

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/08/2026
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)		
F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, resident trust accounts review, and interview, the facility failed to notify the resident or resident representatives when the amount in the residents' trust account exceeded the eligibility limit for 3 residents (Residents #7, #13, and #27) of 26 residents reviewed for resident trust accounts. The findings include: Review of facility's undated policy titled, Resident Trust Fund Policy & Agreement, revealed .The facility must notify each resident receiving medical assistance under Title XIX (Medicaid) when the amount in the resident's account reaches \$200 less than the SSI resource limit to remain eligible for Medicaid long term care benefits, The notice must include the fact that if the amount in the account in addition to the value of the resident's other nonexempt resources reaches the applicable resource limits, the resident may lose eligibility for Medicaid or SSI . Review of the medical record revealed Resident #7 was admitted to the facility on [DATE] with diagnoses including Frontal Lobe and Executive Function Deficit, Altered Mental Status, Aphasia, Cerebral Infarction, and Schizophrenia. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #7 had modified independence for cognitive skills for daily decision making. Review of the Resident Fund Statement for Resident #7 for the period of 4/1/2026 - 7/2/2026, revealed a balance of \$3,957.98. Review of the medical record revealed Resident #13 was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses including Hemiplegia and Hemiparesis, Aphasia, and Anxiety. Review of the quarterly MDS assessment dated [DATE], revealed Resident #13 was independent in cognitive skills for daily decision making. Review of the Resident Fund Statement Resident #13 for the period of 4/1/2026 - 7/2/2026, revealed a balance of \$4,581.83. Review of the medical record revealed Resident #27 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Type 2 Diabetes, Dementia and Chronic Obstructive Pulmonary Disease. Review of an annual MDS assessment dated [DATE], revealed Resident #27 scored a 15 on the Brief Interview for Mental Status assessment which indicated the resident was cognitively intact. Review of the Resident Fund Statement Resident #27 for the period of 4/1/2026 - 7/2/2026, revealed a balance of \$3,296.67. During an interview on 7/7/2026 at 1:37 PM, the Business Office Manager (BOM) stated the Medicaid eligibility limit was \$2,000. The BOM confirmed there was no documentation to reflect the Resident or Resident Representative had been notified of the Medicaid eligibility requirements and being at risk for losing benefits for being over resources for Resident #7, #13, and #27 with balances exceeding eligibility limits. During an interview on 7/8/2026 at 11:15 AM, Resident #27 stated she was not aware of being at risk of losing Medicaid eligibility due to being over resources. During an interview attempt on 7/8/2026 at 11:25 AM, Resident #7 was unable to communicate a clear understanding of Medicaid eligibility being at risk due to resource limits. During an interview attempt on 7/8/2026 at 11:32 AM, Resident #13 was unable to communicate a clear understanding of Medicaid eligibility being (continued on next page)		

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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	at risk due to resource limits. During an interview on 7/8/2026 at 1:15 PM, the Administrator stated that it was her expectation Residents or Representatives be notified if they were within \$200 of the Medicaid eligibility limit of \$2000. The Administrator confirmed the facility had no documentation to reflect Resident #7, #13, and #27 had been notified of their statement balance and they were over the Medicaid eligibility limit of \$2000.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility failed to provide hand hygiene for 3 residents (Resident #33, #20, and #10) prior to the lunch meal service. Review of the facility policy titled, Handwashing /Hygiene, dated 8/2019, revealed .This facility considers hand hygiene the primary means to prevent the spread of infections .residents .will be encouraged to practice hand hygiene .before .eating or handling food . Review of the medical record revealed Resident #33 was admitted to the facility on [DATE] with diagnoses including Vascular Dementia, and Muscle Weakness. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed the resident scored a 3 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Further review revealed Resident #33 required set-up assistance with meals and partial/moderate assistance with personal hygiene. During an observation on 7/6/2026 at 11:53 AM, Certified Nursing Assistant (CNA) G entered Resident #33's room with the lunch meal tray and placed it on the bedside table. The CNA opened the beverage containers and left the room. CNA G did not offer or assist the resident with hand hygiene.Review of the medical record revealed Resident #20 was admitted to the facility on [DATE] with diagnoses including Dementia, Muscle Weakness, and need for assistance with personal care. Review of an annual MDS assessment dated [DATE], revealed the resident scored a 14 on the BIMS assessment which indicated the resident was cognitively intact. Further review revealed Resident #20 required set-up assistance with meals and personal hygiene. During an observation on 7/6/2026 at 11:55 AM, CNA G entered Resident #20's room with the lunch meal tray and placed it on the bedside table. The CNA opened the beverage containers and left the room. CNA G did not offer or assist the resident with hand hygiene.Review of the medical record revealed Resident #10 was admitted to the facility on [DATE] with diagnoses including Cerebral Infarct, Aphasia, Severe Protein Malnutrition and Palliative Care.Review of an admission MDS assessment dated [DATE], revealed the resident scored an 11 on the Brief Interview for BIMS assessment which indicated the resident had mild cognitive impairment. Further review revealed Resident #10 had upper extremity impairment and required supervision or touching assistance with eating and personal hygiene. During an observation on 7/6/2026 at 11:57 AM, CNA G entered Resident #10's room with the lunch meal tray and placed it on the bedside table. The CNA opened the beverage containers and left the room. CNA G did not offer or assist the resident with hand hygiene. During an interview on 7/6/2026 at 12:00 PM, CNA G confirmed she had not offered or provided hand hygiene to Resident #33, Resident #20, and Resident #10 prior to the lunch meal service. and stated.During an interview on 7/8/2026 at 9:38 AM, The Regional Director of Nursing confirmed the expectation was for residents to be offered and assisted with hand hygiene prior to the meal service.		