

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445223	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/10/2026
NAME OF PROVIDER OR SUPPLIER  Renaissance Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  257 Patton Lane Harriman, TN 37748	
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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on the facility admission agreement review, medical record review, and interview the facility failed to timely disburse resident refunds due the responsible party for 1 resident (Resident #6) of 3 residents reviewed for resident funds. The findings include: Review of the admission agreement dated [DATE], revealed .Refunds due to you .If you are discharged or transferred, we will refund you any credit balance minus any outstanding private insurance balance within a reasonable time not to exceed thirty (30) days after we have applied such balances towards outstanding fees for services provided by us . Review of the medical record revealed Resident #6 was admitted to the facility on [DATE] with diagnoses including Unspecified Cerebral Infarction (Stroke), Chronic Congestive Heart Failure, and Metabolic Encephalopathy. Review of the medical and financial records for Resident #6 revealed the responsible party for Resident #6 was listed on the admission documents, admission face sheet, financial records, and included authorizations for healthcare decision making, care plan participation, emergency contact status, healthcare representative status, and the management of Resident #6's financial liabilities. The responsible party was an authorized party on Resident #6's private bank accounts to pay the resident's liability to the facility under a private pay status for the monthly liabilities. Resident #6 died of natural causes at the facility on [DATE]. Review of the facility business office records and the resident account documents revealed at the time of Resident #6's death, \$1995.00 (one thousand nine hundred and ninety-five dollars) were owed to the Responsible Party to settle the account. Continued review of the business office records revealed the facility failed to disburse the funds from Resident #6's account to the responsible party until after the facility received a notarized Heirship Affidavit issued by the local court on [DATE]. After receipt of the requested notarized document, the facility delayed actual disbursement of Resident #6's refund until [DATE], (41 days later and over 5 months after Resident #6's death). The refund was issued from the facility by paper check made out to the responsible party and mailed. During interview on [DATE] at 3:00 PM, the Administrator confirmed, according to the facility's admission agreement, the facility should have disbursed the monetary refund due to Resident #6's responsible party within 30 days of the resident's death. The Administrator confirmed there was a delay in the issuance of Resident #6's refund to the responsible party by the former Administration and the admission Agreement had not been followed.</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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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on an Online Professional Journal review, medical record review, and interviews, the facility failed to follow established clinical guidelines related to urinary catheterization of using silicone coated latex urinary catheters in persons with known latex allergies for 1 resident (Resident #9) of 8 residents reviewed for urinary catheters. The findings include: Review of the Clinical Standards of Practice as Published in the Online Professional Journal titled Urology and Continence Care Today, dated 2/2026, with an article titled .Best Practice in the use of indwelling catheterization . revealed .Polytetrafluorethylene (PTFE, a type of silicone) coated catheters .These are latex catheters coated in PTFE, which is smoother than latex and can be useful in reducing encrustation and discomfort for the wearer .There is still risk of latex allergy and, therefore, PTFE coated catheters must be avoided in patients with a known allergy or sensitivity . Medical record review revealed Resident #9 was admitted to the facility on [DATE] with diagnoses including Paraplegia, Cervical Spinal Stenosis, Cervical Disorder at C-4-C-5 Level with Radiculopathy (a condition cause by a pinched nerve in the spine), Post Laminectomy Syndrome, Flaccid Neuropathic Bladder, Urinary Tract Infection, and Anxiety Disorder. Review of the Comprehensive Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #9 scored 15 on the Brief Interview of Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Resident #9 required use of a latex free indwelling urinary catheter for urinary elimination. Review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR) for Resident #9 dated 4/2025, revealed .Latex was listed as an allergy. Review of a nurse's note for Resident #9 dated 8/6/2025, revealed .Resident continues on EBP [enhanced barrier precautions] for foley [indwelling urinary catheter] care .foley leaking and has sediment present .This nurse and CNA [Certified Nursing Assistant] cleansed resident and replaced with new .foley catheter using sterile technique .No resistance felt .10ml [milliliter] bulb filled .Resident denied pain .cloudy yellow urine returned with foul odor .MD [Medical Doctor] notified .N.O. [new order] to collect urine and obtain UA [urinalysis] .Clean catch urine obtained and placed on ice . Review of a nurse's note for Resident #9 dated 8/11/2025 at 1:24 PM, revealed .Resident continues EBP for foley care .Resident voices she wants to be sent out to the hospital due to having a latex foley in, the only foleys available at this time .MD notified .DON [Director of Nursing] notified .MD approved resident to be sent out per resident request .This nurse asked resident where she wanted to go .Resident stated .I know they [the hospital] won't admit me .This nurse asked, 'You want to be admitted ' .Resident stated 'Yea (yeah/yes) because I don't want to come back here' Review of a nurse's note for Resident #9 dated 8/11/2025 at 1:58 PM, revealed Resident picked up by Emergency Medical Services (EMS) .no S/S [signs symptoms] of distress during discharge . Review of hospital records for Resident #9 dated 8/11/2025 at 8:38 PM, revealed . Chief Complaint .Pt [patient] [Resident #9] from [the facility] and has a latex allergy .had foley in and was removed due to it being clogged .reports staff placed a latex catheter back in .she is now burning and itching and feels like she is having a reaction . Continued review of the hospital records revealed .Patient [Resident #9] .neurogenic bladder with chronic foley and recurrent catheter associated UTI [urinary tract infection] .She presented to the ED [Emergency Department] from the long term care facility] complaining of urethral discomfort .stated that a latex catheter was inserted 4 days ago and she is allergic to latex .In the ED her urinary catheter was replaced .her UA was negative for Pyuria (the presence of pus or signs of inflammation in urine). The patient then stated she refused to be returned to [the facility] because she feels unsafe there .given this, patient</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>being admitted to the hospital for further treatment and evaluation .Fear for Personal Safety .patient refused to go back to [the facility] will consult case management .Catheter change required .a non-latex catheter was placed in the ED; I was told by staff that there was no erythema of her urethra (urinary opening at catheter insertion site) seen during the exchange .Wound of left groin .Muscle spasms of both lower extremities .She will be given parenteral VTE (venous thrombosis) prophylaxis .she will be admitted to a medical bed . Review of a nurse's note for Resident #9 dated 8/14/2025, revealed .resident is being DC [discharged ] from facility [long term care facility] to .[another rehabilitation/skilled nursing facility] center .She [Resident #9] has requested to not come back to this facility . Review of the hospital discharge summary for Resident #9 dated 8/14/2025, revealed Resident #9 was diagnosed with recurrent chronic UTI's. There was no evidence in records reviewed Resident #9 sustained an allergic reaction or other complications due to use of the latex catheter inserted at the facility on 8/6/2025. Resident #9's chronic UTI was stabilized in the hospital, and the resident was transferred to an alternate long term care center at her request, upon discharge. During an observation of the facility medical storerooms on 2/10/2026, revealed the facility routinely stocked PTFE silicone coated latex catheters, and latex free devices made of 100 % silicone materials to be utilized for residents with latex sensitivity or allergies. During interview on 2/10/2026 at 2:12 PM, the DON stated based on the review of the hospital documentation and facility nursing notes, on 8/6/2025, the facility nurse inserted a stock silicone coated latex catheter into Resident #9 in error. The DON confirmed the facility failed to follow recognized standards of care related to the use of latex containing devices in persons with known latex sensitivity.</p>		