STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445538	A. Building B. Wing	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health Care of Nashville	627 19th Ave North Nashville, TN 37203

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 Based on facility policy review, facility record review, and interview, the facility failed to do the 5-day follow-up, after the fall investigation had been submitted, for 2 (Resident #3 and Resident #4) of 10 residents reviewed. The finding included: Review of the facility policy titled, Accident and Incident, dated January 15, 2021 and updated September 28, 2022, revealed, .Any unusual occurrence or event that may compromise the safety, health, or abilities of the patient, staff or others is to be promptly reported so that appropriate action may be taken to protect the health and safety of all concerns .Patient found lying on the floor or other incapacitated position will not be moved until assessed by a Licensed Nurse .licensed nurse will immediately be notified to perform a physical assessment of patient's condition .shall assess for change in condition and/or injury related to the fall incident .inquire and/or observe for headache or pain; if present document location, intensity and additional signs and symptoms .Licensed nurse will immediately consult with the Attending Physician .the Licensed nurse with write a narrative description of the incident in the patient's progress .notes .the IDT will review the Event for additional concerns the following day or Monday .subsequent action or follow up may be added to the event .the Director of Nursing will be responsible for monthly tracking of all incidents .the results .will be reported in QAPI [Quality Assurance and Performance Improvement] at least quarterly . Review of the medical record revealed Resident #3 was admitted to the facility on [DATE] with diagnoses which included Metabolic Encephalopathy, Acute Lymphoblastic Leukemia, in remission, and Cirrhosis of Liver. Review of the Admission Minimum Data Set (MDS) assessment, dated 4/27/2023 for Resident #3, revealed, a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. Continued review revealed Resident #3 required substantial/maximal assistance with sit to stand, chair/bed to chair transfer. Review of Care Plan for Resident #3, revealed goals and interventions that included, .5/11/2023 .Assist to toilet, commode, bedpan or urinal as needed .at risk for fall .bed in low position while in bed .encourage to keep room door open when not engaged in .Keep pathway clean and free from clutter .5/30/2023 .resident educated to ask staff for assistance with transfers . (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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	Review of the Facility Reported Incident revealed Resident #3's incident was submitted to the State Agency on 4/6/2023 at 1:43 PM, with no 5-day follow-up investigation reported. Review of the medical record revealed Resident #4 was admitted to the facility on [DATE] with a readmission on 6/21/2023, with diagnoses which included Acute Kidney Failure, Bilateral Primary Osteoarthritis of Hip and Severe Protein-Calorie Malnutrition. Resident #4 discharged on [DATE]. Review of the Admission Minimum Data Set (MDS) assessment, dated 6/8/2023 for Resident #4, revealed a BIMS score of 9, which indicated moderate cognitive impairment. Continued review revealed Resident #4 required extensive assistance with bed mobility, transfers, walking in and out of room, locomotion on and off unit, dressing, and toilet use. Continued review revealed Resident #4 had not been steady and required the use of a walker and wheelchair. Review of Care Plan revealed goals and interventions that included, .6/9/2023 .at risk for falls and injury r/t [related to] Mobility and/or functional deficits, poor safety awareness, OA [Osteoarthritis] in bilateral hips w [with]/pain, Bilateral hip effusions . Review of the Facility Reported Incident revealed Resident #4's incident was submitted to the State Agency on 6/14/2023 at 1:18 PM, with no 5-day follow-up reported. During an interview on 3/7/2024 at 10:30 AM, the DON reviewed the Incident Report entry form with this surveyor and acknowledged that the 5-day follow up had not been completed for Resident #3 and Resident #4 and they should have been done.