### Statement of Deficiencies and Plan of Correction

**CLARKSVILLE NURSING AND REHABILITATION CENTER**

<table>
<thead>
<tr>
<th>ID Prefix TAG</th>
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<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 225 SS=E</td>
<td>F 225</td>
<td>493.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</td>
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<td>The facility will not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law, or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property, and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</td>
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<td>The facility will ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</td>
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<td>The facility must ensure that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</td>
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<td>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</td>
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</tbody>
</table>

**Laboratory Director or Provider/Supplier Representative Signature**

**Title**

**Date**

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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 discloseable 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 discloseable 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.
F 225 Continued From page 1
This REQUIREMENT is not met as evidenced by:
Intakes: TN00032811, TN000333284

Based on policy review, review of the facility investigation, review of a grievance records, medical record review and interview, it was determined the facility failed to thoroughly investigate allegations of abuse and misappropriation for 2 of 4 (Residents #1 and 3) investigations reviewed and failed to report allegations timely to the state survey agency for 2 of 4 (Residents #1 and 2) investigations reviewed.

The findings included:

1. Review of the facility's "ABUSE POLICY" documented, "...ANY report of actual or suspected abuse MUST be acted upon immediately...conduct a THOROUGH investigation that is well documented...Policy To operate the facility where all patients are free from...physical and mental abuse...and misappropriation of property...Investigation a. Complete an investigation on all occurrences to include appropriate information... Reporting / Response a. Report all alleged violations and all substantiated incidents to the State agency and to all other agencies, as well as our company Corporate Compliance Department, as required..."

2. Medical record review for Resident #1 documented an admission date of 7/19/10 with diagnoses of Huntington's Chorea, Muscle Disuse Atrophy, Senile Dementia, Bone and Cartilage Disorder, and Depressive Psychosis.

F 225 Corrective Action:

1. a.) Facility is in compliance with procedures outlined in "Abuse Policy."

b.) Facility offered to replace missing ring on 10/4/14 upon conclusion of investigation. CNA #1 is following proper reporting protocol for missing items. The facility is following reporting requirements to report to State agency within 5 working days of incident.

c.) Facility offered to replace missing ring on 10/4/14 upon conclusion of investigation. The facility is following reporting requirements to report to State agency within 5 working days of incident.

d.) Facility is following investigation guidelines to ensure that each investigation is thorough and complete. Investigations will include statements from other staff members. Facility has documentation of efforts made to confirm the identity of the accused CNA. CNA #5 has been terminated.

e.) Facility is following investigation guidelines to ensure that each investigation is thorough and complete.

2.) Current residents involved with internal investigations have the potential to be affected.

3.) CNA #1 was in-serviced on 3/12/14 by Administrator regarding proper reporting protocol for missing items. Current facility employees will be in-serviced on the facility's reporting protocol for missing items / misappropriation / and
Continued From page 2

Review of a Grievance Record dated 9/21/13 documented, "...Daughter stated that her mother [Resident #1] gold ring [with] 3 birthstones (blue, purple & [and] green) is missing. It was on left ring finger...."

Review of Certified Nurse Assistant (CNA) #1's statement dated 9/24/13 documented, "I went to [Resident #1's room number] to do restorative exercise and apply splints, when I noticed the ring missing. After exercise I went and reported to nurse that the ring was not on her finger. The nurse's reply was that she didn't know where it could be. This was reported about a month ago to nurse."

During an interview in the Private Dining Room on 2/26/14 at 10:10 AM, CNA #1 confirmed that she had reported Resident #1's missing ring a month or two prior to Resident #1's daughter's report dated 9/21/13 and the Administrator told her to write it up after the family reported the ring missing. There was no documentation CNA #1's initial report was investigated or any investigation of CNA #1's statement dated 9/24/13.

This allegation of misappropriation on 9/21/13 was not reported to the State Survey Agency until 10/4/13, not within 5 working days of the incident.

3. Medical record review for Resident #2 documented an admission date of 8/30/13 with diagnoses of Alzheimer's Disease, Dementia, Congestive Heart Failure, Hypertension, Edema, and Delusional Disorder.

