

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/31/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER The Waters of Springfield LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 704 5th Avenue East Springfield, TN 37172	
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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>48285</p> <p>Based on policy review, observation, and interview, the facility failed to provide a private space that prevented interference for the resident group meeting (Resident #1, #9, #11, #25 and #33) for 1 of 1 (Resident Council) sampled group reviewed.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Resident Council Procedural Guide, dated 11/28/2017, revealed .facility supports the rights of residents to organize and participate in resident groups .The resident has a right to organize and participate in resident groups in the facility .The facility must provide a resident .private space . they must be provided privacy for meetings .</p> <p>2. Observation in the Dining Room during the Resident Council Meeting on 5/19/2025 at 1:46 PM, revealed the Transportation Driver was sitting in the room while the meeting in progress.</p> <p>Observation in the Dining Room during the Resident Council Meeting on 5/19/2025 at 2:03 PM, revealed the Transportation Driver walked over to the entrance door a let a family member in the door and the family member came over and spoke with a resident who was in attendance at the meeting.</p> <p>Observation in the Dining Room during the Resident Council Meeting on 5/19/2025 at 2:25 PM, revealed a resident entered the dining room to go to the snack machine.</p> <p>3. During an interview on 5/19/2025 at 3:06 PM, the Activity Supervisor was asked if the meetings were always interrupted. The Activity Supervisor stated, Yes, that is an issue .</p> <p>During an interview on 5/19/2025 at 3:43 PM, the Administrator confirmed Resident Council was supposed to be uninterrupted.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER The Waters of Springfield LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 704 5th Avenue East Springfield, TN 37172	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48285</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to be present for supervision and assistance in the dining room for 2 of 7 (Resident #6 and #8) residents in the dining room during dining.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Resident Dining Services, dated 12/12/2006, revealed .process in place to ensure residents receive .appropriate assistance and supervision .</p> <p>2. Review of the medical record revealed Resident #6 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction, Alzheimer's Disease, Anxiety, and Vascular Dementia.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #6 was severely cognitively impaired for daily decision-making skills and required supervision with eating.</p> <p>3. Review of the medical record revealed Resident #8 was admitted to the facility on [DATE] with diagnoses including Stroke, Dementia, and Seizures.</p> <p>Review of the quarterly MDS dated [DATE], revealed a BIMs score of 11, which indicated Resident #8 was moderately cognitively impaired and required supervision with eating.</p> <p>Observation in the dining room on 5/19/2025 at 12:55 PM, revealed that Resident #6 and Resident #8 were feeding themselves and no staff members were present to supervise with dining.</p> <p>During an interview on 5/19/2025 at 3:35 PM, the Administer confirmed someone should be present and supervising residents during meals.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER The Waters of Springfield LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 704 5th Avenue East Springfield, TN 37172	
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	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50408</p> <p>Based on policy review, refrigerator temperature logs, observation, and interview, the facility failed to ensure food was stored, handled, prepared, and served under sanitary conditions, when food was found unlabeled and undated, baking pans contained carbon buildup, a grease trap under the stove was found with aluminum foil torn and with a large amount of food debris, and when the walk-in cooler temperatures were consistently above 41 degrees. The census was 37 with 34 of those residents receiving a meal tray from the kitchen.</p> <p>The findings include:</p> <p>1. Review of the undated facility policy titled, Labeling and Dating, revealed .opened foods shall be clearly labeled .Food items to be labeled and dated include .items that are opened and stored for later use .Name of food item .Discard Date .</p> <p>Review of the undated facility policy titled, Cleaning Standards, revealed .Food contact surfaces, non-food contact surfaces, equipment, pans and utensils must be kept clean at all times. This includes but not limited to free of grease deposits, food residue, dust and other soil accumulation/debris .</p> <p>Review of the undated facility policy titled, Freezers and Refrigerators, revealed This facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitation .Acceptable temperatures should be 35 degrees to 41 degrees F (Fahrenheit) for refrigerators .Dietary staff must report unacceptable .refrigerator temperatures to the dietary manager immediately .The Dietary Manager will take immediate action if temperatures are out of range .</p> <p>2. Review of the Refrigerator Temperature Log form dated 4/2025, revealed the walk-in cooler temperatures were documented as follows:</p> <p>a. 4/1/2025 PM: 46 degrees</p> <p>b. 4/9/2025 PM: 48 degrees</p> <p>c. 4/10/2025 PM: 46 degrees</p> <p>d. 4/14/2025 PM: 58 degrees</p> <p>e. 4/15/2025 PM: 51 degrees</p> <p>f. 4/16/2025 PM: 52 degrees</p> <p>g. 4/17/2025 PM: 48 degrees</p> <p>h. 4/18/2025 PM: 54 degrees</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/31/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER The Waters of Springfield LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 704 5th Avenue East Springfield, TN 37172	
