

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445294	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Life Care Center of Collegedale		STREET ADDRESS, CITY, STATE, ZIP CODE 9210 Apison Pike Collegedale, TN 37315	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27405</p> <p>Based on facility policy review, Resident Assessment Instrument (RAI) Manual 3.0 review, medical record review, and interview, the facility failed to accurately complete Minimum Data Set (MDS) assessments for 1 resident (Resident #1) of 3 residents reviewed for MDS assessments.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Certification of Accuracy of the MDS, reviewed 9/05/2024, revealed .the assessment must accurately reflect the resident status .</p> <p>Review of the RAI Manual 3.0 dated 10/2024, revealed .Section M .Skin Conditions . Document the risk, presence, appearance, and change of pressure ulcers as well as other skin ulcers, wounds or lesions .</p> <p>Medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnosis including Dementia, Delusional Disorders, Malignant Neoplasm of Skin, Diabetes Mellitus with Chronic Kidney Disease, Stage 5 Chronic Kidney Disease, Peripheral Vascular Disease, and Dependence on Renal Dialysis.</p> <p>Review of the Nursing Progress Notes for Resident #1 dated 12/10/2024, revealed .[name of resident son] notified of right heel pressure wound, tx [treatment plan] and interventions in place .</p> <p>Review of the Nursing Progress Notes for Resident #1 dated 1/4/2025, revealed .Nurse Aide notified this nurse that resident has an open wound to his left heel which she found when bathing him this morning .</p> <p>Review of an Annual MDS assessment for Resident #1 dated 1/28/2025, revealed the right and left heel wounds were not documented in Section M for skin conditions of the MDS.</p> <p>During an interview on 2/13/2025 at 11:48 AM, the Director of Nursing (DON) confirmed the Annual MDS assessment for Resident #1 dated 1/28/2025 was not an accurate assessment and did not note the wounds on Resident #1.</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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