resident #1, #2, #4, #11, #13, #20, #22, and #47) residents reviewed for Advance Directives.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility policy titled, Guidelines for Resident Rights-Advanced Directive(s), dated 6/4/2024, revealed Residents have specific rights related to advance directives .The facility must ensure that these rights are explained, documented . Review of the medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnoses including Heart Failure, Chronic Atrial Fibrillation and Chronic Kidney Disease. <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 12, which indicated Resident #1 was moderately cognitively impaired.</p> <p>Review of the facility document titled, Acknowledgement of Advanced Directive Discussion, dated 3/30/2023, revealed the document was not filled out completely or correctly.</p> <ol style="list-style-type: none"> Review of the medical record revealed Resident #2 was admitted to the facility on [DATE], with diagnoses including Hemiplegia, Aphasia, Tracheostomy, Cerebral Infarction, Atrial Fibrillation, Diabetes, and Anxiety. <p>Review of the annual MDS assessment dated [DATE], revealed a BIMS score of 2, which indicated Resident #2 was severely cognitively impaired.</p> <p>Review of the facility document titled, Acknowledgement of Advanced Directive Discussion, dated 10/1/2024, revealed the document was not filled out completely or correctly.</p> <ol style="list-style-type: none"> Review of the medical record revealed Resident #4 was admitted to the facility on [DATE], with diagnoses including Diabetes, Chronic Obstructive Pulmonary Disease, Heart Failure, and Hypertension. <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: 445138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER The Waters of Union City , LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 Sunswept Dr Union City, TN 38261	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 12, which indicated Resident #4 was moderately cognitively impaired.</p> <p>Review of the facility document titled, Acknowledgement of Advanced Directive Discussion, dated 10/3/2024, revealed the document was not filled out completely or correctly.</p> <p>5. Review of medical record revealed Resident #11 was admitted on [DATE], with diagnoses that included Diabetes, Paranoid Schizophrenia, and Depression.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 3 which indicated Resident #11 was severely cognitively impaired.</p> <p>Review of the facility document titled, Acknowledgement of Advanced Directive Discussion, dated 9/19/2024, revealed the document was not filled out completely or correctly.</p> <p>6. Review of the medical record revealed Resident #13 was admitted to the facility on [DATE], with diagnoses including Hypertension, Heart Failure, Chronic Kidney Disease, and Atrial Fibrillation.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 6, which indicated Resident #13 was severely cognitively impaired.</p> <p>Review of the facility document titled, Acknowledgement of Advanced Directive Discussion, dated 9/24/2024, revealed the document was not filled out completely or correctly.</p> <p>7. Review of the medical record revealed Resident #20 was admitted to the facility on [DATE], with diagnoses including Dementia, Hypertension, Schizophrenia, and Cardiomyopathy.</p> <p>Review of the annual MDS assessment dated [DATE], revealed a BIMS score of 3 which indicated Resident #20 was severely cognitively impaired.</p> <p>Review of the facility document titled, Acknowledgement of Advanced Directive Discussion, dated 10/22/2024, revealed the document was not filled out completely or correctly.</p> <p>8. Review of medical record revealed Resident #22 was admitted on [DATE], with diagnoses including Hemiplegia and Hemiparesis, Hypertensive Chronic Kidney Disease, Dementia, and End Stage Renal Disease.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed a BIMS score of 3, which indicated Resident #22 was severely cognitively impaired.</p> <p>Review of the facility document, Acknowledgement of Advanced Directive Discussion, dated 11/19/2024, revealed the document was not filled out completely or correctly.</p> <p>9. Review of medical record revealed Resident #47 was admitted on [DATE], with diagnoses including Anxiety, Depression, and Rheumatoid Arthritis.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 13 which indicated Resident #47 was cognitively intact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER The Waters of Union City , LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 Sunswept Dr Union City, TN 38261	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility document titled, Acknowledgement of Advance Directive Discussion, dated 9/5/2024, revealed the document was not filled out completely or correctly.</p> <p>10. During an interview on 1/29/2025 at 10:57 AM, the Admissions Director confirmed that the facility Acknowledgement of Advance Directive Discussion form was not filled out correctly on admissions. The Admissions Director confirmed that if a resident had a cognitive deficit, she was not aware the responsible party should have filled out the advance directive form.</p> <p>During an interview on 1/29/2025 at 11:08 AM, the Director of Social Services confirmed that the facility Acknowledgement of Advance Directive Discussion form was not correctly filled out. She confirmed that the Responsible Party should have been notified to fill out the form if resident was unable due to cognitive deficits.