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	i. 4/19/2025 AM: 42 degrees j. 4/19/2025 PM: 54 degrees k. 4/20/2025 AM: 44 degrees l. 4/21/2025 AM: 43 degrees m. 4/22/2025 AM: 45 degrees n. 4/23/2025 PM: 42 degrees o. 4/24/2025 PM: 44 degrees p. 4/27/2025 PM: 44 degrees q. 4/30/2025 PM: 42 degrees Review of the Refrigerator Temperature Log form dated 5/2025, revealed the walk-in cooler temperatures were documented as follows: a. 5/2/2025 PM: 44 degrees b. 5/3/2025 PM: 44 degrees c. 5/5/2025 PM: 44 degrees d. 5/7/2025 PM: 48 degrees e. 5/8/2025 AM: 49 degrees f. 5/9/2025 AM: 49 degrees g. 5/10/2025 AM: 45 degrees h. 5/10/2025 PM: 45 degrees i. 5/11/2025 AM: 44 degrees j. 5/11/2025 PM: 47 degrees k. 5/12/2025 AM: 43 degrees l. 5/12/2025 PM: 46 degrees m. 5/13/2025 AM: 45 degrees n. 5/13/2025 PM: 52 degrees (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER The Waters of Springfield LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 704 5th Avenue East Springfield, TN 37172	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>o. 5/14/2025 AM: 48 degrees</p> <p>p. 5/14/2025 PM: 56 degrees</p> <p>q. 5/15/2025 AM: 54 degrees</p> <p>r. 5/15/2025 PM: 50 degrees</p> <p>s. 5/16/2025 AM: 55 degrees</p> <p>t. 5/16/2025 PM: 51 degrees</p> <p>u. 5/17/2025 PM: 44 degrees</p> <p>v. 5/18/2025 PM: 50 degrees</p> <p>3. Observations of the walk-in cooler in the kitchen on 5/18/2025 at 10:30 AM and at 3:20 PM, revealed a thermometer reading of 52 degrees.</p> <p>Observations in the kitchen beginning on 5/18/2025 at 10:30 AM, 3:20 PM, and 5/19/2025 at 10:00 AM, revealed the following:</p> <p>a. An open large clear bag with white powder unlabeled and undated sitting on top of a flour bin container.</p> <p>b. 8 large rectangular baking pans with carbon build-up.</p> <p>c. A grease trap drawer under the stove with excessive tearing of aluminum foil with a black plastic lid and excessive food debris.</p> <p>During an interview on 5/19/2025 at 7:42 AM, the Regional Certified Dietary Manager (CDM) revealed the facility had purchased a new refrigerator and threw all of the food away that was in the cooler.</p> <p>During an interview on 5/19/2025 at 10:00 AM, the Regional CDM and the CDM confirmed the clear bag of white powder was thickening powder for drinks and should not been left on top of the flour bin unlabeled and undated. The Regional CDM confirmed the grease trap under the stove was filled with food debris and the plastic lid could have been a fire hazard. The Regional CDM and the CDM confirmed 8 large rectangular baking pans had carbon build-up and should not have been used.</p> <p>During an interview on 5/19/2025 at 11:10 AM, the Regional CDM confirmed that the food in the walk-in cooler should have been thrown away when the walk-in cooler temperatures were consistently above the appropriate temperatures.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/31/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER The Waters of Springfield LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 704 5th Avenue East Springfield, TN 37172	
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	During an interview on 5/20/2025 at 11:38 AM, the Administrator confirmed he was told two times about the temperatures in the walk-in cooler being elevated. The Administrator was asked should these elevated walk-in cooler temperatures been reported to you. He stated, Yes .when they received the abnormal temperatures . The Administrator confirmed the entire dietary staff have been educated about refrigerator temperatures and he would have purchased a new one if he would have been informed sooner.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER The Waters of Springfield LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 704 5th Avenue East Springfield, TN 37172	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50408</p> <p>51992</p> <p>Based on facility policy review, observation, and interview, the facility failed to ensure measures to prevent the spread of infection were followed for 3 of 6 (Resident #2, #25, and #26) residents observed for medication administration when 3 of 3 (Registered Nurse (RN) B, Licensed Practical Nurse (LPN) C and LPN D failed to perform appropriate hand hygiene during medication administration.</p> <p>The findings include:</p> <p>1. Review of the undated facility policy titled, Hand Hygiene Procedure, revealed .Hand hygiene should be performed if there has been any contact with a resident, resident's environment .before direct contact with residents, before application of gloves, and removing gloves .</p> <p>2. Observation on the C hall on 5/19/2025 at 2:01 PM, revealed LPN C washed her hands, prepared medications, entered Resident #26's room, washed her hands, donned gloves, administered Brimonidine sol 0.2 percent [%] one drop to the left eye, removed her gloves, donned clean gloves, administered 1 drop to the right eye drop, placed eye drops into a plastic bag, removed her gloves, and washed her hands. LPN C exited the room, returned the bottle of eye drops to the medication cart, washed her hands, and signed out medication.</p> <p>LPN C failed to perform hand hygiene between glove changes during medication administration.</p> <p>3. Observation on the B hall on 5/19/2025 at 2:12 PM, revealed RN B washed her hands, donned a pair of clean gloves, prepared medications for Resident #5, removed her gloves, entered Resident #5's room and administered the medications to the resident, exited the resident's room and returned to the medication cart.</p> <p>RN B failed to perform hand hygiene before and after administration of medications and removal of gloves.</p> <p>4. Observation on the B hall on 5/20/2025 at 8:16 AM, revealed LPN D prepared Resident #2's medications, donned clean gloves, entered Resident #2's room, administered her medications, removed her gloves, administered Latanoprost Sol. 0.005% one drop to each eye, removed her gloves, donned a pair of clean gloves and administered Symbicort 160-4.5 inhaler. LPN D then removed her gloves, exited the room and returned to the medication cart.</p> <p>LPN D failed to perform hand hygiene before preparing medication, before and after glove exchange, and after administering medication.</p> <p>During an interview on 5/20/2025 at 4:42 PM, the Director of Nursing (DON) was asked if the nurse should have washed her hands prior to preparing medication for administration. The DON stated, Yes, they should or use hand sanitizer. The DON was asked should the nurse perform hand hygiene between glove exchange. The DON stated, Yes, they should.</p>		