

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2025
NAME OF PROVIDER OR SUPPLIER Legacy Park Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7424 Middlebrook Pike Knoxville, TN 37909	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility failed to protect the resident's right to dignity when an indwelling urinary catheter drainage bag was left uncovered and visible to the public for 1 resident (Resident #20) of 27 residents observed for dignity. The findings include: Review of the facility's policy titled, Resident Rights, revised 2/2021, revealed, .treat all residents with .dignity .Review of the medical record revealed Resident #20 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Colon Cancer, Hypertension, and Dementia. Review of a significant change Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #20 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed the resident had an indwelling urinary catheter. Review of an Order Summary report for Resident #20 dated 7/25/2025, revealed . [indwelling urinary catheter] .Review of a comprehensive care plan for Resident #20 revised 7/25/2025, revealed, . [indwelling urinary catheter] .During an observation and interview on 8/11/2025 at 3:15 PM, revealed Resident #20 was lying in bed, the indwelling urinary catheter bag was not covered, and the indwelling urinary catheter bag was visible in the hallway. During an observation on 8/12/2025 at 8:46 AM, revealed Resident #20 lying in bed, the indwelling urinary catheter bag was not covered, and the indwelling urinary catheter bag was visible in the hallway. During an interview on 8/12/2025 at 8:53 AM, Licensed Practical Nurse (LPN) A confirmed Resident #20's indwelling urinary catheter bag was not covered and visible in the hallway. During an interview on 8/13/2025 at 1:45 PM, the Director of Nursing (DON) confirmed all indwelling urinary catheters should be covered with a dignity bag or privacy cover.		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual review, facility policy review, medical record review, and interviews, the facility failed to ensure MDS assessments were accurate for 1 resident (Resident #116) of 27 residents reviewed for MDS assessments. The findings include: Review of the MDS 3.0 RAI Manual Version 19.1, dated 10/2024, revealed .Health-related Quality of Life .residents covered by Level II PASRR [Pre-admission Screening and Resident Review] process may require certain care and services provided by the nursing home .Steps for Assessment .Code .yes .if PASRR Level II screening determined that the resident has a serious mental illness . Review of the facility's policy titled, Resident Assessment, revised 8/2018, revealed .It is the policy of this facility to ensure .assessments accurately reflect the resident's status . Review of the medical record revealed Resident #116 admitted to the facility on [DATE] with diagnoses including Bipolar Disorder and Major Depressive Disorder. Review of a PASRR dated 10/15/2024, revealed Resident #116 had a PASRR Level II Outcome related to a serious mental illness (Bipolar Disorder and Major Depressive Disorder). Review of a significant change Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #116 scored a 13 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed the resident had active diagnoses of Bipolar Disorder and Depression. Continued review revealed the resident was not coded for a PASRR Level II condition. Review of a Psychiatric Nurse Practitioner Progress Note for Resident #116 dated 6/17/2025, revealed .Chief Complaint/ Nature of Presenting Problem .bipolar disorder . depression . During a medical record review and interview on 8/13/2025 at 2:35 PM, Registered Nurse (RN) MDS Coordinator reviewed the significant change MDS assessment dated [DATE] and the Level II PASRR dated 10/15/2024 for Resident #116. RN MDS Coordinator confirmed the significant change MDS assessment for Resident #116 was inaccurate and did not reflect Resident #116's PASRR level II outcome status. During an interview on 8/13/2025 at 2:42 PM, the Director of Nursing (DON) stated it was the facility's expectation for the MDS assessments to be coded accurately. The DON confirmed the facility failed to ensure the accuracy of the significant change MDS assessment dated [DATE] for Resident #116.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interviews, the facility failed to develop a comprehensive care plan for 1 resident (Resident #116) of 27 residents reviewed for care planning. The findings include: Review of the facility's policy titled, Comprehensive Person-Centered Care Planning, revised 12/2023, revealed .the interdisciplinary team (IDT) shall develop a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's .mental and psychosocial needs .any specialized services as a result of PASARR [PASRR] [Pre-admission Screening and Resident Review] recommendation, and resident's goals and desired outcomes . Review of the medical record revealed Resident #116 admitted to the facility on [DATE] with diagnoses including Bipolar Disorder and Major Depressive Disorder. Review of a PASRR dated 10/15/2024, revealed Resident #116 had a PASRR Level II Outcome related to a serious mental illness. Review of a significant change Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #116 scored a 13 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Review of the comprehensive care plan revised 6/17/2025, revealed Resident #116's PASRR level II condition and outcome was not addressed on the comprehensive care plan. During a medical record review and interview on 8/13/2025 at 2:37 PM, Registered Nurse (RN) MDS Coordinator reviewed the comprehensive care plan revised 6/17/2025 and the PASRR level II dated 10/15/2024 for Resident #116. The RN MDS Coordinator confirmed the comprehensive care plan for Resident #116 did not reflect the resident's PASRR level II outcome status. During an interview on 8/13/2025 at 2:43 PM, the Director of Nursing (DON) stated it was the facility's expectation for a PASRR level II to be addressed on the comprehensive care plan. The DON confirmed the facility failed to ensure the PASRR level II outcome status dated 10/15/2024 was addressed on the comprehensive care plan revised 6/17/2025 for Resident #116.