

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>445455</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/03/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AMERICAN HEALTH COMMUNITIES OF CLARKSVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>900 PROFESSIONAL PARK DRIVE CLARKSVILLE, TN 37040</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 0885  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on policy review, medical record review, and interview, the facility failed to provide consistent communication for COVID-19 information to Responsible Parties for 1 of 4 sampled residents (Resident #1) reviewed. The facility had a census of 89 residents residing in the facility. The findings include: Review of facility's policy titled, Notification of Change, revised 11/2017, showed that the facility must inform the resident, and notify the resident's family member when there is a change requiring such notification. Review of facility's policy titled, Coronavirus 2019 (COVID-19) Response Plan and Facility Policy and Protocol, revised 6/26/2020, showed that the facility will make the appropriate notifications of confirmed or suspected COVID-19 cases among Residents and staff in accordance with CMS (Centers for Medicare and Medicaid Services) guidance. Review of the closed medical record, showed Resident #1 had a [DIAGNOSES REDACTED]. Review of Resident #1's laboratory (lab) test results collected on 7/21/2020 and resulted on 7/23/2020 confirmed a positive COVID-19 test. Review of the Social Worker's Progress Note dated 7/22/2020, confirmed that the Resident #1 was discharged home. During a telephone interview on 7/28/2020 at 10:16 AM, Family Member #1 confirmed that he and his father arrived at the facility on 7/22/2020 to pick up Resident #1. Family Member #1 confirmed that the facility did not notify them that Resident #1 had been tested for COVID-19 virus due to being exposed to a positive COVID-19 staff member. Family Member #1 confirmed that the facility did not notify the family that Resident #1 had tested positive for the COVID-19 virus until 7/24/2020. During a telephone interview on 7/28/2020 at 10:59 AM, Family Member #2 confirmed that the facility did not notify him that Resident #1 had been tested for the COVID-19 virus after being exposed to a positive COVID-19 staff member. Family Member #2 confirmed that the facility did not notify him that Resident #1 had tested positive for the COVID-19 virus until mid-day on 7/24/2020. During a telephone interview on 7/28/2020 at 11:47 AM, the Medical Director confirmed that the family should have been notified of any outstanding lab results before discharge. The Medical Director confirmed that the resident should not have been discharged home before receiving the COVID-19 virus lab results. During an interview on 7/28/2020 at 2:52 PM, the Administrator confirmed that Resident #1 should not have been discharged home until they received the COVID-19 virus lab results. The Administrator confirmed that the family should have been notified before discharge that Resident #1 was tested for the COVID-19 virus. During a telephone interview on 7/29/2020 at 11:10 AM, Register Nurse (RN) #1 confirmed that she did not inform the family members that Resident #1 had been tested for the COVID-19 virus when Resident #1 was discharged.</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.