

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Cumberland Village Care		STREET ADDRESS, CITY, STATE, ZIP CODE 136 Davis Lane Lafollette, TN 37766	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40640</p> <p>Based on facility policy review, medical record review, facility investigation review, observations, and interviews the facility failed to protect the residents' right to be free from physical abuse by another resident for 4 residents (Resident #17 and #5, #3, and #10) of 14 sampled residents reviewed for abuse. On 4/11/2024, Resident #18 hit Resident #17 and caused a laceration above his right eye and abrasion to his left elbow. On 1/31/2024, Resident #6 hit Resident #5 in the face causing a nosebleed. On 1/11/2024, Resident #4 struck Resident #3 in the head. On 4/29/2024 Resident #11 struck Resident #10 in the arm. The facility's failure to protect the residents' right to be free from physical abuse resulted in actual harm for Resident #17 and #5.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Abuse Prohibition, revised 10/24/2022, revealed .Centers prohibit abuse . This includes .physical .Abuse is defined as the willful infliction of injury .Instances of abuse of all patients . irrespective of any .physical condition, cause physical harm .It includes .physical abuse .Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm .Physical Abuse includes hitting, slapping, pinching, kicking, etc .</p> <p>1. On 4/11/2024, Resident #18 hit Resident #17 and caused a laceration above his right eye and abrasion to his left elbow which resulted in actual harm for Resident #17.</p> <p>Review of the medical record revealed Resident #17 was admitted to the facility on [DATE] and was discharged on [DATE] with diagnoses including Congestive Heart Failure, Diabetes Mellitus, Dementia, and Generalized Anxiety Disorder.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #17 scored a 10 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment.</p> <p>Review of a comprehensive care plan for Resident #17, revised 3/15/2024, revealed Resident #17 required staff assistance with all activities of daily living. Resident #17 .exhibits or has the potential to exhibit physical behaviors related to cognitive loss and having a diagnosis of dementia .</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Cumberland Village Care		STREET ADDRESS, CITY, STATE, ZIP CODE 136 Davis Lane Lafollette, TN 37766	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Nurse's Note for Resident #17 dated 4/11/2024, revealed .Nurse went to speak with [Resident #17] of situation with [Resident #18], [Resident #17] stated [Resident #18] had stolen his drink so [Resident #17] swung at [Resident #18] making contact .[Resident #18] swung back at [Resident #17] making contact causing an abrasion on his right eye and left elbow .</p> <p>Review of the Nurse Practitioner (NP) Note for Resident #17 dated 4/11/2024, revealed .[Resident #17] got into altercation with [Resident #18] for thinking the other resident [Resident #18] stole his [soda] .[Resident #17] was hit by [Resident #18's] fist and [Resident #17] hit the other resident with his fist .Abrasions noted on [Resident #17's] right eye both above and below, abrasion on left elbow .</p> <p>Review of the Psychologist's Note for Resident #17 dated 4/12/2024, revealed .Resident #17 initiated confrontation with another resident [Resident #18] .[Resident #17] hit the other resident [Resident #18] on the head .[Resident #17] incurred .injuries from the aggressive exchange . The residents were separated, and the injury was attended to for Resident #17.</p> <p>Review of a Social Service Note for Resident #17 dated 4/12/2024, revealed .[Resident #17] was involved in an altercation with his roommate [Resident #18] .[Resident #17] voiced that his roommate [Resident #18] had stolen one of his drinks. [Resident #17] struck [Resident #18] and [Resident #18] acted in response. The two have resolved the issue. This resident is scheduled to discharge home 4/12/2024 with his daughter .</p> <p>Review of the medical record revealed Resident #18 was admitted to the facility on [DATE] with diagnoses including Psychosis, Schizoaffective Disorder, Major Depressive Disorder, and Dementia.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #18 scored a 12 on the BIMS assessment which indicated the resident had moderate cognitive impairment. No behaviors were exhibited during the assessment period.