

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445506	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Fairfield Glade		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Samaritan Way Crossville, TN 38558	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36534</p> <p>Based on the Resident Assessment Instrument (RAI) Manual 3.0 review, medical record review, and interview, the facility failed to accurately complete a Minimum Data Set (MDS) assessment for 1 resident (Resident #7) of 13 residents reviewed.</p> <p>The findings include:</p> <p>Review of the RAI Manual 3.0 dated 10/1/2023, revealed .the assessment [MDS] accurately reflects the resident's status .</p> <p>Medical record review revealed Resident #7 was admitted to the facility on [DATE] and discharged on [DATE] with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction, Muscle Weakness, Atherosclerotic Heart Disease, Chronic Obstructive Pulmonary Disease, Epilepsy, Diabetes Mellitus, Fracture of Lower End of Right Tibia, Fracture of Shaft of Right Tibia.</p> <p>Review of the Nurse's Notes for Resident #7 dated 6/18/2024 at 7:21 PM, revealed .Reason resident was hospitalized or received service at a hospital .CVA [Cardiovascular Accident] [Stroke], Right Hemiparesis, Seizure, Fall from standing .fall precautions .</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #7 scored 13 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. The section for history of falls indicated the resident had not had a fall anytime in the last month.</p> <p>Review of the comprehensive care plan dated 6/25/2024, revealed resident at risk for falls related to history of falls, Cardiovascular Accident.</p> <p>During an interview on 9/26/2024 at 12:45 PM, Registered Nurse (RN) A/MDS Coordinator confirmed . [Resident #7] had a fall at home prior to being admitted to the hospital on 6/12/2024, and the fall which had occurred in the last 30 days was not coded on the resident's admission MDS assessment dated [DATE] and further stated .it should have been I [MDS Coordinator RN A] failed to do so .</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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