STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445460	A. Building B. Wing	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alta Heights Post Acute	813 S Dickerson Rd Goodlettsville, TN 37072

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Resident Assessment Instrument Manual Version 1.20.1, medical record review, and interview, the facility failed to complete an accurate Minimum Data Set (MDS) assessment for 2 of 18 (Resident #62 and #74) residents reviewed for MDS discrepancies. The findings include: 1. Review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.20.1, dated October 2025, revealed .J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment .1. Yes .Continue to J1900, Number of Falls Since .Prior Assessment .Code 2, two or more: if the resident had two or more .falls since admission/entry or reentry or prior assessment .L0200 .Check all that apply . Check L0200D, obvious or likely cavity or broken natural teeth: if any cavity or broken tooth is seen . 2. Review of the medical record revealed Resident #62 was admitted to the facility on [DATE], with diagnoses including Diabetes, Alzheimer's, Dementia, and Depression. Review of the quarterly MDS assessment dated [DATE] revealed Resident #62 scored a 3 on the Brief Interview for Mental Status (BIMS) assessment, which indicated she was severely cognitively impaired, and she had no falls since reentry. Review of the care plan dated 4/23/2026 revealed, .Resident is at risk for falls with or without injury related to cognitive impairment due to Alzheimer's and Dementia and history of syncope .Falls: Resident had an unwitnessed fall and is at risk for injury .recurring falls .Fall on 2/8, [2/8/2026] 2/9 [2/9/2026], 2/12 [2/12/2026], 2/23 [2/23/2026], 3/1[3/1/2026], 3/10 [3/10/2026], 3/25 [3/25/2026], 4/16 [4/16/2026] . During an interview on 4/29/2026 at 9:22 AM, the MDS Coordinator was asked if Resident #62 should have been coded for a fall after entry on the most recent MDS. The MDS Coordinator stated, It should have been coded for at 2 falls. It was coded incorrectly. During an interview on 4/29/2026 at 10:15 AM the Director of Nursing (DON) was asked if a Resident had a fall after entry to facility should they be coded for falls on the MDS. The DON stated, .I would think so . 3. Review of the medical record revealed Resident #74 was admitted to the facility on [DATE] and readmitted by 12/26/2024 with diagnoses including Nontraumatic Subarachnoid Hemorrhage, Dental Caries, Depression, Hemiplegia and Hemiparesis. Review of the annual MDS assessment dated [DATE], revealed Resident #74 scored an 8 on the BIMS assessment which indicated she was moderately cognitively impaired. She was coded as No for Obvious or likely cavity or broken natural teeth. During an observation and interview on 4/27/2026 at 3:25 PM, Resident #74 stated that the left side of her mouth on the top and bottom teeth hurt. The resident showed the surveyor her teeth which were broken teeth with visible caries. During an interview on 4/29/2026 at 9:16 AM, the MDS Coordinator was asked if Resident #74 should have been coded YES for Obvious or likely cavity or broken natural teeth (due to having dental caries and broken teeth). The MDS Coordinator stated, Yes, it was miscoded.

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