STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445427	A. Building B. Wing	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ahc Bethesda	444 One Eleven Place Cookeville, TN 38501

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46252 Based on facility policy, medical record review, observation and interview, the facility failed to provide effective housekeeping and maintenance services to maintain a clean, safe, and homelike environment as evidenced by dirty walls with black vertical marks, vertical scrapes that resulted in damaged sheet rock and holes in the walls in 15 resident rooms (Rooms 204, 205, 208, 506, 508, 509, 511, 600, 601,604, 605, 606, 607,608, and 609) of 48 observed rooms throughout the facility. In addition, 1 hole was observed in the drywall in 1 nutrition room (400 Hall nutrition room) of 2 nutrition rooms observed in the facility. The findings include: Review of facility policy titled, Resident Rights and Resident Responsibilities, effective date 11/20/2023, revealed, .The resident has a right to a safe, clean, comfortable and Homelike environment . Review of the medical record revealed Resident #8 was admitted to the facility on [DATE], with diagnoses which included Paraplegia, Pressure Ulcer of Right Buttock, Stage 4, Pressure Ulcer of Sacral Region, Stage 4, Essential (Primary) Hypertension, Lack of Coordination, Unspecified Cirrhosis, and Other Specified Interstitial Pulmonary Diseases. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] for Resident #8 revealed, a Brief Interview for Mental Status (BIMS) score of 9 which indicated moderate cognitive impairment. Observation and interview in Resident #8's room on 5/14/2024 at 5:25 PM observed the wall behind the headboard Resident 8's bed with a golf ball sized hole through the sheet rock, black vertical marks, and vertical scrapes into the wall that resulted in sheet rock damage with sheet rock dust noted on headboard. Resident #8 was lying in the bed on his back. Resident #8 was asked about the wall behind the headboard. Resident #8 stated the wall was like that on admission. Resident #8 stated if a wall at his home had a hole in it Resident #8 would repair it. Review of the medical record revealed Resident #10 was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses which included Atherosclerotic Heart Disease, Chronic Obstructive Pulmonary Disease, Chronic Respiratory Failure, Presence of Urogenital Implants, Sepsis, and altered Mental Status. (continued on next page)

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: 445427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2024
NAME OF PROVIDER OR SUPPLIER Ahc Bethesda		STREET ADDRESS, CITY, STATE, ZIP CODE 444 One Eleven Place Cookeville, TN 38501	

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Quarterly MDS assessment dated [DATE] for Resident #10 revealed, a BIMS score of 14 which indicated cognitively intact. Observation and interview in Resident #10's room on 5/14/2024 at 5:35 PM, observed vertical scrapes into the wall that resulted in damaged sheet rock behind Resident #10's headboard. Resident #10 was asked about the wall behind the head of his bed. Resident #10 stated it should be fixed. Review of the medical record revealed Resident #22 was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses which included Chronic Obstructive Pulmonary Disease, Metabolic Encephalopathy, Parkinson's Disease without Dyskinesia, Transient Cerebral Ischemia, and Hypotension. Review of the Quarterly MDS assessment dated [DATE] for Resident #22 revealed, a BIMS score of 11 which indicated moderate cognitive impairment. Observation and interview in Resident #22's room (606 A) on 5/15/2024 at 5:50 PM, observed black vertical marks and deep vertical scrapes into the wall with damaged sheet rock behind Resident #22's headboard. Resident #22 was asked about the wall behind the head of his bed. Resident #22 stated It was on there when I moved in. It needs to be repaired. I would expect them to repair it. Review of the medical record revealed Resident #23 was admitted to the facility on [DATE] with diagnoses which included Hypertensive Heart Disease, Chronic Obstructive Pulmonary, Morbid (Severe) Obesity, Personal History of Traumatic Brain Injury, and Type 2 Diabetes Mellitus. Review of the Quarterly MDS assessment dated [DATE] for Resident #23 revealed, a BIMS score of 12 which indicated moderate cognitive impairment. Observation and interview in Resident #23's room on 5/15/2024 at 5:55 PM, observed black vertical marks and vertical scrapes into the wall that resulted in sheet rock damage behind the Resident #23's headboard. Resident #23 was asked about the wall behind the headboard. Resident #23 stated, It makes me feel awful. It needs to be fixed. It would never get that way at my house. I would repair it, paint it, and get the wall back to normal or better. Observation in room [ROOM NUMBER] on 5/15/2024 beginning at 10:00 AM, observed vertical black marks and scrapes into the wall that resulted in damaged sheet rock behind the headboard of bed A. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 3:00 PM, the Administrator confirmed the black vertical marks on the wall with scrapes into the wall that resulted in damaged sheet rock behind the headboard of bed A. The Administrator stated the wall needed to be repaired. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 5:20 PM, the Maintenance Director confirmed behind the headboard of bed A black vertical marks on the wall with scrapes into the wall that resulted in damaged sheet rock. The Maintenance Director stated the wall needed to be repaired. Observation in room [ROOM NUMBER] on 5/15/2024 beginning at 10:00 AM, observed vertical black marks and scrapes into the wall that resulted in damaged sheet rock behind the headboard of bed B. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 3:00 PM, the Administrator confirmed the black vertical marks on the wall with scrapes into the wall that resulted in damaged sheet rock behind the headboard of bed B. The Administrator stated the wall needed to be repaired. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 5:20 PM, the Maintenance Director confirmed behind the headboard of bed B there were black vertical marks on the wall with scrapes into the wall that resulted in damaged sheet rock. The Maintenance Director stated the wall needed to be repaired. Observation in room [ROOM NUMBER] on 5/15/2024 beginning at 10:00 AM, observed vertical black marks on the wall with scrapes into the wall that resulted in damaged sheet rock behind the headboard of bed A. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 3:00 PM, the Administrator confirmed the black vertical marks on the wall with scrapes into the wall that resulted in damaged sheet rock behind the headboard of bed A. The Administrator stated the wall needed to be repaired. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 5:20 PM, the Maintenance Director confirmed behind the headboard of bed A there were black vertical marks on the wall with scrapes into the wall that resulted in damaged sheet rock. The Maintenance Director stated the wall needed to be repaired. Observation in the 400 Hall Nutrition Room on 5/15/2024 beginning at 10:00 AM, observed a hole in the wall behind the door through the sheet rock the size of the door handle noted. During an interview in the 400 Hall Nutrition Room on 5/15/2024 beginning at 3:00 PM, the Administrator confirmed the hole in the wall behind the door through the sheet rock the size of the door handle. The Administrator stated the wall needed to be repaired. During an interview in the 400 Hall Nutrition Room on 5/15/2024 beginning at 5:20 PM, the Maintenance Director confirmed the hole in the wall behind the door through the sheet rock the size of the door handle. The Maintenance Director stated the wall needed to be repaired. Observation in room [ROOM NUMBER] on 5/15/2024 beginning at 10:00 AM, observed vertical black marks on the wall with scrapes and dents into the wall that resulted in damaged sheet rock behind the headboard of bed A. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 3:00 PM, the Administrator confirmed the black vertical marks on the wall with scrapes and dents into the wall that resulted in damaged sheet rock behind the headboard of bed A. The Administrator stated the wall needed to be repaired. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 5:20 PM, the Maintenance Director confirmed behind the headboard of bed A there were black vertical marks on the wall with scrapes and dents into the wall that resulted in damaged sheet rock. The Maintenance Director stated the wall needed to be repaired. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation in room [ROOM NUMBER] on 5/15/2024 beginning at 10:00 AM, observed vertical black marks on the wall with scrapes into the wall that resulted in damaged sheet rock behind the headboard of bed A. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 3:00 PM, the Administrator confirmed the black vertical marks on the wall with scrapes into the wall that resulted in damaged sheet rock behind the headboard of bed A. The Administrator stated the wall needed to be repaired. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 5:20 PM, the Maintenance Director confirmed behind the headboard of bed A there were black vertical marks on the wall with scrapes into the wall that resulted in damaged sheet rock. The Maintenance Director stated the wall needed to be repaired. Observation in room [ROOM NUMBER] on 5/15/2024 beginning at 10:00 AM, observed deep vertical scrapes into the wall that resulted in damaged sheet rock behind the headboard of bed B. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 3:00 PM, the Administrator confirmed the deep vertical scrapes into the wall that resulted in damaged sheet rock behind the headboard of bed B. The Administrator stated the wall needed to be repaired. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 5:20 PM, the Maintenance Director confirmed behind the headboard of bed B there were deep vertical scrapes into the wall that resulted in damaged sheet rock. The Maintenance Director stated the wall needed to be repaired. Observation in room [ROOM NUMBER] on 5/15/2024 beginning at 10:00 AM, observed on the wall to the right of the window peeling paint noted in an area approximately one-and-a-half-inch square, vertical scrapes into the wall that resulted in sheet rock damage behind the headboard of bed B. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 3:00 PM, the Administrator confirmed small area of peeling paint to the right of the window, vertical scrapes into the wall that resulted in damaged sheet rock behind the headboard of bed B. The Administrator stated the walls needed to be repaired. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 5:20 PM, the Maintenance Director confirmed behind the headboard of bed B there were vertical scrapes into the wall that resulted in damaged sheet rock, and a small area of peeling paint to right of the window. The Maintenance Director stated the walls needed to be repaired. Observation in room [ROOM NUMBER] on 5/15/2024 beginning at 10:00 AM, observed vertical black marks and deep vertical scrapes into the wall that resulted in sheet rock damage behind the headboards of bed A and bed B. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 3:00 PM, the Administrator confirmed vertical black marks and deep vertical scrapes into the wall that resulted in sheet rock damage behind the headboards of bed A and bed B. The Administrator stated the walls needed to be repaired. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 5:20 PM, the Maintenance Director confirmed behind the headboards of bed A and bed B there were vertical black marks and deep vertical scrapes into the wall that resulted in sheet rock damage. The Maintenance Director stated the walls needed to be repaired. Observation in room [ROOM NUMBER] on 5/15/2024 beginning at 10:00 AM, holes approximately the size of screws noted in the wall at the foot of bed A near the wardrobe and on the wall next to bed A's TV. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 3:00 PM, the Administrator confirmed holes in the wall at the foot of bed A near the wardrobe and on the wall next to bed A's TV. The Administrator stated the holes needed to be repaired. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 5:20 PM, the Maintenance Director confirmed there were holes in the wall at the foot of bed A near the wardrobe and on the wall next to bed A's TV. The Maintenance Director stated the holes needed to be repaired. Observation in room [ROOM NUMBER] on 5/15/2024 beginning at 10:00 AM, observed black vertical marks and vertical scrapes into the wall that resulted in sheet rock damage behind the headboards of bed A and bed B. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 3:00 PM, the Administrator confirmed vertical black marks and vertical scrapes into the wall that resulted in sheet rock damage behind the headboards of bed A and bed B. The Administrator stated the wall needed to be repaired. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 5:20 PM, the Maintenance Director confirmed behind the headboards of bed A & bed B there were vertical black marks and vertical scrapes into the wall that resulted in sheet rock damage. The Maintenance Director stated the wall needed to be repaired. Observation in room [ROOM NUMBER] on 5/15/2024 beginning at 10:00 AM, observed black vertical marks on the wall behind the headboard of bed A. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 3:00 PM, the Administrator confirmed vertical black marks on the wall behind the headboard of bed A. The Administrator stated the wall needed to be painted. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 5:20 PM, the Maintenance Director confirmed behind the headboard of bed A there were vertical black marks. The Maintenance Director stated the wall needed to be painted. Observation in room [ROOM NUMBER] on 5/15/2024 beginning at 10:00 AM, observed black vertical marks and deep vertical scrapes into the wall that resulted in sheet rock damage to the wall behind the headboard of Bed A. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 3:00 PM, the Administrator confirmed vertical black marks and deep vertical scrapes into the wall that resulted in sheet rock damage behind the headboard of bed A. The Administrator stated the wall needed to be repaired. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 5:20 PM, the Maintenance Director confirmed behind the headboard of bed A there were vertical black marks and deep vertical scrapes into the wall that resulted in sheet rock damage. The Maintenance Director stated the walls needed to be repaired. Observation in room [ROOM NUMBER] on 5/15/2024 beginning at 10:00 AM, observed vertical scrapes into the wall that resulted in damaged sheet rock behind the headboard of bed B. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 3:00 PM, the Administrator confirmed vertical scrapes into the wall that resulted in sheet rock damage behind the headboard of bed B. The Administrator stated the wall needed to be repaired. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 5:20 PM, the Maintenance Director confirmed behind the headboard of bed B there were vertical scrapes into the wall that resulted in sheet rock damage. The Maintenance Director stated the walls needed to be repaired. Observation in room [ROOM NUMBER] on 5/15/2024 beginning at 10:00 AM, observed the wall behind the headboard of bed A with a golf ball size hole through the sheet rock, black vertical marks, and vertical scrapes into the wall that resulted in sheet rock damage. Sheet rock dust noted on the headboard of bed A. Observed the wall behind the headboard of bed B with vertical scrapes into the wall that resulted in damaged sheet rock. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 3:00 PM, the Administrator confirmed a golf ball size hole through the sheet rock, with black vertical marks, and vertical scrapes into the wall that resulted in sheet rock damage behind the headboard of bed A. Sheet rock dust noted on headboard of bed A. Vertical scrapes into the wall that resulted in damaged sheet rock behind bed B. The Administrator stated the wall needed to be repaired. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 5:20 PM, the Maintenance Director confirmed behind the headboard of bed A golf ball size hole through the sheet rock, black vertical marks, and vertical scrapes into the wall that resulted in sheet rock damage. Sheet rock dust noted on headboard of bed A. Vertical scrapes into the wall that resulted in damaged sheet rock behind the headboard of bed B. The Maintenance Director stated the walls needed to be repaired. Observation in room [ROOM NUMBER] on 5/15/2024 beginning at 10:00 AM, observed holes approximately the size of screws in the wall above the headboard of bed A near the Auxiliary Drain box. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 3:00 PM, the Administrator confirmed holes in the wall above the headboard of bed A near the Auxiliary Drain box. The Administrator stated the holes needed to be repaired. During an interview in room [ROOM NUMBER] on 5/15/2024 beginning at 5:20 PM, the Maintenance Director confirmed there were holes in the wall above the headboard of bed A near the Auxiliary Drain box The Maintenance Director stated the holes needed to be repaired. Observations were made of 48 resident rooms and 2 Nutritional Rooms with 15 resident rooms in need of wall repairs and painting. Observation of 1 nutritional room with a hole in the wall needing repaired and painted.

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47127 Based on the facility policy review, Incident Reporting System document review, medical record review and Interview, the facility failed to ensure 1 (Resident #6) of 7 residents reviewed were free from sexual abuse. Resident #12 (Perpetrator) was observed with his hand in the shirt of Resident #6. The findings include: Review of the facility policy titled, Abuse Prohibition Plan, dated 4/1/2018, revised 10/24/2022, revealed, . The facility has a zero-tolerance policy for abuse .sexual abuse is prohibited .The facility shall attempt to identify and shall investigate any reported violation or allegation of abuse .The abuse applies to anyone involved with residents of this facility .'Abuse Coordinator' of this facility is the Administrator .'Abuse' means the willful infliction of injury .It includes .sexual abuse .is non-consensual sexual contact of any type with a resident. It includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault .All staff shall monitor residents and shall be educated regarding how to identify signs and symptoms of abuse. This includes staff to resident abuse and certain resident to resident altercations. Resident, staff, or family report of abuse .The alleged offender shall immediately be removed, and the Resident protected .the staff member shall immediately remove the perpetrator from the situation and another staff member shall stay with the alleged offender and wait for further instruction from Administration .Employees must always report any allegations of abuse or suspicion of abuse immediately to their supervisor .any staff member or person affiliated with this facility who has witnessed or who believes that a resident has been a victim of .abuse . shall immediately report, or cause a report to be made of, the mistreatment or offense . Review of the Incident Reporting Systems document revealed, .