</p> <p>Review of a comprehensive care plan revised 4/11/2024, revealed Resident #18 required staff assistance with activities of daily living. Resident #18 .exhibit physical behaviors related to cognitive loss and dementia . defended himself after being stuck by another resident .</p> <p>Review of the Nurse's Note for Resident #18 dated 4/11/2024, revealed .[Resident #17] approached [Registered Nurse (RN) A] and stated that [Resident #18] accused him of stealing his [soda] .[Resident #17] swung at [Resident #18] with [Resident #17's] hand making contact .[Resident #18] stated that he swung back at [Resident #17] .</p> <p>Review of the Facility Investigation dated 4/11/2024, revealed .Resident [#17] ambulated to the dining room from his room and informed [RN A] that [Resident #17] had just got into a fight with his roommate [Resident #18]. [Resident #17] stated he thought [Resident #18] was drinking his [soda] and [Resident #18] got mad and hit him. [RN A] assessed [Resident #17] and noted [a] small laceration [to the resident's] right eye, and [an] abrasion on left elbow .[RN A] went to [Resident #18's] room to assess him .no injuries occurred . Immediate head to toe assessment completed on both residents. First aid was done for [Resident #17's] laceration .both residents feel safe, residents were separated immediately and moved to a different room .15 minute checks were started on both residents .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Cumberland Village Care		STREET ADDRESS, CITY, STATE, ZIP CODE 136 Davis Lane Lafollette, TN 37766	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Nurse's Note for Resident #18 dated 4/11/2024, revealed Resident #18 was transferred to a different room for a resident-to-resident altercation that occurred on 4/11/2024. The resident's responsible party was notified.</p> <p>Review of the NP's Note for Resident #18 dated 4/11/2024, revealed .[Resident #18] was in an altercation . [Resident #17] and [Resident #18] both hit each other . [Resident #18] has no visible injury and denies pain . altercation without injury .</p> <p>Review of the Psychologist's Note for Resident #18 dated 4/12/2024, revealed .[Resident #18] had a soft drink in his hand when he was falsely accused by [Resident #17] of taking the residents drink .[Resident #17] hit [Resident #18] on the head .[Resident #18] hit the other resident in return . The residents were separated, and the injury was attended for Resident #17.</p> <p>Review of the Social Service's Note for Resident #18 dated 4/12/2024, revealed Resident #18 was involved in a resident-to-resident altercation.His roommate [Resident #17] thought [Resident #18] had taken one of his drinks and struck him [Resident #18]. [Resident #18] acted in response striking back defending himself. Asked if [Resident #18] still feels safe here. [Resident #18] stated yes. [Resident #18] stated they cleared everything up after it happened .</p> <p>During an interview on 9/10/2024 at 2:00 PM, Resident #18 stated he had been in an altercation with Resident #17 (unable to give exact date). Resident #18 stated Resident #17 punched him (Resident #18) because Resident #17 thought someone took his (Resident #17's) drink. Resident #18 stated he punched Resident #17 back. Resident #18 denied injuries.</p> <p>During an interview on 9/10/2024 at 2:15 PM, RN A stated on 4/11/2024 at approximately 10:00 PM, Resident #17 came into the day room and accused Resident #18 of stealing his [brand name soda #1]. RN A stated staff attempted to redirect Resident #17 and told Resident #17 his drink was a [brand name soda #2] and Resident #18's drink was a [brand name soda #1]. Resident #17 had blood on his face from a laceration to his right eye and an abrasion on his left elbow. Resident #17 and Resident #18 were immediately separated. Resident #18 was moved to another room, families notified, and fifteen-minute checks were initiated.</p> <p>During an interview on 9/10/2024 at 2:35 PM, the Director of Nursing (DON) stated RN A notified her of the incident which occurred between Resident #17 and Resident #18 on 4/11/2024. The DON confirmed Resident #18 caused harm to Resident #17 when he punched Resident #17 causing a laceration to his right eye and an abrasion to his left elbow.