STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445534	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stones River Manor, Inc	205 Haynes Drive Murfreesboro, TN 37129

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47127 483.12(c)(1) Based on facility policy review, Facility Reported Investigation (FRI) review, medical record review, and interview, the facility failed to report allegations of abuse within 2 hours for 1 (Resident #5) of 3 sampled residents reviewed for abuse. The findings included: Review of the facility policy titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating dated 4/2021 revealed, .All reports of resident abuse .Findings of all investigations are documented and reported .Reporting Allegations to the Administrator and Authorities . ' Immediately ' is defined as .a. within two hours of an allegation involving abuse . Review of the Facility Reported Incident dated 2/29/2024 at 2:45 PM, revealed Resident #5 reported to FM W on 2/16/2024 that someone had poured cold water on her head. The Administrator wrote the complaint up as a grievance on 2/16/2024. Resident #5 and FM W decided they did not want CNA N to care for her anymore. Review of medical record revealed Resident #5 was admitted to the facility on [DATE] with diagnoses which included Cerebral Infarction, Memory Deficit and Cognitive Communication Deficit. Review of the Entry Minimum Data Set (MDS) dated [DATE], revealed Resident #5 had a Brief Interview Mental Status (BIMS) score of 5, which indicated severe cognitive impairment. Review of the facility investigation summary dated 2/20/2024, revealed Resident #5 reported to Registered Nurse (RN) X that cold water was poured on her. Review MDS dated [DATE], revealed Resident #5 had a BIMS score of 9, which indicated moderate cognitive impairment. Review of the hospital #1 ' s Emergency Department Records dated 2/27/2024 revealed, .pt [patient] expressed concerns of abuse discussed with me described as spraying cold water on her shortly after arrival during a shower . (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: 445534	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2024
NAME OF PROVIDER OR SUPPLIER: Stones River Manor, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE: 205 Haynes Drive, Murfreesboro, TN 37129	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/12/2024 at 9:00 AM, the Administrator stated the original complaint voiced related to Resident #5 was written up as a grievance related to cold water in the shower. Resident #5 went out to the emergency roiagnom on [DATE] following a fall. Resident #5 had made allegations of abuse while at the hospital. The Administrator said that she reported the allegation of abuse to the state agency on 2/29/2024 at 2:45 PM. During an interview on 9/17/2024 at 1:20 pm, Certified Nursing Assistant (CNA) D stated Resident #5 refused care one morning and said, she didn ' t want anyone to pour cold water on her anymore. Resident #5 reported she was taking a shower, and someone poured cold water on her. CNA D stated Resident #5 was adamant it was done on purpose. When asked who she reported the incident to, CNA D responded she had not reported the incident to anyone. CNA D was asked if pouring cold water on a resident's head was a form of abuse. CNA D stated she felt that was a form of abuse. During an interview on 9/17/2024 at 2:12 PM, the Unit Manager stated Resident #5 reported to staff that someone had poured water over her head. RN X reported the incident to the Unit Manager and the Administrator was then notified. During an interview on 9/18/2024 at 3:40 PM, the Director of Nursing (DON) stated it was brought to her and the Administrator ' s attention Resident #5 had claimed someone poured cold water over her head. During an interview on 9/18/2024 at 4:22 PM, the Administrator voiced she was the Abuse Coordinator. The Administrator stated the allegation of abuse was mentioned in the hospital medical records and she was surprised that Resident #5 even remembered the incident. The allegation of abuse was reported to the Administrator on 2/16/2024. The facility reported the allegation of abuse to the state agency on 2/29/2024 at 2:45 PM.