

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 445502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER THE WATERS OF SMYRNA, LLC		STREET ADDRESS, CITY, STATE, ZIP 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167	
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 0689 Level of harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on medical record review, facility documentation review and interview, the facility failed to prevent an injury during resident care for 1(Resident #1) of 2 residents reviewed for falls. This failure resulted in a Right Humerus Fracture (upper arm bone), 2 skin tears to the right forearm and a swollen discolored area to the right forehead, causing Harm to Resident #1. The findings include: Review of the medical record showed Resident #1 was admitted to the facility on [DATE], with readmission on 8/1/2019, with [DIAGNOSES REDACTED]. Review of the of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] showed Resident #1 had a Brief Interview of Mental Status (BIMS) score of 00 indicating the resident was severely cognitively impaired. Continued review revealed the resident required extensive assistance with a 2 person physical assistance for bed mobility, transfers, toilet use and dressing. Review of the Annual Comprehensive Assessment MDS assessment dated [DATE] showed Resident #1 had a BIMS score of 02 indicating the resident was severely cognitively impaired. Continued review revealed the resident required extensive assistance with a 2 person physical assistance for bed mobility, transfers, toilet use and dressing. Review of the Fall Risk Review form dated 6/2/2020 showed Resident #1 had a total score of 12 which represents a high risk for falls. Review of the Nursing Progress Notes dated 6/2/2020 at 10:33 AM showed .Upon entering room resident was observed laying on her right side with her right arm underneath her .Resident crying, c/o (complained of) right shoulder pain .During transfer from floor to stretcher, 2 skin tears noted to right forearm as well as swollen discolored area noted to right forehead . Review of the Nurse Practitioner (NP) #1 Progress Notes dated 6/3/2020 showed .After a fall yesterday (named Resident #1) was sent to the hospital for evaluation .Nondisplaced oblique fracture of shaft of humerus, right arm .with routine healing no surgical intervention, returned with sling to right arm for supportive care . Review of a Witness Statement dated 6/17/2020, showed Certified Nursing Assistant (CNA) #1 stated .was almost done, had just helped her change and was re-adjusting pad. Rolled away from me when I noticed her legs falling off far side of bed . Review of the Resident Incident Report dated 6/19/2020 showed on 6/2/2020 .CNA #1 was assisting resident in bed and was adjusting residents' cloth pad when legs of resident slipped off the far side of her mattress and the resident proceeded to fall OOB (out of bed) .The resident sustained [REDACTED]. During an interview on 6/23/2020 at 12:53 PM CNA #2, stated, We get shift report each day and (named CNA #1) should have gotten details for Resident #1's care needs before accepting the patients. During a telephone interview on 6/23/2020 at 2:42 PM CNA #1 described the events of Resident #1's fall on 6/2/2020. CNA #1 stated she was pulling the pad underneath the resident when Resident #1 kicked her feet out which caused the resident to fall off the left side of the bed landing on her right side on the floor. During continued interview CNA #1 stated she left to notify Licensed Practical Nurse (LPN) #1 who assessed the resident; notified the physician; and received an order to transfer Resident #1 to the ER (Emergency Department) for evaluation. During continued interview CNA #1 stated she assumed the resident was a one person assist due to the resident's size and she did not look at the Care Plan or Kardex (resident treatment plan) before assisting Resident #1. During an interview on 6/23/2020 at 2:54 PM LPN #2 she described the events of Resident #1's fall on 6/2/2020. She stated CNA #1 reported the fall. The resident was lying on the her right side on the floor on the left side of the bed and her head was at the foot of the bed. LPN #2 stated she assessed Resident #1 who was crying and complaining about her right arm. LPN #2 stated CNA #1 reported .she was rolling the resident over in the bed and she just kept rolling . During further interview LPN #2 confirmed Resident #1 was a 2 person assist. During an interview on 6/24/2020 at 11:30 AM MDS Coordinator #1 confirmed resident Care Plans are generated from the residents' MDS assessments. During an interview on 6/24/2020 at 4:30 PM, the Administrator and the Director of Nursing (DON) confirmed they would expect the CNAs to look at the residents' Care Plans and Kardexes before caring for residents.</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.