Review of a Grievance Record dated 9/21/13 documented, "...[Resident #2] missing gold colored wedding band..." This allegation of
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misappropriation was not reported to the State Survey Agency until 10/4/13, not within 5 working days of the incident.

4. Medical record review for Resident #3 revealed the resident was admitted 1/8/14 with diagnoses of Cerebrovascular Accident with Left side hemiplegia, Hypertension, Diabetes Mellitus and Anxiety. The most recent Minimum Data Set (MDS) was completed 1/23/14 and included a Brief Interview for Mental Status (BIMS) assessment with a score of 16 (indicated the resident was cognitively intact). Review of a facility abuse investigation documented Resident #3's family member reported to the Administrator that the resident's neck was hurting, possibly due to a CNA who repositioned him in bed on 2/6/14.

Review of the facility's investigation revealed a typed document dated 2/11/14, signed by the Administrator, documented the Administrator spoke with Resident #3 regarding the cause of his neck pain and the resident stated, "someone came in and jerked me in the bed last Thursday." The Administrator documented a former resident was contacted and verified he heard Resident #3 yell out in pain at the time of the incident. The incident investigation contained no documentation other staff were interviewed regarding a resident yelling out in pain and no documentation of efforts made to confirm the identity of the accused CNA.

5. During an interview in the Private Dining Room on 2/26/14 at 11:15 AM, the Administrator stated the facility has a zero tolerance on not reporting. The Administrator stated he is the abuse officer of the facility and it is the responsibility of the staff to report immediately, whether suspicion or actual
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER: CLARKSVILLE NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 900 PROFESSIONAL PARK DRIVE CLARKSVILLE, TN 37040

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abuse. The Administrator stated when someone noticed the residents' rings were missing, the Grievance process was followed. The Administrator stated the allegation should be reported to the state survey agency as soon as possible after he determined the alleged event (abuse, neglect or misappropriation) had occurred. The Administrator verified that one statement in the investigation of misappropriation for Resident № 1's ring documented a CNA had reported the event to a nurse 1 to 2 months earlier. The Administrator stated he spoke with the CNA but she could not recall who she told.

During an interview in the Private Dining Room on 2/26/14 at 12:55 PM, the Administrator was asked for evidence of follow-up on CNA № 1's statement of previously reporting the missing ring. The Administrator stated, "I don't have anything else, it's all in the file."

F 226 483.13(c) DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC POLICIES

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

This REQUIREMENT is not met as evidenced by:

Corrective Action:

1. a.) Facility is in compliance with procedures outlined in "Abuse Policy."

2. b.) Facility offered to replace missing ring on 10/4/14 upon conclusion of investigation. CNA № 1 is following proper reporting protocol for missing.
F 226 Continued From page 5

4 (Residents #1, #2 and #3) investigations reviewed.

The findings included:

1. Review of the facility's "ABUSE POLICY"
documented, "...ANY report of actual or
suspected abuse MUST be acted upon
immediately... conduct a THOROUGH
investigation that is well documented... Policy To
operate the facility where all patients are free from...
physical and mental abuse... and
misappropriation of property... Investigation a.
Complete an investigation on all occurrences to
include appropriate information... Reporting /
Response a. Report all alleged violations and all
substantiated incidents to the State agency and to
all other agencies, as well as our company
Corporate Compliance Department, as
required..."

2. Medical record review for Resident #1
documented an admission date of 7/19/10 with
diagnoses of Huntington's Chorea, Muscle
Disuse Atrophy, Senile Dementia, Bone and
Carotid Disorder and Depressive Psychosis.

Review of a Grievance Record dated 9/21/13
documented, "...Daughter stated that her mother
[Resident #1] gold ring c [with] 3 birthstones
(blue, purple & [and] green) is missing. It was on
left ring finger..."