[Named Dietary Staff M] stated .I was watching from the other door and saw [Resident #12] put his hand down [Named Resident #6's] shirt. I opened the door and coughed to get him to stop then shut the door and watched again. [Named Housekeeping Staff VV] came in to mop dining room floor and after he left [Resident #12] put his hand down . underneath [Named Resident #6]'s shirt again and she tried to stop and shoo [fanning arms around to redirect] him away. [Resident #6] seemed upset and kept trying to get [Resident #12] to leave her alone . Review of the medical record revealed Resident #6 was admitted to the facility on [DATE] with diagnoses which included Insomnia, History of Benign Neoplasm of the Brain and Mild Intellectual Disability. Review of the Quarterly MDS (Minimum Data Set) assessment dated [DATE], for Resident #6, revealed a BIMS (Brief Interview for Mental Status) score of 13 ,which indicated no cognitive impairment. Continued review revealed Resident #6 required the use of a wheelchair. Review of the medical record revealed Resident #12 was admitted to the facility on [DATE] with diagnoses which included Systolic and Diastolic Heart Failure, Hemiplegia (paralysis on one side of the body), and Chronic Obstructive Pulmonary Disease. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Quarterly MDS assessment dated [DATE], for Resident #12, revealed a BIMS score of 12, which indicated moderate cognitive impairment. Continued review revealed Resident #12 required the use of a wheelchair. Review of the Nurse's Event Note dated 3/31/2024 at 10:30 AM, revealed LPN O documented, (Dietary Staff M) reported to multiple nursing staff that Resident #12 had his hand down Resident #6's shirt. LPN O asked Resident #6 if she felt violated or uncomfortable in any way? Resident #6 told LPN O that she was uncomfortable, and she waved her hand to get Resident #12 to go away. LPN O went to speak with the Administrator and when she returned Resident #12 was wheeling towards Resident #6. Resident #12 then turned round and headed back toward the nurses' station. Resident #12 did not receive direct supervision by staff following the incident. During an interview on 5/15/2024 at 3:36 PM, the Dietary Staff N said she looked out of the kitchen door and saw Resident #12 sitting really close to Resident #6. Resident #12 had his hand on the top part of Resident #6's leg. During an interview on 5/15/2024 at 4:07 PM, revealed LPN O said she was made aware of the touching incident between Resident #6 and Resident #12. LPN O stated she pulled Resident #6 out of the dining room. LPN O said when Resident #6 was asked about the incident with Resident #12, Resident #6 stated she felt uncomfortable. During an interview on 5/20/2024 at 4:00 PM, the Director of Nursing (DON) stated expectations were for the staff to intervene when there has been suspected abuse. The DON stated staff would have also been expected to remove the resident from the harmful situation, immediately take the resident to the nurse, and report the incident to the Abuse Coordinator.

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46252 Based on facility policy review, medical record review, facility investigation review, personnel file review, and interview, the facility failed to protect a resident's right to be free from misappropriation and/or exploitation for 1 (Resident #7) of 7 sampled residents reviewed when Certified Nursing Assistant (CNA) BB transferred money from Resident #7's bank card to her (CNA BB) personal account. The findings include: Review of facility policy titled, Abuse Prohibition Plan, effective date 11/2/2023, revealed, .The facility has a zero-tolerance policy for abuse .The resident shall not be subjected to mistreatment, neglect, exploitation, or misappropriation of property .The Abuse Policy applies to anyone involved with the residents of this facility, including, but not limited to, all facility staff .Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent .The facility shall report to the State Nurse Aide Registry or State Licensing Authority any knowledge it has of actions by a court of law against and employee, which would indicate unfitness for service as a nurse aide or other facility staff .The facility must take steps to ensure that the resident is protected from abuse . Review of facility policy titled, Resident Rights and Resident Responsibilities, effective date 11/20/2023, revealed, .The resident has the right to a dignified existence, self-determination .The resident has the right to exercise his or her rights as a resident and as a citizen or resident of the United States .The resident has a right to be treated with respect and dignity . Review of the police department's Incident/Investigation Report, dated 9/5/2023 at 12:18 PM, revealed the (Named Police Department) responded to a crime incident of Financial Exploitation of Elderly or Vulnerable Person. The victim, Resident #7, alleged money in the amount of $350.00 had been stolen from her bank card. The suspect listed was CNA BB. Review of the facility Investigation Summary, dated 9/8/2023, revealed, .Verified approx. [approximately] 400. 00 missing from Pt's [patient's] [Resident #7] bank card. Ongoing police investigation. Received email from Family Member CC with copy of transaction for September . Review of the medical record revealed Resident #7 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses which included Chronic Obstructive Pulmonary Disease, Osteomyelitis of Vertebra, Chronic Respiratory Failure with Hypoxia, Chronic Diastolic (Congestive) Heart Failure, Depression, and Anxiety Disorder. Review of the Admission Minimum Data Set (MDS) assessment for Resident #7 dated 8/19/2023, revealed a Brief Interview for Mental Status (BIMS) score of eleven (11) which indicated moderate cognitive impairment. Review of Resident 7's bank statement dated September 2023, revealed a transaction dated 9/1/2023, showing CNA BB withdrew $350.00 from Resident #7's account. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2024
