

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Andersonville TN Opco LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3382 Andersonville Highway Andersonville, TN 37705	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36003</p> <p>Based on review of facility policy, observations, and interviews, the facility failed to maintain a safe, comfortable, and homelike environment for room [ROOM NUMBER] on the 100 hall and rooms [ROOM NUMBERS] on the 400 hall on 2 of 4 hallways observed for a homelike environment.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Resident Environmental Quality, undated revealed .It is the policy of this facility to be .maintained to provide a safe .comfortable environment for residents .Resident rooms must be designed and equipped for adequate .comfort, privacy of residents .Preventive maintenance schedules, for the maintenance of the building .should be followed to maintain a safe environment .All facility personnel are responsible for reporting broken, defective or malfunctioning .furnishings immediately upon identification of the issue .</p> <p>During observations on 5/21/2024 at 10:18 AM, in room [ROOM NUMBER], revealed the vertical blinds covering the window were missing blind slats. There was a small opening visible to the outside at the right upper corner of the heating and cooling unit in the wall.</p> <p>During observations on 5/21/2024 at 10:25 AM, in room [ROOM NUMBER], revealed a small opening visible to the outside at the left upper corner of the heating and cooling unit in the wall.</p> <p>During observations on 5/21/2024 at 10:30 AM, in room [ROOM NUMBER], revealed a small opening visible to the outside at the left upper corner of the heating and cooling unit in the wall.</p> <p>During an interview on 5/21/2024 at 10:50 AM, the Administrator, Director of Nursing (DON), and the Maintenance Director, confirmed there was a small opening visible to the outside at the left upper corner of the the heating and cooling unit in the wall in rooms [ROOM NUMBERS].</p> <p>During an interview on 5/21/2024 at 10:55 AM, the Administrator, DON and Maintenance Director, confirmed there was a small opening visible to the outside at the right upper corner of the heating and cooling unit, confirmed the vertical blinds were missing blind slats in room [ROOM NUMBER], and confirmed the facility had failed to provide an optimal home like environment for the residents.</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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