</p> <p>36534</p> <p>2. On 1/31/2024, Resident #6 hit Resident #5 in the face causing a nosebleed which resulted in harm to Resident #5.</p> <p>Review of the medical record revealed Resident #5 was admitted to the facility on [DATE] with diagnoses including Dementia with Behavioral Disturbance, Wandering, Anxiety Disorder, and Altered Mental Status.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Cumberland Village Care		STREET ADDRESS, CITY, STATE, ZIP CODE 136 Davis Lane Lafollette, TN 37766	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #5 scored a 3 on the BIMS assessment which indicated the resident had severe cognitive impairment. No behaviors were noted during the assessment period.</p> <p>Review of the Incident Report for Resident #5 dated 1/31/2024, revealed .As I [Licensed Practical Nurse D] was finishing my charting before the shift change, I was having a discussion with [Psychologist] then [Certified Nursing Assistant (CNA) F] ran up to the counter saying .I need you to come down here [Resident #6] has hit [Resident #5] .I immediately ran down the hall to meet them at the end of the hall where the altercation had occurred. I witnessed [Resident #6] screaming and pointing at everyone saying, 'She did it!!' [CNA F] gave a statement saying she was coming down the hallway with another resident to take them to bed and said she [Resident #6] stated, 'I ain't afraid to hit you [Resident #5]!' Then [Resident #6] proceeded to smack [Resident #5] in the face .[Resident #5] was able to point at her nose where she was hurt .I immediately had .CNA [unknown] to do a one-on-one observation with her [Resident #6] while I assessed [Resident #5] for any signs of injury and attempted to get a statement. [Resident #5] was then place [placed] on neuro [neurological] checks for precaution due to her being hit on the face .</p> <p>Review of the Telehealth Note for Resident #5 dated 1/31/2024 at 7:19 PM, revealed .Chief complaint: Nosebleed/Injury .History of Present illness: Patient was hit in the face by another Resident [#6] had some bleeding from nose which has since stopped. No other injuries .does not appear to be in pain .Epistaxis (nosebleed) .resolved at present .no bruising or deformities .Bleeding has stopped and resident not indicating pain .</p> <p>Review of a comprehensive care plan for Resident #5 dated 1/31/2024, revealed the resident was at risk for alteration in comfort related to acute pain after Resident #5 was struck in the face by Resident #6. The care plan revealed to medicate the resident as ordered for pain, monitor for effectiveness, monitor for side effects, monitor for change in mood or status, and report to physician as indicated. Manage Pain by providing ice packs or cold compresses to applicable area.</p> <p>Review of a witness statement from CNA F dated 2/1/2024, revealed on 1/31/2024 at 6:45 PM, the CNA was walking with another resident to her room when she heard Resident #6 and Resident #5 arguing. The CNA heard Resident #6 say .I'm not afraid to hit you . Resident #6 raised her hand and struck Resident #5 in the face. CNA F immediately separated the residents and stayed with Resident #6.</p> <p>Review of the NP's Note for Resident #5 dated 2/1/2024, revealed .Advanced Dementia with behavioral disturbance (wandering, falls, agitation, violent) .Nature of Presenting Problem: Nosebleed .Reviewed on-call service report from last night. Indicates that resident was hit in the face by another resident and had nosebleed .she is unable to recall any events from yesterday and indicates that she does not remember any type of nose bleeding .No acute distress .Nose midline no tenderness with manipulation of orbits, nose, face. She has small amount of dried blood in the left nare. No edema or ecchymosis to nose or face .</p> <p>Review of the medical record revealed Resident #6 was admitted to the facility on [DATE] with diagnoses including Dementia with Behavioral Disturbance, Major Depressive Disorder, Anxiety Disorder, and Alzheimer's Disease.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #6 scored a 3 on the BIMS assessment which indicated the resident had severe cognitive impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Cumberland Village Care		STREET ADDRESS, CITY, STATE, ZIP CODE 136 Davis Lane Lafollette, TN 37766	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Telehealth Note for Resident #6 dated 1/31/2024 at 9:17 PM, revealed .Patient was in an altercation with [Resident #5] earlier this evening .recommendations for ER [emergency room] transfer and then placement in Geri [Geriatric] psych [psychiatric] facility for behavioral issues .