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility staff failed to perform appropriate hand hygiene when serving residents' meal trays for 9 residents (Resident #14, #91, #104, #107, #35, #119, #78, #108, and #87) of 1 of 3 dining areas observed for meal tray distribution. The findings include: Review of the facility's policy titled, Hand Hygiene, revised 4/2025, revealed .hand hygiene .most effective measures to prevent the spread of infection .during mealtimes the staff is to use proper hand hygiene .during tray pass .Review of the medical record revealed Resident #14 was admitted to the facility on [DATE] with diagnoses including Heart Failure, Dementia, and Hypertension. Review of the comprehensive care plan for Resident #14 revised 2/12/2025, revealed .ADL [Activities of Daily Living] Self Care Performance Deficit r/t [related to] limited mobility, weakness, dementia .assist resident on level needed to complete adls .Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #14 scored a 7 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Further review revealed Resident #14 required setup or clean-up assistance with eating and required substantial/maximal assistance with personal hygiene. During an observation on 8/11/2025 at 12:48 PM, Certified Nursing Assistant (CNA) D delivered the lunch meal tray to Resident #14. CNA D set up tray for Resident #14 and failed to perform hand hygiene. Review of the medical record revealed Resident #91 was admitted to the facility on [DATE] with diagnoses including Chronic Kidney Disease, Dementia, and Hypertension. Review of the comprehensive care plan for Resident #91 revised 3/4/2025, revealed .ADL Self Care Performance Deficit r/t weakness, dementia .assist resident at level needed to complete adl tasks .Review of a quarterly MDS assessment dated [DATE], revealed Resident #91 scored a 5 on the BIMS assessment which indicated the resident had severe cognitive impairment. Further review revealed Resident #91 required setup or clean-up assistance with eating and substantial/maximal assistance with personal hygiene. During an observation on 8/11/2025 at 12:50 PM, CNA D delivered the lunch meal tray to Resident #91. CNA D set up tray for Resident #91 and failed to perform hand hygiene. Review of the medical record revealed Resident #104 was admitted to the facility on [DATE] with diagnoses including Parkinson's Disease, Diabetes, and Hypertension. Review of the comprehensive care plan for Resident #104 revised 2/20/2025, revealed .ADL Self Care Performance Deficit r/t Parkinson's Disease . Assist resident at level needed to complete adl tasks .Review of a quarterly MDS assessment dated [DATE], revealed Resident #104 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Further record review revealed Resident #104 required supervision or touching assistance with eating and partial/moderate assistance with personal hygiene. During an observation on 8/11/2025 at 12:54 PM, CNA D delivered the lunch meal tray to Resident #104. CNA D set up tray for Resident #104 and failed to perform hand hygiene. Review of the medical record revealed Resident #107 was admitted to the facility on [DATE] with diagnoses including Chronic Pain and Hypertension. Review of the comprehensive care plan for Resident #107, revised 2/2/2025, revealed .ADL Self Care Performance Deficit r/t spinal stenosis .Eating . Personal Hygiene .supervision . Review of the quarterly MDS assessment dated [DATE], revealed Resident #107 scored a 14 on the BIMS assessment which indicated the resident was cognitively intact. Further review revealed Resident #107 required setup or clean-up assistance with eating and partial/moderate assistance with personal hygiene. During an observation on 8/11/2025 at 12:55 PM, CNA D delivered the lunch meal tray to Resident #107. CNA D set up the tray for Resident #107 and failed to perform hand hygiene. Review of the medical record revealed Resident #35 was admitted to the facility on [DATE] with diagnoses including Heart Failure, Diabetes, and Chronic Pain Syndrome. Review of a quarterly MDS assessment dated [DATE], revealed Resident #35 scored an 8 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Further review revealed Resident #35 required setup or clean-up assistance with eating and supervision or touching assistance with personal hygiene. Review of the comprehensive care plan for Resident #35 revised 7/17/2025, revealed .ADL Self Care Performance Deficit r/t Limited Mobility .Assist resident at level needed to complete adl tasks .During an observation on 8/11/2025 at 12:56 PM, CNA D delivered the lunch meal tray to Resident #35. CNA D set up the tray for Resident #35 and failed to perform hand hygiene. Review of the medical record revealed Resident #119 was admitted to the facility on [DATE] with diagnoses including Chronic Kidney Disease, Hypertension, and Atrial Fibrillation Review of the comprehensive care plan for Resident #119 revised 1/2/2025 revealed ADL Self</p>		