NAME OF PROVIDER OR SUPPLIER Ahc Bethesda		STREET ADDRESS, CITY, STATE, ZIP CODE 444 One Eleven Place Cookeville, TN 38501	

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Nurse's Event Note, for Resident #7, dated 9/5/2023, revealed, .type of Occurrence . Misappropriation of Resident Property/Exploitation .Pt. [patient] reported that someone named [First Name of Certified Nursing Assistant (CNA) BB] took 400.00 off her bank card and the bank is the one that told her the name of the person was [Named CNA BB]. Pt. reported that she had given [Named CNA BB] her card to get her a couple of cokes out of the machine . Review of the personnel file for CNA BB revealed the facility terminated CNA BB for .Policy/Conduct Violation . on 9/6/2024. Review of a (Named County) Criminal Court document dated 4/16/2024, revealed CNA BB was charged with 1 count Financial Exploitation Elderly/Vulnerable Person on 10/02/2023. During an interview on 5/15/2024 at 4:10 PM, Resident #7 stated that CNA BB had stolen $350.00 from her bank card. Resident #7 stated, I had to get the police involved . Review of the document titled, Misappropriation Decision Tree, dated 5/16/2024, revealed accused individual CNA BB was an employee of the facility. The accused CNA BB wrongfully used Resident #7's money. The accused CNA BB's act was deliberate, and Resident #7 did not consent. The Decision Tree ended with notice of intent to place CNA BB on Abuse Registry. During a telephone interview on 5/16/2024 at 4:45 PM, Family Member (FM) CC stated a CNA took $350.00 out of Resident #7's bank card. FM CC confirmed that she provided the facility with the September 2023 bank statement showing the transaction on 9/1/2023. During an interview in the conference room on 5/16/2024 at 5:15 PM, the Administrator stated Resident #7 had given CNA BB her bank card to use to get Resident #7 two drinks out of the drink machine. The Administrator stated Resident #7 reported the bank had notified her that CNA BB had taken $350.00 out of her bank account and sent it to a Cash Application. The police came and started an investigation. The Administrator stated, I spoke with [Named Police Detective] two to three months ago. I was told there was enough evidence to proceed, and charges are being filed. During an interview in the conference room on 5/17/2024 at 9:05 AM, the Housekeeping Supervisor confirmed she had reported an allegation of misappropriation to the Administrator that was brought to her attention by Housekeeper DD (noted in a written statement dated 9/5/2023). The Housekeeping Supervisor stated Resident #7 had reported CNA BB had taken money from her account to Housekeeper DD, who then reported it to her (Housekeeping Supervisor). During an interview in the conference room on 5/17/2024 at 9:37 AM, Housekeeper DD confirmed that Resident #7 had told her CNA BB took $400.00 from her bank account and her bank told her it was CNA BB (as noted in a written statement dated 9/5/2024). Housekeeper DD stated, I reported it to my supervisor [Named Housekeeper Supervisor]. During an interview in the conference room on 5/17/2024 at 10:30 AM, the former Director of Nursing (DON) stated the facility substantiated the allegation of misappropriation when FM CC sent the facility a copy of the transaction on 9/1/2023, which verified money had been transferred to CNA BB's Cash Application. The former DON stated, .When the police phoned [Named CNA BB] from the facility, she denied the allegation. I found it odd she offered to refund the resident the money . When asked if the facility reported CNA BB to the Abuse Registry, the former DON stated, No. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ahc Bethesda	444 One Eleven Place Cookeville, TN 38501

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview in the conference room on 5/17/2024 at 11:50 AM, the Social Worker confirmed during an interview Resident #7 stated she had given her card to CNA BB to purchase a drink from the vending machine for her. The Social Worker stated Resident #7 told her the bank had confirmed CNA BB had transferred almost $400.00 from her (Resident #7) account to an online account belonging to CNA BB (as noted in a written statement dated 9/5/2023). During a phone interview on 5/17/2024 at 1:34 PM, the Police Detective stated Resident #7's missing funds had been investigated and CNA BB was arrested 12/1/2023 and charged with 1 count of Financial Exploitation Elderly/Vulnerable Person. The Police Detective stated the court case had been continued a few times and CNA BB is due back in court on 5/28/2024 at 9:00 AM.