

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445535	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Laurelbrook Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Sanitarium Circle Dayton, TN 37321	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36003</p> <p>Based on policy review, medical record review, and interview the facility failed to provide information to the resident or resident responsible party regarding their right to formulate an advance directive for 3 residents (Resident #7, #40, and #94) of 16 residents reviewed for advance directives.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Advance, Directive, Presence of, revised 11/2013, revealed .Advance Care Plan (Living Will) are written instructions stating how you want your future medical decisions made, in the event that you become unable to make or to communicate such decisions for yourself .A patient/resident may have written directions related to treatment choices .in accordance with state law. An advance directive is a means for the resident to communicate his or her wishes, which may include withdrawing or withholding medications . The .Patient Rights & [and] Responsibilities .statement provided to the resident and/or family member when admitted to the facility includes a statement regarding the honoring of their Advance Directive (Living Will) .</p> <p>Review of the medical record revealed Resident #7 was admitted to the facility on [DATE] with diagnoses including Cardiovascular Disease, Anxiety, Nontraumatic Subdural Hemorrhage, Epilepsy, Dementia with Mood Disturbance, Bipolar Disorder, and Borderline Personality Disorder.</p> <p>Review of the ORDER APPOINTING CONSERVATOR for Resident #7, dated 10/23/2023, revealed no documentation of instructions for advance directives.</p> <p>Review of the LETTERS OF CONSERVATORSHIP for Resident #7 dated 10/26/2023, revealed no documentation of instructions for advance directives.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #7 scored 4 on the Brief Interview for Mental Status (BIMS) assessment, which indicated the resident had severe cognitive impairment.</p> <p>Review of the medical record for Resident #7 revealed there was no documentation the resident had an advance directive or if the resident would like to formulate an advance directive.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the medical record revealed Resident #40 was admitted to the facility on [DATE] with diagnoses including Cerebral Infarction, Altered Mental Status, Major Depressive Disorder, Encephalopathy, and Bilateral Sudden Vision Loss.</p> <p>Review of an undated APPOINTMENT OF HEALTH CARE AGENT for Resident #40 revealed no documentation of instructions for advance directives.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #40 scored 10 on the BIMS assessment, which indicated the resident had moderate cognitive impairment.</p> <p>Review of the medical record for Resident #40 revealed there was no documentation the resident had an advance directive or if the resident would like to formulate an advance directive.</p> <p>Review of the medical record revealed Resident #94 was admitted to the facility on [DATE] with diagnoses including Dementia with other Behavioral Disturbance, Pseudobulbar Effect, Anxiety, Depression, and Cerebral Infarction.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #94 had severe cognitive impairment.</p> <p>Review of the medical record for Resident #94 revealed there was no documentation the resident had an advance directive or if the resident would like to formulate an advance directive.</p> <p>During an interview on 10/23/2024 at 4:45 PM, the Interim Director of Nursing confirmed information for developing an advance directive was not provided on admission for Resident #7, #40, and #94 or the resident's representatives.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40606</p> <p>Based on facility policy review, review of facility documentation and interview, the facility failed to report an allegation of abuse to the State Designated Authority (State Agency) for 1 resident (Resident #321) of 27 residents reviewed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Abuse, Neglect, Misappropriation of Funds Protocol, undated, revealed . Covered Individual is any owner .employee, manager, agent .of this facility. If a covered individual observes events or becomes aware of information .suspicion of crime has occurred against a resident or individual receiving care from this facility .[the facility] Must notify .The State Survey Agency .Local Law Enforcement . Reports must be within 24 hours (if there is not serious bodily injury) .Within 2 hours (if there is serious bodily injury) .Staff members and persons affiliated with this facility shall not knowingly .Fail to report an incident . withhold information to reporting agencies .</p> <p>Review of the medical record showed Resident #321 was admitted to the facility on [DATE], with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominant Side, Amnesia, Adjustment Disorder with Anxiety, Psychoactive Substance Abuse-In Remission, Alcohol Abuse Counseling and Surveillance of Alcoholic, Alcohol Abuse, and Homelessness.