

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 445393	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE OF MONTEAGLE REHAB & WELLNESS		STREET ADDRESS, CITY, STATE, ZIP 26 SECOND STREET MONTEAGLE, TN 37356	
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 review of a facility policy, review of a facility investigation, medical record review, and interviews, the facility failed prevent abuse for one resident (#1) of 4 residents (#2, #3, #4) reviewed for abuse. The findings included: Review of the facility's policy titled Abuse, Neglect and Misappropriation of Property, last revised 5/8/2019, showed. It is the organization's intention to prevent the occurrence of abuse. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment. 'willful' means non-accidental. Willful as used in the definition of 'abuse' means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. Review of a facility investigation dated [DATE] showed Resident #1 and Resident #2 were in an adjoining room and shared a bathroom. Housekeeper #1 heard screaming and yelling and found Resident #2 pushing, grabbing, and hitting Resident #1 on the face and chest. The residents were separated. A nurse assessed the residents and found Resident #2 had redness noted to bilateral fists and complained of pain to his chest after being shoved by Resident #1. Resident #1 had discoloration to his nose with a small laceration on his right nare, a superficial laceration to inside the lower lip with minimal bleeding noted, and scratches to his upper chest. Resident #1 was admitted to the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. Review of the quarterly Minimum Data Set ((MDS) dated [DATE] showed Resident #1 scored a 9 (moderate cognitive impairment) on the Brief Interview for Mental Status (BI[CONDITION]). Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of a 5 day MDS dated [DATE] showed Resident #2 scored an 8 (moderate cognitive impairment) on the BI[CONDITION]. During an interview on [DATE]20 at 8:20 AM Certified Nursing Assistant (CNA) #1 stated she heard Housekeeper #1 ask for help and when she went into Resident #1's room she saw Resident #2 hitting Resident #1. During an interview on [DATE]20 at 8:40 AM Housekeeper #1 stated she heard yelling and when she investigated she found Resident #1 in the bathroom sitting on the commode and Resident #2 had a hold of Resident #1 by his shirt and was hitting him. Housekeeper #1 separated the residents and while she was putting Resident #1 back in his wheelchair Resident #2 started hitting Resident #1 again. During an interview on [DATE]20 at 10:25 AM Licensed Practical Nurse (LPN) #2 stated she assessed Resident #1 and found the resident had a small scratch on the right side of his nose and a couple of scratches on his chest. LPN #1 stated the resident denied pain and said he was fine after it was over. LPN #2 stated Resident #1 said he was using the bathroom and he closed the door going from the bathroom into Resident #2's room and then Resident #2 came through the door and started hitting him. During an interview on [DATE]20 at 12:00 PM the Speech Language Pathologist (SLP) stated she was present when LPN #2 interviewed Resident #1 and the resident stated he was in the bathroom and Resident #2 came in the bathroom and Resident #1 yelled at Resident #2 to shut the door. The SLP stated Resident #1 said Resident #2 started hitting him. During an interview on [DATE]20 at 2:50 PM the Administrator stated Resident #2 had not shown any aggression toward any resident prior to this incident. The Administrator stated Resident #2 deliberately hit Resident #1.</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.