

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Legacy Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 811 Keylon Street Manchester, TN 37355	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36003</p> <p>Based on facility policy review, medical record review, and interview the facility failed to ensure appropriate notifications were conducted following a resident fall for 1 resident (Resident #454) of 4 residents reviewed for falls.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Assessing Falls and Their Causes, revised 3/2018, showed .Notify the following individuals when a resident falls .The resident's family .The Attending Physician .The Director of Nursing Services .The Nursing Supervisor on duty .</p> <p>Resident #454 was admitted to the facility on [DATE] with diagnoses including Dementia with Behavioral Disturbance, Cognitive Communication Deficit, Depression with Psychotic Features, Anxiety, Hypotension, and Urinary Tract Infection.</p> <p>Review of a Progress Note dated 1/27/2024 at 8:44 PM, showed Resident #454 was .ambulatory with a mostly steady gait, transfers herself numerous times and is at a high safety risk for all ADL's [activities of daily living] related to her severe cognitive decline related to her progressing Lewy Body Dementia [dementia that leads to a decline in thinking, reasoning, and independent function] .</p> <p>Review of a Fall Risk Acuity dated 1/27/2024, showed Resident #454 had a Fall Risk Score of 24, which indicated the resident was at risk for falls.</p> <p>Review of a Brief Interview for Mental Status assessment dated [DATE], showed Resident #454 was moderately cognitively impaired.</p> <p>Review of Resident #454's Progress Note dated 1/30/2024 at 1:56 AM, showed the resident was found on the floor in the doorway of her room. Further review showed there was no documentation to indicate the resident's physician, nurse practitioner (NP), Director of Nursing (DON), or the resident's family representative were notified of the resident's fall.</p> <p>Review of Resident #454's history and physical note dated 1/30/2024 at 2:51 PM, showed no documentation to indicate the Nurse Practitioner was notified of Resident #454's fall on 1/30/2024.</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
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #454's event report dated 1/30/2024, showed the resident had an unwitnessed fall with no injuries on 1/30/2024 at 1:00 AM. Continued review showed .NOTIFICATIONS .Physician Notified: No . Resident Representative Notified: No .</p> <p>During an interview on 4/10/2024 at 8:45 AM, the DON stated staff were expected to notify the physician, DON, and family representative of a resident's fall with or without injury. The DON stated .even during the night .some [staff] will wait until the morning if there is no injury .I've told them [staff] not to do that . The DON confirmed Resident #454's physician, family, and the DON were not notified of the resident's fall on 1/30/2024.</p>		