</p> <p>Review of the comprehensive care plan for Resident #6 dated 1/31/2024, revealed .has the potential to exhibit physical behaviors related to having a diagnosis of dementia. She had an altercation on 1/31/2024. Every 15-minute checks as needed to abate aggressive behavior .</p> <p>Review of an Incident Report for Resident #6 dated 1/31/2024, revealed .[CNA F] ran up to the counter saying .[Resident #6] has hit [Resident #5] .[CNA F] witnessed [Resident #6] screaming and pointing at everyone saying, 'She did it' [CNA F] gave a state [statement] saying she was coming down the hallway with another resident to take them to bed and said [Resident #6] stated, 'I ain't afraid to hit you [Resident #5]!' [Resident #6] proceeded to smack [Resident #5] in the face .The resident [#6] stated, 'She knows what she done, and I hit her!' [CNA F] immediately took [Resident #6] away from the situation and from [Resident #5] . and took her to her room. Then I placed her on a one-on-one observation with .[CNA F] .notified [Psychologist] while he was on the hallway, and he is attempting to find her a place to stay in the geri psych unit at [hospital] .</p> <p>During an interview on 9/4/2024 at 12:25 PM, Licensed Practical Nurse (LPN) D stated, .[Resident #6] accused [Resident #5] of being with her husband. [CNA F] witnessed [Resident #6] hit [Resident #5] in the nose. [Resident #5] had a small nosebleed .[Resident #5] is confused and didn't realize what happened . there has not been any change in her routines .the psychologist .made the recommendation to send her [Resident #6] to the ER, she came back later that night with a diagnosis of a UTI [Urinary Tract Infection] .the incident was witnessed [Resident #6] hit [Resident #5] intentionally .</p> <p>During an interview on 9/10/2024 at 2:45 PM, the DON confirmed Resident #5 received a nosebleed after a witnessed altercation with Resident #6. Resident #6 willfully struck Resident #5 in the nose causing harm to Resident #5.</p> <p>3. On 1/11/2024, Resident #4 struck Resident #3 in the head.</p> <p>Review of the medical record revealed Resident #3 was admitted to the facility on [DATE] with diagnoses including Dementia with Behavioral Disturbance, Bipolar Disorder, and Major Depressive Disorder.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed a staff assessment was completed for Resident #3 and indicated the resident had short and long term memory problems. No behaviors were noted during the assessment period. Continued review revealed a BIMS assessment was not completed.</p> <p>Review of an Incident Report for Resident #3 dated 1/11/2024, revealed .[Resident #4] was observed striking [Resident #3] on the head with her fists .[Activities Assistant] observed .and separated them .[Nurse Practitioner] notified .Vital signs and neuro checks obtained and within normal limits. Resident is showing no signs of bruising and no complaints of pain. Nurse Practioner referred her [Resident #3] to psych services. Does not appear to have any adverse psychosocial distress .</p> <p>Review of the NP's Note for Resident #3 dated 1/11/2024, revealed .Nursing reports [Resident #3] was hit in the head close fistied by another female resident [Resident #4] .Reports that this resident provided no provocation for the altercation .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Cumberland Village Care		STREET ADDRESS, CITY, STATE, ZIP CODE 136 Davis Lane Lafollette, TN 37766	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Change in Condition Evaluation for Resident #3 dated 1/11/2024, revealed .[Resident #3] was struck on top of the head by [Resident #4] .</p> <p>Review of a comprehensive care plan dated 1/11/2024, revealed Resident #3 was struck on top of the head by another resident. Monitor mood state or behavioral symptoms impacting social relationships and evaluate need for Psychological/Behavioral Health consult.</p> <p>Review of the Psychologist's Note for Resident #3 dated 1/17/2024, revealed Resident #3 was seen for changes in behavioral status since being hit by Resident #4.It does not appear that there was any lasting effect from being hit by another resident .