**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER:** HUNTSVILLE MANOR

**STREET ADDRESS, CITY, STATE, ZIP CODE:** 287 BAKER STREET, HUNTSVILLE, TN 37756

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<tr>
<th>(X4) ID PREFIX</th>
<th>(X5) DATE SURVEY COMPLETED</th>
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**SUMMARY STATEMENT OF DEFICIENCIES**

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<th>ID PREFIX</th>
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<th>PROVIDER'S PLAN OF CORRECTION</th>
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<td>F 278</td>
<td>SS-D</td>
<td>F 278 483.20 (g) - (j) Resident Assessment</td>
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The assessment must accurately reflect the resident's status.

A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.

A registered nurse must sign and certify that the assessment is completed.

Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.

Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment.

Clinical disagreement does not constitute a material and false statement.

- This REQUIREMENT is not met as evidenced by:
- Based on medical record review and interview, the facility failed to accurately complete the Minimum Data Assessment (MDS) for two residents (#1, #2) of five sampled residents.

The findings included:

- **LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:** [Signature]
- **TITLE:** Administrator
- **DATE:** 5/13/09

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 patient. (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.
Resident #1 was admitted to the facility on March 6, 2009, with diagnoses including Vascular Dementia. Medical record review of the MDS dated March 13, 2009, revealed the resident had no short or long term memory impairment and required assistance with decision-making skills in new situations only. Medical record review of the care plan dated March 16, 2009, revealed, "...will follow simple directions and make simple decisions..."  Medical record review of the occupational therapy evaluation dated March 19, 2009, revealed, "...oriented to person..."

Interview with LPN #1 (the MDS nurse) on May 5, 2009, at 3:35 p.m., in an office, revealed the MDS did not accurately reflect the resident's mental ability. Interview with the director of nursing on May 5, 2009, at 1:00 p.m., in an office, revealed the resident did not have good decision-making skills, and confirmed the MDS assessment was incorrect.

Resident #2 was readmitted to the facility on March 25, 2009, with diagnoses including Encephalopathy. Medical record review of the MDS dated April 12, 2009, revealed the resident had no short or long term memory impairment and required assistance with decision-making skills only. Medical record review of the Mini Cognitive Assessment dated January 30, 2009, revealed the resident scored zero of three regarding recall of words (indicating impairment of mental function). Medical record review of the mental health documentation dated March 1, 2009, revealed, "...oriented to person, situation judgment impaired..."  Medical record review of the history and physical dated March 12, 2009, revealed, "...dementia, increased confusion, wandering...partially oriented to time..."
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Interview with the director of nursing on May 5, 2009, at 12:50 p.m., in an office, revealed the resident had poor decision-making skills, and confirmed the MDS assessment was incorrect.

C/O: #22784