STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	445480		01/19/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WATERS OF SPRINGFIELD LLC	704 5TH AVENUE EAST SPRINGFIELD, TN 37172

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification survey and complaint investigation #39795 were completed on 1/17/17 - 1/19/17 at The Waters of Springfield LLC. No deficiencies were cited related to the complaint investigation. Deficiencies were cited related to the recertification survey under 42 CFR PART 483, Requirements for Long Term Care Facilities.	F 000	Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by The Waters of Springfield of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The Waters of Springfield files this Plan of Correction solely because it is required to do so for continued state licensure as a health care provider and/or for participation in the Medicare/Medicaid program. The facility does not admit that any deficiency existed prior to, at the time of, or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal and any other applicable legal or administrative proceedings. This Plan of Correction should not be taken as establishing any standard of care, and the facility submits that the actions taken by or in response to the survey findings far exceed the standard of care. This document is not intended to waive any defense, legal or equitable, in administrative, civil or criminal proceedings.	
F 244 SS=D	483.10(f)(5)(iv)(A)(B) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION (f)(5) The resident has a right to organize and participate in resident groups in the facility. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group. This REQUIREMENT is not met as evidenced by: Based on facility policy review, Resident Council minutes review, and interview, the facility failed to communicate the decisions and resolutions regarding Resident Council group concerns to the resident group for 3 of 12 resident council meeting minutes reviewed. The findings included: Review of facility policy, Resident Council, dated	F 244	**Corrective Action for effected residents** No residents were found to be adversely effected.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Randy Ashley NHA | TITLE: Administrator | (X6) DATE: 2-9-17

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.

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F 244	Continued From page 1 3/1/16 revealed "...The Resident Council is an independent, organized group of residents who meet on a regular basis to create change, address quality and dignity of care provided...The role of the Resident Council is to improve the quality of life of the residents who reside in the facility and to take part in actions to maintain a positive living environment...The council group members who voice a concern usually expect a timely response about the resolution to their concern. This must happen. The Administrator monitors this process...A concern is any issue identified by the group that requires a response from the facility in the form of a resolution to some degree that satisfies the group with an explanation and comment...when concerns are voiced show serious interest and approach follow up on all concerns and GET BACK WITH RESOLUTION..." Review of Resident Council minutes for the past twelve months revealed the Resident Council met monthly with an average meeting time of one hour. Further review revealed the Resident Council voiced concerns of various facility departments including dietary, nursing, and housekeeping. There was no documentation of communication to the Resident Council group regarding the facility's decisions or resolutions to the voiced concerns for three of twelve months reviewed. Interview with Resident #53 on 1/18/17 at 8:18 AM in the resident's room revealed the resident attended Resident Council meetings on a regular basis. Further interview revealed concerns and complaints are voiced at the meetings, but the group never heard back on the resolutions to the concerns presented.	F 244	**Identification of other residents who may be at risk.** All residents have the potential to be affected. A specially called Resident Council meeting was held to address all grievances. **What measures will be put into place to ensure the cited practice does not reoccur.** Administrator provided education on F-244. Grievance Management to include communication to all Department Heads, 72-hour resolution time for resolution and communication to the complainant and Activity Director for communication of resolution at the following month's Resident Council Meeting. All grievances will be tracked on the Clinical white board for monitoring to ensure 72-hour resolution, resident notification. The Administrator or designee will audit all resident council meetings monthly to ensure that prior months' grievances are addressed and communicated to the residents during the following Residents Council Meeting.	01/27/2017 01/20/2017

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F 244	Continued From page 2 Interview with the Resident Council President on 1/18/17 at 8:30 AM, in the resident's room when asked "Does staff listen to the resident's/Council's views and act upon any grievances the resident/group has filed?" revealed the group does not get any follow up on grievances. Continued interview when asked "Does appropriate facility staff respond to the resident's/group's concerns?" revealed the group "never hears anything about concerns after the meetings; we go over the same things all the time and nothing ever gets changed." Further interview when asked "If the facility does not respond to concerns, do they give a reasonable explanation?" revealed "no explanation given." Continued interview with the Resident Council President gave permission for the surveyor to review the Resident Council minutes for the past year. Interview with the Activity Director on 1/18/17 at 10:10 AM, in the back dining/activity room when asked how concerns/grievances were handled from Resident Council Meetings revealed the concern forms were given to the department the complaint was made about. Continued interview when asked what she does in reporting back to the resident council group about the group's complaints confirmed there is no follow through at the meetings of the voiced concerns and no documentation of each department's decisions and resolutions to the concerns. Interview with the Administrator on 1/19/17 at 11:35 AM, at the main nurse station when asked how the facility responded to and documented the Resident Council group's concerns revealed he had been unable to locate documentation for any	F 244	**How Corrective action will be monitored.** All concerns and resident council meeting minutes will be submitted at the monthly QA meeting consisting of Administrator, Director of Nursing, Assistant Director of Nursing, Social Service Director, Activities Director, Dietary Manager, Medical Records Unit Manager, Plant Operation Director, MDS Coordinator, Therapy, and Human Recourses for review for the next 3 months.	

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F 244	Continued From page 3 follow up resolutions/explanations to be given to the Resident Council group. Continued interview with the Administrator confirmed the facility had failed to communicate the resolutions and explanations to the Resident Council group and to document those resolutions and explanations.	F 244		
F 371 SS=E	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. (i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain food preparation equipment in a clean and sanitary manner for 5 of 8 food	F 371	**Corrective Action for residents affected.** No residents were found to be adversely effected. **Identification of other residents who may be at risk.** All residents have the potential to be affected. The identified pans were immediately washed, sanitized by the Dietary manager. In-service was completed on 1-17-2017 with all dietary staff on the proper procedure for washing and sanitizing, by the Dietary Manager.	

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F 371	Continued From page 4 preparation pans. The findings Included: Observation on 1/17/17 at 1:48 PM, in the dietary department with the Dietary Manager present, revealed 2 of 2 large muffin pans and 3 of 6 large sheet pans on the clean storage rack and ready for use with dried food particles and dried debris. Interview with the Dietary Manager on 1/17/17 at 1:50 PM, in the dietary department confirmed the facility failed to maintain the food preparation equipment in a clean and sanitary manner.	F 371	**What measures will be put into place to ensure the cited practice does not reoccur.** The dietary manager or designee will conduct an audit daily for 1 week, weekly for 3 weeks, then randomly monthly for 3 months, to ensure preparation pans are clean and sanitized. **How Corrective action will be monitored.** All audits will be submitted to the monthly QA meeting consisting of Administrator, Director of Nursing, Assistant Director of Nursing, Social Service Director, Activities Director, Dietary Manager, Medical Records Unit Manager, Plant Operation Director, MDS Coordinator, Therapy, and Human Recourses for review, for the next 3 months.	