Review of Certified Nursing Assistant (CNA) #1's
statement dated 9/24/13 documented, "I went to
[Resident #1's room number] to do restorative
exercise and apply splints, when I noticed the ring
missing. After exercise I went and reported to
nurse that the ring was not on her finger. The

F 226 (CONTINUED)

items. The facility is following reporting
requirements to report to State agency
within 5 working days of incident.

c.) Facility offered to replace missing ring
on 10/4/14 upon conclusion of
investigation. The facility is following
reporting requirements to report to
State agency within 5 working days of
incident.

d.) Facility is following investigation
guidelines to ensure that each
investigation is thorough and complete.
Investigations will include statements
from other staff members. Facility
has documentation of efforts made to
confirm the identity of the accused CNA.
CNA #3 has been terminated.

e.) Facility is following investigation
guidelines to ensure that each
investigation is thorough and complete.

2.) Current residents involved with internal
investigations have the potential to be
affected.

3.) CNA #1 was in-serviced on 3/12/14 by
Administrator regarding proper reporting
protocol for missing items. Current facility
employees will be in-serviced on
the facility's reporting protocol for
missing items / misappropriation and
the facility's "zero tolerance" policy at
monthly in-service on 3/14/14 by
Administrator. Administrator was provided
1:1 in-servicing by Regional Nurse
Consultant on 3/14 regarding facility's
 investigative and reporting protocol, as well
as reporting timeline frames for all reportable
incidents.
Continued From page 6

nurse’s reply was that she didn’t know where it could be. This was reported about a month ago to nurse."

During an interview in the Private Dining Room on 2/26/14 at 10:10 AM, CNA #1 confirmed that she had reported Resident #1’s missing ring a month or two prior to Resident #1’s daughter’s report dated 9/21/13 and the Administrator told her to write it up after the family reported the ring missing. There was no documentation CNA #1’s initial report was investigated or any investigation of CNA #1’s statement dated 9/24/13.

This allegation of misappropriation on 9/21/13 was not reported to the State Survey Agency until 10/4/13, not within 5 working days of the incident.

3. Medical record review for Resident #2 documented an admission date of 8/30/13 with diagnoses of Alzheimer’s Disease, Dementia, Congestive Heart Failure, Hypertension, Edema, and Delusional Disorder.

Review of a Grievance Record dated 9/21/13 documented, "...[Resident #2] missing gold colored wedding band..." This allegation of misappropriation was not reported to the State Survey Agency until 10/4/13, not within 5 working days of the incident.

4. Medical record review for Resident #3 revealed the resident was admitted 1/6/14 with diagnoses of Cerebrovascular Accident with Left side hemiplegia, Hypertension, Diabetes Mellitus and Anxiety. The most recent Minimum Data Set (MDS) was completed 1/23/14 and included a Brief Interview for Mental Status (BIMS) assessment with a score of 15 (indicated the

(continued)

4.) The facility Administrator, Regional Nurse Consultant and/or designee will review each reportable incident of misappropriation for 3 months to ensure they are investigated and reported timely. The Administrator will report these findings to the QA committee for review and recommendation.

Completed 3/14/14
**NAME OF PROVIDER OR SUPPLIER**

CLARKSVILLE NURSING AND REHABILITATION CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**

900 PROFESSIONAL PARK DRIVE

CLARKSVILLE, TN 37040

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:**

448545

**(X2) MULTIPLE CONSTRUCTION**

A. BUILDING

**B. WING**

**(X3) DATE SURVEY COMPLETED**

C

02/26/2014

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<table>
<thead>
<tr>
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<th>PREFIX</th>
<th>TAG</th>
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5. During an interview in the Private Dining Room on 2/26/14 at 11:15 AM, the Administrator stated the facility has a zero tolerance on not reporting. The Administrator stated he is the abuse officer of the facility and it is the responsibility of the staff to report immediately, whether suspicion or actual abuse. The Administrator stated when someone noticed the residents' rings were missing, the Grievance process was followed. The Administrator stated the allegation should be reported to the state survey agency as soon as possible after he determined the alleged event (abuse, neglect or misappropriation) had occurred. The Administrator verified that one statement in the investigation of misappropriation for Resident #1's ring documented a CNA had reported the event to a nurse 1 to 2 months earlier. The Administrator stated he spoke with...
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