

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 445242	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER GREYSTONE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 181 DUNLAP ROAD BLOUNTVILLE, TN 37617	
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 0600 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on facility policy review, medical record review, facility investigation review, and interviews, the facility failed to ensure 2 residents (#1 and #2) were free from resident to resident abuse of 5 residents reviewed for abuse. The findings include: Review of the facility Abuse Prevention Program, revised 2/22/2018, Policy Statement: Our residents have the right to be free from abuse, neglect, misappropriation of resident property, exploitation, corporal punishment and involuntary seclusion and any physical or chemical restraint not required to treat the resident's symptom (collectively hereinafter abuse). Review of records revealed Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the resident's quarterly Minimum Data Set ((MDS) dated [DATE] showed Resident #1's Brief Interview for Mental Status (BIMS) was 8 indicating the resident was moderately cognitively impaired with daily decision making, and was an extensive assist with bed Mobility, and transfers. Review of Resident #1's care plan dated 7/22/2019 showed .The resident has a mood problem r/t [MEDICAL CONDITIONS] Disorder, Aggression, GDR (Gradual Dose Reduction) on 12/17/2019. Continued review revealed: 8/8/2020 ; move resident to a different room to decrease behaviors with roommate . Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the resident's Quarterly MDS dated [DATE] showed the resident's BIMS was 6 indicating the resident was severely cognitively impaired with daily decision making. Review Resident #2's care plan dated 10/11/2019 showed . The resident has dementia and impaired thought processes r/t dementia and [DIAGNOSES REDACTED].</p> <p>Review of the facility investigation revealed on 8/8/2020 at 8:00 PM Resident #1 slapped Resident #2 on her cheek and Resident #2 notified the scheduling coordinator of the incident. The scheduling coordinator notified the Unit Manager Licensed Practical Nurse (LPN) #1 of the allegation. LPN #1 separated the residents and assessed Resident #2 to find a reddened area on her face and no other harm to the residents. LPN #1 notified the Director of Nursing (DON) of the incident and an investigation was initiated. Resident #1 was relocated to another room to prevent any further interactions between the 2 residents. Interview with the Administrator on 8/24/2020 at 11:05 AM in the Administrator's office revealed he was the Abuse Coordinator and confirmed there had been an altercation between Resident #1 and Resident #2 on 8/8/2020. Interview with the DON on 8/24/2020 in the Administrator's office at 11:30 AM revealed the incident was reported by Resident #2 to the scheduling supervisor working on the 2 east floor and there were no witnesses to the incident. Resident #1 was relocated to another room down the hall to prevent any further incidents between the 2 residents. Observation of Resident #1 on 8/24/2020 at 1:10 PM in the resident's room revealed the resident seated in a wheelchair and well groomed. Observation of Resident #2 on 8/24/2020 at 1:20 PM in the resident's room revealed the resident lying in bed ,well groomed, and showed no signs of injury. Telephone interview with staffing coordinator on 9/2/2020 at 2:15 PM revealed Resident #2 had called her aside the evening of 8/8/2020 and was told by Resident #2 she had been slapped by Resident #1 because she was in the doorway and Resident #1 wanted to come in, the residents were roommates at the time. Resident #2 had a small reddened area on her face .but otherwise appeared unharmed. The staffing coordinator stated neither of the residents remembered the incident shortly after it happened. Telephone interview with Unit Manager LPN #1 on 9/2/2020 at 2:47 PM revealed she had been working on 8/8/2020 when the incident occurred. Resident #1 was separated from Resident #2 and Resident #1 told LPN #1 she was looking for her son and Resident #2 was blocking the door to their room and she thought she was trying to keep her out, so she slapped her. LPN #1 stated Resident #2 was unharmed other than the reddened area on her face.</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.