STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445373	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stone River Post Acute	202 East Mtcs Road Murfreesboro, TN 37130

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on policy review, emergency menu, emergency supply inventory sheet, observation, and interview, the facility failed to ensure the dishwashing machine maintained the correct chemical sanitization concentration and failed to maintain an emergency supply of pureed (food that has been blended into a smooth, creamy, paste consistency) food. The facility had a census of 55 with 52 residents receiving trays, 6 of these residents receiving pureed food. The findings include: 1. Review of the facility policy titled, Dishmachine [dish machine] Use, dated 4/2006, revealed .Food Service staff required to operate the dishmachine will be trained in all steps of dishmachine use by the supervisor or a designee proficient in all aspects of proper use and sanitation.Dishmachine chemical sanitizer concentrations should be between 50-100 ppm [parts per million].If water temperatures or chemical sanitation concentrations do not meet requirements, cease use of dishmachine immediately until temperatures or PPM are adjusted. Review of the facility policy titled, Emergency Food Supply, dated 4/2021, revealed .It is the policy of the facility to establish procedures to ensure that food is available for residents, staff, and volunteers in the case of emergency.The Dietary Manager shall maintain a 3-day supply of nonperishable foods.The type of food will consider resident population and dietary needs, as reflected in the emergency menu. 2. Observation in the dish room on 12/3/2025 at 1:35 PM, revealed the dish machine chemical sanitization concentration was 10 ppm. During an interview on 12/3/2025 at 3:10 PM, the Dietary Manager (DM) was asked what the dish machine chemical sanitization concentration should be according to the facility policy. The DM replied, .50-100 [ppm]. The DM was asked if the dish machine provided the correct chemical sanitization concentration. The DM responded, No. 3. Observation in the dry stock room on 12/3/2025 at 1:40 PM, revealed the emergency food supply did not contain any pureed meat. Review of the undated Emergency Menu, revealed .Puree Ham or sausage.Puree Beef, Chicken, Pork. Review of the undated Emergency Supply inventory sheet, revealed the total servings needed for Puree Ham/Sausage was 40 servings or 0.44 cases needed, and the total servings needed for Puree Beef, Chicken, Pork was 80 servings or 1.33 cases needed. During an interview on 12/3/2025 at 3:15 PM, the DM was asked if there should be pureed meat in the emergency supply stock. The DM 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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to honor food preferences for 2 of 16 (Resident #6 and Resident #26) sampled residents. The findings include: 1. Review of the facility policy titled, Resident Food Preferences, dated 2001, revealed . Nursing/dietary staff will document the resident's food and eating preferences on the diet order and/or meal ticket . 2. Review of the medical record revealed Resident #6 was admitted to the facility on [DATE], with diagnoses including Diabetes. Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #6 had a Brief Interview for Mental Status (BIMS) assessment score of 15, which indicated he was cognitively intact. Resident #15 was coded for receiving a therapeutic diet. Review of the Care Plan dated 11/16/2025, revealed .Resident has a diagnosis of diabetes and is at risk for complications manifested by hyperglycemia.Dietary referral as indicated . Review of the Progress Note dated 11/20/2025 at 3:06 PM, revealed . IDT [Interdisciplinary Team]- Weekly Weight Nutrition Note .DX [diagnosis] .TYPE 2 DM [Diabetes] .CURRENT DIET CCHO [Controlled Carbohydrate] [a diet to keep blood sugar stable] . During an interview on 12/1/2025 at 11:03 AM, Resident #6 stated, .I am diabetic, but they bring me sweet tea every day for lunch and dinner .I always ask for milk instead of tea but I never get it . Observation of Resident #6's lunch tray on 12/2/2025 at 1:16 PM, revealed a cup of sweet tea, 2 packets of regular sugar, and no milk. The meal card on the tray revealed .CCHO . During an observation and interview on 12/03/2025 at 8:39 AM, Resident #6 stated .I told them I don't like oatmeal but there it is .and I asked for a banana but I didn't get one . Resident #6's meal ticket on his tray stated .NO OATMEAL .ADD BANANA . Resident #6 stated .I have to water down my tea [at other meals] to weaken it so I will have something to drink . 3. Review of the medical record revealed Resident #26 was admitted to the facility on [DATE] with diagnoses including Hemiplegia, Malignant Neoplasm of the Brain, Seizures, and Anxiety. Review of the admission MDS assessment dated [DATE], revealed Resident #26 had a BIMS score of 15, which indicated she was cognitively intact. During an observation and interview on 12/3/2025 at 8:32 AM, Resident #26 was sitting in bed eating breakfast and stated .They know I can't eat sausage . There was a sausage patty on her breakfast plate. Resident #26 stated she had also gotten it the day before and that she just moved it to the side and didn't eat it. Observation of the meal ticket that was on her tray revealed .ALLERGY .SAUSAGE . The word SAUSAGE was highlighted in red. During an interview on 12/04/2025 at 9:16 AM, the Dietary Manager (DM) was shown the Dietary Preferences sheet for Resident #6 and Resident #26, along with the meal tickets that was placed on both Resident's dining trays when they were served. The DM was asked if Diabetics should receive sweet tea if they were on a Controlled Carbohydrate diet and she replied .No . The DM also confirmed that the Resident should receive what he had written on his meal ticket. The DM was asked if a food that was identified as an allergy for a resident should be placed on their meal tray. The DM stated .No .

