| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 445203 | A. Building<br>B. Wing | 03/13/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| West Meade Place | 1000 St Luke Drive<br>Nashville, TN 37205 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>ˆBased on facility policy review, observation, and interview, the facility failed to label opened food items in the stand-alone refrigerator, which were available for use in preparing meals for 74 of 98 residents reviewed who ate meals from the facility kitchen. The deficient practice had the potential for residents to receive meals prepared with outdated/expired food items and had the potential to spread foodborne illnesses. The findings included: A facility policy titled, Safety & Sanitation Best Practice Guidelines, reviewed 06/2025, specified, Labeling 1) All TCS [Temperature Controlled for Safety], ready-to-eat food prepped in-house and leftover, cooked food items must be labeled with the following information: name of food item and the date by which it should be eaten or discarded. An observation of the stand-alone refrigerator in the kitchen on 03/09/2026 at 9:46 AM revealed one clear, opened plastic bag containing rectangular hashbrown patties with no label or discard date; one clear, opened plastic bag of potatoes wedges with no label or discard date; and one clear, opened plastic bag of French toast sticks with no label or discard date. During an interview on 03/09/2026 at 10:02 AM, the Food and Nutrition Services Director (FNSD) stated that all food bags in the refrigerator should be labeled and dated. The FNSD stated the French toast sticks, potato wedges, and hashbrowns should have been labeled with an open date and a discard date. The FNSD stated it was their responsibility to check and make sure all food items were labeled and dated appropriately.ˆ During an interview on 03/09/2026 at 11:35 AM, the Regional Registered Dietician (RRD) stated that all food in the refrigerator was to be labeled and dated with an opened date and use-by date. The RDD stated the hashbrowns, potato wedges, and French toast sticks should have been labeled with the date they were opened and should have had a discard date. The RDD stated that all opened food in the refrigerator without a label should be thrown away. During an interview on 03/11/2026 at 2:06 PM, the Director of Nursing (DON) stated the expectation was for all stored food to be labeled and dated. The DON stated the hashbrowns, potato wedges, and French toast sticks should have been stored appropriately, including being sealed and with a label that had the date they were opened and a discard date.ˆThe DON stated that the items in opened bags without labels or dates should be thrown away. ˆ During an interview on 03/09/2026 12:36 PM, the Administrator stated their expectation was that all food be labeled and dated once they were opened. The Administrator stated that the items in the refrigerator, including the hashbrowns, French toast sticks, and potato wedges, should have been labeled and dated when opened. ˆ |

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 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.<br><br>Based on facility document review, record review, and interview, the facility failed to implement procedures for missing items and grievances for 1 of 1 (Resident #13) resident reviewed for personal property.^ The findings included: An undated facility document titled, Personal Funds and Valuables: Continued., indicated, If, at any time during your stay you are missing your personal items, please report your loss immediately. We will assist you in attempting to locate the item. Should investigation of the circumstances lead to suspicion of deliberate misappropriation, the center administrator will initiate appropriate law enforcement involvement as well as notification of state survey agencies. If at any time, you have cause to believe or have knowledge of misappropriation of items. Please follow the process described under GRIEVANCE PROCEDURE in this booklet. An undated facility document titled, L. Grievance Procedure, indicated, If at any time you are not being treated fairly, or if you feel that an employee has mistreated you in any way, please take the following steps: 1. Notify the social worker for assistance in resolving the problem. The social worker serves as the center's in-house ?ombudsman.' An ?ombudsman' investigates complaints on behalf of the administrator and reports findings/resolution to the administrator. The policy further indicated, You are welcome to present the problem verbally or in writing. You may expect a response at each level as quickly as possible, certainly within 5 working days. A resident demographic record revealed the facility admitted Resident #13 on 09/08/2025. According to the resident demographic record, the resident had a medical history that included diagnosis of muscle weakness, depression, and cognitive communication deficit. A significant change Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/18/2025, revealed Resident#13 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The Service Recovery Monthly Quality Improvement Grid for the time frame from 09/2025 through 02/2026 revealed no documented grievances or concerns involving Resident #13. During an interview on 03/09/2026 at 10:06 AM, Resident #13 stated a red plaid shirt went missing when they first came to their room in December 2025. The resident stated the shirt had their name on it. The resident further stated