</p> <p>Review of the medical record revealed Resident #4 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including Vascular Dementia with Behavioral Disturbance, Hemiplegia and Hemiparesis following Cerebral Infarction affecting Left Non-Dominant Side, and Major Depressive Disorder.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #4 scored a 9 on the BIMS assessment which indicated moderate cognitive impairment. Verbal behavioral symptoms directed toward others were exhibited 1 to 3 days during the assessment period.</p> <p>Review of a Change in Condition Evaluation for Resident #4 dated 1/11/2024, revealed .[Resident #4] . dementia .behavioral changes: Physical aggression .other behavioral symptoms .aggression (biting, hitting, kicking, or spitting) .Resident observed striking another resident [Resident #3] in the head with her fists. NP was notified and is on one-on-one observation .referred to psychiatric services .</p> <p>Review of the Nurse's Notes for Resident #4 dated 1/11/2024 at 4:25 PM, revealed .[Resident #4] remains on one-on-one observation .will keep resident on one on one until she is transport [transported] to ER [emergency room] .</p> <p>Review of the NP's Note for Resident #4 dated 1/11/2024, revealed .Nursing reports [Resident #4] hit [Resident #3] closed fist in the head .prior to being able to redirect. [Resident #4] went into community room and began to hit the other resident. [Resident #4] indicates she hit [Resident #3] because she was making fun of [Resident #4] .</p> <p>Review of a comprehensive care plan for Resident #4 dated 1/11/2024, revealed the resident exhibited physical behaviors related to Cognitive Loss/Dementia, resident to resident altercation. One on one observation was implemented until transportation to emergency room . Refer to psychiatric services.</p> <p>During an observation on 9/4/2024 at 9:45 AM, revealed Resident #3 conversed with another resident. Resident #3 did not appear withdrawn, fearful, or tearful and was not exhibiting any behaviors.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Cumberland Village Care		STREET ADDRESS, CITY, STATE, ZIP CODE 136 Davis Lane Lafollette, TN 37766	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/4/2024 at 12:40 PM, LPN D stated, .The activities assistant .saw [Resident #4] hit [Resident #3] in top of the head .I had not heard of or seen [Resident #4] be aggressive with any resident before, but she was very feisty, and she could be uncooperative with staff and combative but she was easily calmed. She had her good days and her bad days .[Resident #3] was just shocked and didn't realize what had happened .there was no physical injury, her head wasn't red, and she did not develop any bruising . within minutes she couldn't recall anything had happened .</p> <p>During an interview on 9/5/2024 at 4:00 PM, CNA E stated, .it happened in the dining room [Resident #3] . usually just sits in the dining room in a chair and says random words, mainly about a dog .all of a sudden [Resident #4] hit [Resident #3] on top of the head .[Resident #3] was fine we distracted her and she didn't seem to remember anything happened she wasn't upset and she didn't change any after the incident .</p> <p>During an interview on 9/10/2024 at 1:25 PM, the Administrator stated, .this was a witnessed event [Resident #3] did not suffer any physical or psychosocial harm, however [Resident #4] was observed willfully hitting [Resident #3] and the facility failed to prevent abuse despite our best efforts .</p> <p>4. On 4/29/2024 Resident #11 struck Resident #10 in the arm.</p> <p>Review of the medical record revealed Resident #10 was admitted to the facility on [DATE] with diagnoses including Traumatic Hemorrhage, Traumatic Subarachnoid Hemorrhage, Traumatic Arthropathy, Anxiety Disorder, and Cognitive Communication Deficit.</p> <p>Review of an admission MDS assessment dated [DATE] revealed Resident #10 scored a 9 on the BIMS assessment which indicated moderate cognitive impairment. No behaviors were observed during the assessment period.