

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445173	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Donalson Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1681 Winchester Highway Fayetteville, TN 37334	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36003</p> <p>Based on facility policy review, medical record review, facility documentation review, and interview the facility failed report an allegation of injury of unknown origin timely for 1 resident (Resident #20) of 5 residents reviewed for abuse.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Abuse, Neglect, and Misappropriation of Property, revised 8/12/2024, revealed .It is the organization's intention to prevent the occurrence of abuse, neglect, exploitation, injuries of unknown origin, and misappropriation of resident property, and to assure that all alleged violations of federal or State laws which involve abuse, neglect, exploitation, injuries of unknown origin and misappropriation of property are investigated, and reported immediately to the Facility Administrator, the State Survey Agency, and other appropriate State and local agencies in accordance with Federal and State law .Injury of Unknown Source Means an injury that meets both of the following conditions: (1) the source of the injury was not observed by any person, or the source of the injury could not be explained by the resident; and (2) the injury is suspicious because of the extent of the injury; or the location of the injury .Every Employee, contractor and volunteer immediately shall report any .injury of unknown origin .to the Administrator or Director of Nursing immediately .</p> <p>Review of the medical record revealed Resident #20 was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease, Gastrointestinal Hemorrhage, Cerebral Infarction, and Hemiplegia. Further review revealed Resident #20 was readmitted to the facility on [DATE] with diagnosis of Displaced Fracture of Base of Neck of Left Femur.</p> <p>Review of a discharge return not anticipated Minimum Data Set assessment dated [DATE], revealed Resident #20 had severe cognitive impairment.</p> <p>Review of a nurse's Health Status note for Resident #20 dated 11/8/2024 at 11:11 AM, the resident was transferred to the emergency department (ED) related to concerns for gastrointestinal (stomach and intestines) bleeding.</p> <p>Review of Hospital A's ED documentation for Resident #20 dated 11/8/2024 at 11:32 AM, revealed the resident presented to the ED with a complaint of vomiting blood. Continued review revealed Resident #20 was admitted to the hospital for further evaluation.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a radiology report (Hospital A) for Resident #20 dated 11/8/2024 at 1:46 PM, revealed a computed tomography angiogram (CTA-detailed x-ray) of pelvis (area of the body below the abdomen that is located between the hip bones) was performed and revealed .Destructive changes within the left hip joint with soft tissue swelling around the hip joint and dislocation [out of place] of the femoral head [top of thigh bone] .</p> <p>Review of Hospital A's discharge summary notes for Resident #20 dated 11/9/2024 at 2:50 AM, revealed Resident #20 .was admitted to the hospitalist service for observation for a single episode of hematemesis [vomiting blood]. There was an accidental finding on the CTA abdomen/pelvis of left femoral head dislocation of unknown etiology [cause]. There was left lower extremity shortening and external [outward] rotation on exam . Continued review revealed Resident #20 was transferred to Hospital B for an orthopedic evaluation.</p> <p>Review of Hospital B's history and physical for Resident #20 dated 11/9/2024 at 5:42 AM, revealed the resident was admitted to the facility and orthopedic surgery was consulted.</p> <p>Review of a Hospital B physician progress note for Resident #20 dated 11/10/2024 at 3:12 PM, revealed the resident had been evaluated by orthopedics .patient has severe osteoarthritis of left hip, no evidence of dislocation per orthopedics. No surgical intervention recommended. No further recommendations as per Ortho [orthopedics] .</p> <p>Review of the medical record for Resident #20 revealed the resident was readmitted to the long-term care facility on 11/12/2024.</p> <p>Review of facility documentation revealed Registered Nurse (RN) D became aware of the injury of unknown origin for Resident #20 on 11/8/2024 at 7:00 PM. Continued review revealed the Administrator was notified of the injury of unknown origin on 11/11/2024 at 2:30 PM (2 days and 19.5 hours after RN D became aware).</p> <p>During an interview on 3/12/2025 at 10:20 AM, the Director of Nursing (DON) stated she became aware of Resident #20's injury of unknown origin on Monday (11/11/2024), when she arrived at work and found hospital documentation showing Resident #20 had a dislocation of the femoral head. The DON stated RN D had received a fax that night (11/8/2024) and did not report the injury of unknown origin. The DON then stated .I want to say maybe they [Hospital A] called back to the facility and requested some type of information . The DON confirmed staff were expected to notify her or the Administrator of any injury of unknown origin or allegations of abuse immediately and confirmed the facility's policy was not followed for Resident #20's injury of unknown origin.</p> <p>During an interview on 3/12/2025 at 12:06 PM, the Administrator stated the staff were expected to immediately report any suspicion of abuse and injuries of unknown origin to the abuse coordinator.</p> <p>During a telephone interview on 3/12/2025 at 12:23 PM, RN D stated someone called from the ED or somewhere from the hospital and asked if Resident #20 had had a fall or anything else. RN D stated .I believe [hospital representative] said there was an injury, and we believe [Resident#20's] hip was broken . RN D did not recall if she reported the potential injury of unknown origin to anyone and stated .It's been too long ago . RN D stated she was supposed to notify the .administrative person . if she became aware of an injury of unknown origin.</p>		