that the facility looked for the shirt but never found it, and they did not offer to replace the item. During an interview on 03/11/2026 at 2:22 PM, Social Worker #3 stated that if the facility was aware of missing items, they completed a grievance form. She stated that missing items were a resident's property, and there was a service recovery process to address a resident's missing items. According to Social Worker #3, the social workers did not always receive missing item concerns from the facility staff as they should. Social Worker #3 stated that there was a message on the software system that the facility used for communication about a missing plaid shirt and pink robe on 12/17/2025 that no one had reacted to or replied. She stated she was not tagged in the message and was not sure whether anybody had seen the message. During an interview on 03/12/2026 at 1:59 PM, the Director of Nursing (DON) stated that when a resident was missing a personal item, staff should let social services staff know about the missing item. The DON stated that there was a service recovery log that included information about the items that were missing, what steps were taken, and the outcome. She stated that social services staff completed the service recovery logs, but it was dependent upon daily communication with the social services department. During an interview on 03/12/2026 at 2:16 PM, the Administrator stated that when a resident reported an item was missing, they searched for the missing item. He stated that if they could not find an item, such as clothing, they often gave the resident or the family the option of buying a replacement item and bringing the receipt to the facility for reimbursement. He stated that the facility used service recovery logs, which social services staff handled. The Administrator further indicated that social services staff needed to be contacted directly so that they could do a quick report and start an investigation to find missing items. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>Based on observation, interview, record review, and facility policy review, the facility failed to ensure a Continuous Positive Airway Pressure (CPAP) mask was stored in a sanitary manner for 1 (Resident #77) of 2 residents reviewed for respiratory care. Based on observation, interview, record review, and facility policy review, the facility failed to ensure a Continuous Positive Airway Pressure (CPAP) mask was stored in a sanitary manner for 1 (Resident #77) of 2 residents reviewed for respiratory care. The findings included: The facility's undated policy titled, CPAP/BiPAP Cleaning and Storage,ˆindicated, Store equipment in a clean, dry area. Store in a labeled bag or container for the resident. A Resident Face Sheet revealed the facility admitted Resident #77 on 10/16/2025. According to the Resident Face Sheet, the resident had a medical history that included diagnoses of chronic obstructive pulmonary disease (COPD) and chronic obstructive sleep apnea. Resident #77's significant change Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/05/2026 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15. The MDS also revealed the resident utilized a non-invasive mechanical ventilator (which includes CPAP) during the assessment look-back period. Resident #77's Care Plan included a problem statement, started 10/17/2025, that indicated the resident was at risk for impaired gas exchange due to COPD and used a CPAP machine at night while sleeping. Resident #77's physician Orders revealed an order started 11/18/2025 for the resident to utilize CPAP at night while sleeping. During an observation on 03/09/2026 at 2:03 PM, Resident #77's CPAP mask was in the top drawer of the resident's nightstand. The mask was not in a bag. During an observation on 03/10/2026 at 9:31 AM, Resident #77's CPAP mask was in the top drawer of the resident's nightstand. The mask was not in a bag. An interview with Resident #77 during the observation revealed that the resident did not use the mask as much anymore. An observation on 03/11/2026 at 11:05 AM, revealed Resident #77's CPAP mask in the top drawer of the resident's nightstand, unbagged. During an interview on 03/11/2026 at 11:06 AM, Certified Nursing Assistant (CNA) #1 stated that any time a CPAP mask was not in use, it needed to be in a plastic bag. During the interview, CNA #1 located Resident #77's CPAP mask in the top drawer of the nightstand and stated that it was important to properly store the mask in a plastic bag to keep it sanitary.ˆ During an interview on 03/11/2026 at 11:17 AM, Licensed Practical Nurse (LPN) #2 stated nightshift staff assisted residents with putting on and taking off CPAP masks. She stated that a CPAP mask should be placed in a plastic bag when it was not in use. During the interview, LPN #2 located Resident #77's mask in the resident's top drawer of the nightstand and stated that it was not the proper way to store a CPAP mask. LPN #2 stated it was important for the CPAP mask to be stored in a plastic bag to help prevent germs from getting on the mask. During an interview on 03/11/2026 at 11:27 AM, the Director of Nursing stated that CPAP masks should be placed in a plastic bag when they were not in use and labeled. She stated that she expected CPAP masks to be stored properly in a plastic bag to help prevent any kind of infection. During an interview on 03/11/2026 at 11:52 AM, the Administrator stated that he expected regulations to be followed regarding the proper storage of CPAP masks.ˆ |