</p> <p>Review of the facility's investigation dated 6/20/2024, revealed Residents #10 and #11 were separated. Resident #11 denied hitting Resident #10's arm and stated she hit the wheelchair. Resident #11 had a diagnosis of dementia and a stroke with hemiplegia affecting her left non dominant side. Resident #11 was unable to open her eyes and used her right hand to hold her eye lid open. Resident #11 stated she thought she was hitting Resident #10's wheelchair. Resident #10 did not have any physical injuries due to the incident. Resident #11 was sent to the ER and found to have a urinary tract infection and place on antibiotics. She was on 1:1 supervision until she left for the ER. After she returned from the ER she was evaluated by psychiatric services and remained on every 15-minute checks for 24 hours with no further behaviors. Both residents were evaluated by the nurse practitioner and psychiatric services.</p> <p>Review of the Nurse's Note for Resident #10 dated 6/20/2024 at 3:21 PM, revealed .[Social Services] spoke with [Resident #10] after a physical altercation with another resident. [Resident #10] stated she stopped and said Hello to her. [Resident #10] stated [Resident #11] said, You're not on your hallway, and hit her in her left arm .</p> <p>Review of a comprehensive care plan for Resident #10 dated 6/20/2024, revealed the resident had an altercation when another resident (Resident #11) hit her on the arm.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Cumberland Village Care		STREET ADDRESS, CITY, STATE, ZIP CODE 136 Davis Lane Lafollette, TN 37766	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the NP's Note for Resident #10 dated 6/20/2024, revealed .[Resident #10] reports [Resident #11] hit her on her left upper arm with their fist. She indicates that the hit was unprovoked. Staff indicating the same .No acute distress .No areas of ecchymosis or erythema to the left upper arm .</p> <p>Review of the medical record revealed Resident #11 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Vascular Dementia Severe with Behavioral Disturbance, Impulse Disorder, Hemiplegia and Hemiparesis, Cerebral Infarction, Anxiety Disorder, and Major Depressive Disorder.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed Resident #11 scored a 10 on the BIMS assessment which indicated moderate cognitive impairment. No behaviors were observed during the assessment period.</p> <p>Review of the NP's Note for Resident #11 dated 6/20/2024, revealed .Nurse requesting evaluation related to a witnessed altercation with another Resident [Resident #10]. Staff reporting that [Resident #11] hit another [Resident #10] on the arm. No provocation from the other [Resident #10] .Nurse assisting with exam. [Resident #11] reports that she hit the other [Resident #10's] wheelchair and not the resident. She denies soreness of her own hand .</p> <p>Review of a comprehensive care plan for Resident #11 dated 6/20/2024, revealed .potential to exhibit physical behaviors related to Cognitive Loss/Dementia .1 on 1 observation until resident is sent to geriatric psychiatric .</p> <p>During an interview on 9/4/2024 at 10:35 AM, CNA B stated, .I heard a conflict and turned and saw [Resident #11] striking [Resident #10's] arm. I separated them immediately and got the nurse .there was no redness on [Resident #10's] arm and she did not complain of pain .[Resident #11's] arm is crippled, and she was not able to hit her hard .[Resident #10] stated I haven't done anything to you .[Resident #10] is alert .[Resident #11] has dementia .neither resident was upset after the incident .</p> <p>During an interview on 9/4/2024 at 11:15 AM, Resident #10 stated she did recall the incident and she was not sure why the other resident had hit her arm. Resident #10 stated she felt safe in the facility.</p> <p>During an interview on 9/5/2024 at 10:25 AM, Resident #11 stated she did recall the incident and stated, .I didn't touch her I just touched her wheelchair arm .</p> <p>During an interview on 9/10/2024 at 11:25 AM, LPN C stated, .[Resident #10] did not have any redness, scratches or any marks on her arm .she wasn't upset she was actually laughing but to be jolly is her normal .I did not see the incident .</p> <p>During an interview on 9/10/2024 at 1:25 PM, the Administrator stated, .this was a witnessed event and abuse was substantiated . During the interview the Administrator confirmed the facility failure to prevent abuse of Resident #10.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Cumberland Village Care		STREET ADDRESS, CITY, STATE, ZIP CODE 136 Davis Lane Lafollette, TN 37766	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Deficiency Text Not Available</p>		