

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445444	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2024
NAME OF PROVIDER OR SUPPLIER  Ahc Savannah		STREET ADDRESS, CITY, STATE, ZIP CODE 1645 Florence Rd Savannah, TN 38372	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48285</b></p> <p>Based on policy review, medical record review, and interview, the facility failed to notify the responsible party of a change of condition and new physician orders for 1 of 4 (Resident # 109) sampled residents reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Review of the facility policy titled, Notification of Change, dated 3/28/2024, revealed .ensure the facility promptly informs .resident's representative, consistent with his or her authority, when there is a change requiring notification .The facility must inform the .resident's family member or legal representative when there is a change requiring such notification .Significant change in the resident's physical, mental or psychosocial condition such as deterioration in health, mental or psychosocial status. This may include . life-threatening conditions .clinical complications .Circumstances that require a need to alter treatment. This may include .new treatment .discontinuation of current treatment .adverse consequences .acute condition .</li> <li>Review of the medical record revealed Resident #109 was admitted to the facility on [DATE], with diagnoses including Alzheimer's Disease, Dementia, Psychotic Disturbance, Behavioral Disturbance, and Agitation.</li> </ol> <p>Review of the clinical notes dated 10/21/2023, revealed .CNA [certified nursing assistant] reported resident noted to be more difficult to awake .bp [blood pressure] noted to be 88/48 .Resident only aroused to .sternum rub .resident placed in Trendelenburg and bp increased .Will continue to follow plan of care .</p> <p>Review of the medical record revealed no documentation that Resident #109's Responsible Party (RP) was notified of the Resident's change of condition on 10/21/2023.</p> <p>Review of the clinical note dated 10/25/2023, revealed .CNA reported to nurse that resident has not voided this shift. In and out cathed [catheterized] .foley inserted using sterile technique .</p> <p>Review of the medical record revealed no documentation that Resident #109's RP was notified of physician order for an indwelling catheter placed on 10/25/2023.</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 the comprehensive Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #109 was assessed as moderately impaired for daily decision-making skills and rarely or never understood.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #109 was assessed as moderately impaired for daily decision-making skills and rarely or never understood.</p> <p>During an interview on 11/21/2024 at 2:08 PM, the Director of Nursing (DON) confirmed that the RP should have been notified of changes in condition and new orders on residents.</p>		