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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 policy review, medical record review, Closed Account Summary Report, Resident Statement Landscape, and canceled check review, revealed the facility failed to refund the personal funds deposited with the facility to the resident's estate within 30 days upon the death for 4 of 4 (Resident #72, Resident #73, Resident #74 and Resident #75) sampled residents. The findings included: 1. Review of the facility policy titled, Resident Trust Fund, dated [DATE], revealed .The facility Administrator will be responsible for establishing and maintaining a system that assures a full, complete, and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf .Upon death or discharge of a resident with a personal fund account, the facility will convey within 30 days the resident's funds and a final accounting of those funds . 2. Review of the medical record revealed Resident #72 was admitted to the facility on [DATE] with diagnoses including Acute and Chronic Respiratory Failure, Pleural Effusion, and Diabetes. Review of the 5-day Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated Resident #72 was cognitively intact. Review of the Closed Account Summary Report dated [DATE] through [DATE], revealed Resident #72 was discharged from the facility due to death on [DATE], and had a closing balance of $1814.05. Review of the Resident Statement Landscape revealed Resident #72 expired on [DATE], the facility closed the account on [DATE], and disbursed check #1035 for $1814.05 on [DATE]. The check cleared on [DATE]. The facility failed to refund money to Resident #72's estate by [DATE]. 3. Review of the medical record revealed Resident #73 was admitted to the facility on [DATE] with diagnoses including Systemic Lupus, Dementia, and Neuralgia. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 4, which indicated Resident #73 was severely cognitively impaired. Resident #73 was discharged due to death on [DATE] and had a closing balance of $1493.80. Review of the Resident Statement Landscape revealed Resident #73 expired on [DATE], the facility closed the account on [DATE], and disbursed check #1036 for $1493.80 on [DATE]. The check cleared on [DATE]. The facility failed to refund money to Resident #73's estate by [DATE]. 4. Review of the medical record revealed #74 was admitted to the facility on [DATE], with diagnoses including Hemiplegia and Hemiparesis, Diabetes, and Chronic Obstructive Pulmonary Disease. Review of the annual MDS assessment dated [DATE], revealed a BIMS score of 11, which indicated Resident #74 was moderately cognitively impaired. Resident #74 was discharged due to death on [DATE], with a closing balance of $70.05. Review of the Resident Statement Landscape revealed Resident #74 expired on [DATE], the facility closed the account on [DATE], and disbursed check #1012 for $70.05 on [DATE]. The check cleared on [DATE]. The facility failed to refund money to the estate of Resident #74 by [DATE]. 5. Review of the medical record revealed Resident #75 was admitted to the facility on [DATE], with diagnoses including Hemiplegia and Hemiparesis, Acute Respiratory Failure with Hypoxia, and Chronic Respiratory Failure with Hypoxia. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 10, which indicated Resident #75 was moderately cognitively impaired. Resident #75 was discharged due to death on [DATE], with a closing balance of $6,696.84. Review of the Resident Statement Landscape revealed Resident #75 expired on [DATE], the facility closed the account on [DATE], and disbursed check #1015 for $6696.84 on [DATE]. The check cleared on [DATE]. The facility failed to refund money to Resident #75's estate by [DATE]. During an interview on [DATE] at 8:50 AM, the Admissions Coordinator/Interim Business Office Manager (BOM) was asked how long the facility has to refund the trust account balance following discharge from the facility. The Interim BOM stated they have 60-days to settle the account, and that the account has to be evaluated and transferred to the Resident Fund Management Service (RFMS) and has to be approved by the Administrator. The BOM can print the check after the amount has been approved by the Administrator and the BOM. During an (continued on next page)

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F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interview on [DATE] at 9:38 AM, the Administrator was asked how many days the facility had to refund the resident funds after a resident's death. The Administrator replied .30 days .