

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>445112</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TREVECCA CENTER FOR REHABILITATION AND HEALING LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>329 MURFREESBORO RD NASHVILLE, TN 37210</b>	
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 0656  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on medical record review, and interviews the facility failed to update/revise the Care Plan for 1 resident (#1) out of 3 residents reviewed for Care Plans. The findings include: Medical record review revealed Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Medical record review of the 5-day Admission Minimum Data Set (MDS) dated [DATE] revealed Resident #1 was unable to complete a Brief Interview for Mental Status (BIMS) assessment for a BIMS score due to inability to be understood. Continued review showed extensive assistance of 2 or more staff members was required for transfers. Further review showed extensive assistance of 1 staff member was required for dressing, toileting, personal hygiene, and bathing. Resident #1 was unable to or rarely make decisions. Continued review showed the short-term and long-term memory were with problems. Further review showed decisions regarding daily life were severely impaired. Medical record review of the Comprehensive Care Plan dated 4/28/2020 showed assessment and intervention occurred for cognitive and communication deficit with the resident's needs being anticipated and safety maintained. Continued review showed assessment and intervention occurred for impaired psychosocial well-being, dementia, and failure to thrive with impaired social interaction and cognitive impairment. Further review showed assessment and intervention occurred for injury/trauma/falls potential and [CONDITION] severe dementia with the maintaining of a safe environment and minimal falls/injury risk. Resident #1's interventions for injury/trauma/falls potential showed .encourage to ask for assistance .instruct on safety .instruct on use of call light . Medical record review of the Discharge Planning Form for PT (Physical Therapy) and OT (Occupational Therapy) dated 4/27/2020, showed Reason for notice as Max (maximum potential) reached due to Stage 7 dementia. Continued review showed Resident #1 was inconsistent with bed mobility due to her cognitive deficits. Medical record review of the Discharge Planning Form for ST (Speech Therapy), dated 4/27/2020, showed reason for notice was .max potential d/t (due to) progression of dementia . Medical record review of the fall risk assessment dated [DATE] showed 1 to 2 falls had occurred within the last six months (before her facility admission). The resident showed difficulty with memory and recall ability sometimes with agitated behavior daily or more. The resident was also confined to the bed or chair and unable to stand without assistance. The resident's risk assessment score was 26 indicating a high risk for falls. Continued review of a fall risk assessment dated [DATE] showed no memory or recall ability with agitated behavior daily or more. The resident's risk assessment score was 26 indicating a high risk for falls. Medical record review of the medical staff progress notes dated 5/11/2020 to 5/23/2020 showed generalized muscle weakness with dependence on the staff for care and mobility. Continued review showed attempts and progress at Therapy would likely not progress due to advanced dementia. Resident #1 was alert, confused, and uncooperative with examinations. Continued review showed the resident had impairment of judgement and insight. Medical record review of the nursing progress notes dated [DATE]4/2020 showed Resident #1 was admitted for failure to thrive and advanced dementia. The resident required total care. Continued review of the nursing progress notes dated 5/12/2020 showed Resident #1 continued to have memory problems both short-term and long-term. During an interview on 6/1/2020 at 1:30 PM with the Nurse Practitioner (NP) in the private dining room showed. The NP further stated Resident #1 required assistance to move in the bed but could get agitated/restless on her own and squirm in bed. The NP stated the resident was non-verbal due to advanced dementia. During an interview with Registered Nurse (RN) #1, Unit Manager of 2nd floor on 6/1/2020 at 1:40 PM in the private dining room she stated Resident #1 was only on the 2nd floor for a very short time and she was not very familiar with her. The RN also stated the resident could move about on her own in the bed and did not required turning every 2 hours due to her bed mobility. RN #1 further stated Resident #1 did not try to get out of the bed on her own. During an interview on 6/1/2020 at 2:11 PM with LPN #1 stated she stated Resident #1 could pull herself up at times to the bedside and had some limited bed mobility. During a telephone interview on 6/1/2020 at 4:24 PM with LPN #2 she stated Resident #1 was not teachable and unable to receive instruction due to the Dementia and [MEDICAL CONDITION]. During an interview on 6/1/2020 with the DON in the private dining room, she confirmed the interventions on Resident #1's Care Plan for potential for injury/ trauma/falls were inappropriate due to Resident #1's cognitive impairment.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.