</p> <p>47127</p> <p>49311</p> <p>50408</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER The Waters of Union City , LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 Sunswept Dr Union City, TN 38261	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50408</p> <p>Based on policy review, medical record review, and interview, the facility failed to ensure behavior monitoring and side effects of psychoactive medications were monitored for 1 of 5 sampled residents (Resident #256) reviewed for unnecessary medications.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled, .Psychotropic Medication . dated 8/18/2023, revealed .Psychoactive medications include .anti-psychotic and anti-depressants .Monitors psychotropic drug use daily noting any adverse side effects .Monitors for presence of target behaviors on a daily basis . 2. Review of the medical record review revealed Resident #256 was admitted to the facility on [DATE], with diagnoses including Parkinson's Disease, Psychosis, Dementia, and Diabetes. <p>Review of the admission Minimum Data Set (MDS) dated [DATE], revealed Resident #256 received an anti-psychotic and anti-depressant medication 7 days of the review period.</p> <p>Review of the Order Summary Report dated 1/16/2025, revealed SEROquel (an anti-psychotic medication) oral tab .12.5mg (milligram) .one time a day .</p> <p>Review of the Order Summary Report dated 1/16/2025, revealed SEROquel .oral tab .12.5 mg . in the afternoon .</p> <p>Review of the Order Summary Report dated 1/16/2025, revealed SEROquel .oral tab .25mg .at bedtime .</p> <p>Review of the Order Summary Report dated 1/23/2025, revealed Lexapro (an anti-depressant) .5 mg .one time a day .</p> <p>Review of the medical record revealed the anti-psychotic and the anti-depressant medications were not monitored for behaviors or side effects.</p> <p>During an interview on 1/30/2025 at 1:05 PM, The Director of Nurses (DON) confirmed there were no orders for behavior or side effect monitoring for the antipsychotic and psychotropic medications that Resident #256 was receiving. The DON confirmed the facility should be monitoring these medications daily.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER The Waters of Union City , LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 Sunswept Dr Union City, TN 38261	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47127</p> <p>Based on the facility policy review, medical record review, observations, and interview, the facility failed to minimize the potential for foodborne illness transmission by not properly monitoring temperatures for 2 of 46 (Resident #10 and Resident #27) personal refrigerators located in resident rooms.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Review of the undated facility policy titled, Refrigerator/Freezer Temperatures, revealed .in order to ensure all perishable food stuff stays fresh and palatable, temperatures will be recorded on all refrigerators .Each refrigerator .located outside of the main kitchen (i.e .personal) is checked daily and recorded on Refrigerator . Temperature log by the appropriate department .If the temperature on the internal thermometer is outside of the acceptable range .personal refrigerators are permitted to be kept in a resident's room .Each refrigerator shall have a temperature log with daily entry .Each refrigerator will have an inside thermometer .will be maintained at or below 41 degrees Fahrenheit [F] . Review of the medical records revealed Resident #10 was admitted to the facility on [DATE], with diagnoses including Heart Failure, Atrial and Chronic Kidney Disease. <p>Review of the medical record revealed Resident #27 was admitted to the facility on [DATE], with diagnoses including Idiopathic Peripheral Neuropathy, Peripheral Vascular Disease and Anorexia.</p> <p>During observation on 1/28/2025 at 10:05 AM and on 1/29/2025 at 12:50 PM, revealed Resident #10's refrigerator was full of food items and no thermometer was visible.</p> <p>During observation on 1/29/2025 at 12:45 PM, revealed Resident #27's refrigerator temperature was 60 degrees. No food items were present.</p> <p>Observation and interview on 1/30/2025 at 1:28 PM, Certified Nursing Assistant (CNA) A was asked to verify Resident #10's refrigerator temperature. CNA A stated, to be honest, there is not even a thermometer in her refrigerator. CNA A was asked if there should be a thermometer in the refrigerator and she responded yes.</p> <p>Observation and interview on 1/30/2025 at 1:34 PM, CNA A was asked to verify Resident #27's refrigerator temperature. CNA A stated the temperature was 45 degrees F. CNA A was asked what the temperature should be, and she stated, the temperature should be less than 41 degrees F. CNA A was then asked what should be done next and she confirmed the temperature should be adjusted and the temperature rechecked. CNA A did not discard the food items in the refrigerator.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER The Waters of Union City , LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 Sunswept Dr Union City, TN 38261	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. During an interview on 1/30/2025 at 5:15 PM, the Director of Nursing (DON) was asked what staff was responsible for checking the refrigerator temperatures. The DON stated that nursing staff checks the temperatures. The DON was asked what the temperature should the refrigerator temps be and she stated between 35-41 degrees F. The DON was then asked what should be done if the refrigerator temperature was out of range. The DON stated they are to adjust the temperature and recheck the temperature. If there are food items in the refrigerator, they should be thrown away.		