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], showed Resident #321's Brief Interview of Mental Status (BIMS) score was 14, indicating the resident was cognitively intact. The resident required minimal assistance from facility staff with activities of daily living (ADL's).</p> <p>Medical record review of a current care plan for Resident #1 showed Focus .The resident is/has potential to be verbally aggressive . Appropriate interventions were implemented.</p> <p>Review of a facility investigation documentation titled, CONCERN FORM, dated 1/1/2024, revealed the following:</p> <ol style="list-style-type: none"> 1. Logged as a concern from a Resident. 2. Resident #321 was named on the Concern Form. <p>Continued review showed .[Resident #321's name] complained that CNA .had threatened him and had also hit two other residents .Resident was not able to say who they were .He said I don't know . This document was written and signed by the Director of Nursing Jan. 1, 2024.</p> <p>Review of a facility investigation documentation titled, POC [plan of correction] For Concern, undated, revealed the following persons and dates of notification .Family 1/1/2024 .Doctor 1/2/2024 .Director of Nursing (DON) 1/1/2024 .Administrator 1/2/2024 .Adult Protective Services 1/2/2024 .Crisis 1/2/2024 .Sheriff 1/5/2024 .Ombudsman 1/2/2024 . Continued review revealed no documentation to indicate the State Survey Agency was notified.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Intake Information document generated from the State Agency dated 1/5/2024, 11:49 AM, revealed [other state agency notification] .is making accusations of physical abuse against the staff member . The administration has reported the accusations to the ombudsmen [ombudsman], and the ombudsmen advised the administration to report it to Adult Protection Services as well . Continued review showed the alleged event was known by key personnel in the facility on 1/1/2024 at 8:45 PM, which included the resident notification because he was his own responsible party. The other state agency notification was another state agency calling in a complaint to the State Survey Agency of physical abuse allegations. The facility failed to submit a timely self-reported Complaint Intake to the State Agency on 1/1/2024 for the allegations of physical abuse made by Resident #321. The facility was greater than 3 days late in reporting.</p> <p>During an interview on 11/23/2024 at 5:33 PM, the Administrator confirmed the facility failed to notify the State Survey Agency timely of the physical abuse allegation made by Resident #321.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40606</p> <p>Based on medical record review and interview the facility failed to submit a Pre-Admission Screening and Resident Review (PASARR) to the state-designated authority after a new mental health diagnosis was added for 1 resident (Resident #31) of 27 residents reviewed for PASARR.</p> <p>The findings include:</p> <p>Review of the medical record revealed Resident #31 was admitted to the facility on [DATE] with diagnoses including Homelessness, Post Traumatic Stress Disorder, and Major Depressive Disorder. Continued review revealed a diagnosis of Bipolar Disorder was added on 8/27/2024.</p> <p>Review of the PASARR for Resident #31 dated 6/27/2024, revealed the diagnoses of Anxiety Disorder, Depression, and Post-Traumatic Stress Disorder was noted on the PASARR. Continued review revealed no documentation a new PASARR had been submitted after a new mental health diagnosis of Bipolar disorder was added on 8/27/2024.</p> <p>During an interview on 10/23/2024 at 2:32 PM, the Interim Director of Nursing confirmed a submission for a level II PASARR was not submitted to the state designated authority after a new mental health diagnosis was added for Resident #31.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>36003</p> <p>Based on facility policy review, refrigerator temperature logs review, and interview the facility failed to maintain complete refrigerator temperature logs for 3 of 3 refrigerator temperature logs reviewed which had the potential to affect 43 of 43 residents.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Refrigerators and Freezers, dated 3/11/2019, revealed .The facility will ensure safe refrigerator and freezer .temperatures .Monthly tracking sheets for all refrigerators .will be posted to record temperatures .Monthly tracking sheets will include time, temperatures, initials .</p> <p>Review of refrigerator temperature logs for 8/1/2024-10/22/2024 revealed there was no documentation the refrigerator temperatures had been obtained as follows:</p> <p>Food Black refrigerator #3</p> <p>8/2024 - 5 of 31 days (8/1/2024, 8/2/2024, 8/3/2024, 8/4/2024, and 8/5/2024)</p> <p>9/2024 - 2 of 30 days (9/12/2024 and 9/16/2024)</p> <p>10/2024 - 3 of 22 days (10/3/2024, 10/7/2024, and 10/11/2024)</p> <p>Medication refrigerator labeled Team 1</p> <p>9/2024 - 2 of 30 days (9/12/2024 and 9/16/2024)</p> <p>10/2024 - 3 of 22 days (10/3/2024, 10/7/2024, and 10/11/2024)</p> <p>Medication refrigerator labeled Team 2</p> <p>9/2024 - 2 of 30 days (9/12/2024 and 9/16/2024)</p> <p>10/2024 - 3 of 22 days (10/3/2024, 10/7/2024, and 10/11/2024)</p> <p>During an interview on 10/23/2024 at 4:45 PM, the Interim Director of Nursing confirmed the refrigerator temperature logs were incomplete and the facility failed to follow the facility's policy maintaining temperature logs.</p>		