STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445267	A. Building B. Wing	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Green Hills Center for Rehabilitation and Healing	3939 Hillsboro Circle Nashville, TN 37215

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, and interview, the facility failed to reimburse funds within 30 days to 2 of 2 (Resident #135 and #136) sampled residents reviewed for personal fund accounts. The findings include: 1. Review of the undated policy titled, Conveyance Resident Funds, revealed .Any funds on deposit with the facility are refunded to the resident, resident representative, or to the resident's estate upon discharge, eviction or death, as applicable.The resident's personal funds and a final accounting of funds are returned to the resident, the resident's representative, or to the resident's estate.as applicable within thirty (30) days from the date of the resident's discharge or eviction from the facility, or death. 2. Review of the medical record revealed Resident #135 was admitted to the facility on [DATE], with diagnoses including Acute Kidney Failure, Hypertension, Chronic Kidney Disease, and Atrial Fibrillation. ˆ Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #135 scored a 10 on the Brief Interview for Mental Status (BIMS) assessment, which indicated he was moderately cognitively impaired. ˆˆ Review of the Progress Note dated [DATE] at 4:38 PM, revealed .new order to send to ER [Emergency Room] . ˆ Review of the Progress Note dated [DATE] at 5:02 PM, revealed .resident departed facility via EMS [Emergency Medical Service] . ˆ Review of the medical record revealed Resident #135 did not return to the facility following discharge to the hospital. Review of Resident #135's Resident Trust Fund Account revealed, a cleared check issued for the account balance of $1,318.59 was dated [DATE],14 days past the allotted 30 day time period. 3. Review of the medical record revealed Resident #136 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Heart Failure, Dependence on Supplemental Oxygen, Hypertension, and Shortness of Breath. ˆ Review of the quarterly MDS assessment dated [DATE], revealed Resident #136 scored a 15 on the BIMS assessment, which indicated she was cognitively intact. ˆ Review of the Progress Note dated [DATE] at 11:00 AM, revealed .Instructed to transfer to ER . Review of the Progress Note dated [DATE] at 11:58 AM, revealed .Resident sent out to hospital per Np [Nurse Practitioner] request . Review of the Progress Note dated [DATE] at 6:26 PM, revealed .Called hospital to check on resident. Resident has been admitted to ICU [Intensive Care Unit] . Review of the medical record revealed Resident #136 did not return to the facility following discharge to the hospital. Review of Resident #136's Resident Trust Fund Account revealed, a cleared check issued for the account balance of $7,496.62 was dated [DATE], 16 days past the allotted 30 day time period. During an interview on [DATE] at 5:00 PM, the Business Office Manager (BOM) was shown a copy of Resident #135 and Resident #136's refund checks. The BOM stated, They [the refund checks] are supposed to be sent within 30 days. They [Resident #135 and Resident #136] both passed away in the hospital and unfortunately, we did not know in time to send it [the refund checks] in time. The BOM was asked if both checks should have been sent within 30 days. The BOM stated, Yes. ˆ During an interview on [DATE] at 5:25 PM, the Administrator confirmed that Resident #135 and Resident #136 expired in the hospital. The Administrator was asked if the refund checks should have been sent within 30 days. The Administrator stated, Yes.

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