STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445114	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lyonsview Health and Rehabilitation Center	5837 Lyons View Pike Knoxville, TN 37919

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on facility policy review, observation, and interview, the facility failed to maintain sanitary kitchen equipment in 1 of 1 kitchen observed. The facility's failure had the potential to affect 166 of 168 residents.The findings include: Review of the facility policy titled, Food Safety Requirements, dated 3/26/2025, revealed, .All equipment used in handling food shall be cleaned and sanitized, and handled in a manor [manner] to prevent contamination .Staff shall follow facility procedures for .cleaning fixed cooking equipment . During an observation on 5/17/2026 at 10:40 AM, with the Dietary Manager (DM) revealed a line of fixed kitchen cooking equipment which included a convection oven, tilt skillet, and a front oven. Each piece of equipment was observed in unclean and in unsanitary conditions as evidence by dried, dark brown food debris located on multiple surface areas of each piece of equipment. The debris appeared on the front and sides of the units. During an interview on 5/17/2026 at 10:48 AM, the DM confirmed the convection oven, tilt skillet, and front oven had dark, dried brown food debris present. The DM confirmed each piece needed .a cleaning . and was in an unsanitary condition.

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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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. Based on facility policy review, observation, and interview, the facility failed to ensure the facility's main dining room was open for resident use for 2 of 7 days of the week. The findings include: Review of the facility's policy titled, Resident Rights, dated 3/7/2023, revealed .All residents will be treated equally regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation or gender identity or expression .The resident has the right to a dignified existence, self-determination, and communication with access to persons and services inside and outside the facility . During the initial tour of the facility on 5/17/2026, the activity calendar was observed to have in-room only dining for the weekends. During an interview on 5/19/2026 3:55 PM, Resident #77 stated .I would like to be able to eat in there with everybody else on the weekends. Some people want to bring their families and want to see everybody . During an interview on 5/19/2026 3:59 PM, Resident #58 .I would like the option to eat in the dining room on the weekends if I felt like it. I might not do it every weekend, but I'd like to be able to choose . During an interview on 5/19/2026 at 4:00 PM, Resident #130 stated .I would prefer if we could eat in the dining room on the weekends . During an interview on 5/19/2026 at 4:19 PM, Certified Nursing Assistant (CNA) E stated .The dining room isn't open on the weekends. I don't know why, but I've been here for a year and it's not been open on the weekends the whole time .The residents know though . During an interview on 5/19/2026 at 4:22 PM, CNA F stated .I work 3:00-11:00 PM, so I don't know if it's open for breakfast or lunch but it's not open on the weekends for dinner. We do try to tell the residents but some of them don't always understand, so we'll just redirect them . During an interview on 5/19/2026 at 4:29 PM, The Administrator confirmed the facility had gone to in-room dining during the last COVID outbreak in the facility (could not give date), and residents appeared to have had low turnout after the outbreak for meal service in the main dining room. The Administrator further confirmed the dining room was not open on the weekends for dining.

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F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident?s assessment is updated at least once every 3 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual review, medical record review, and interview, the facility failed to complete quarterly assessments, using the Centers for Medicare & Medicaid Services-specified RAI process within the regulatory time frames for 1 resident (Resident #20) of 33 residents reviewed for MDS assessments.The findings include: Review of the MDS 3.0 RAI Manual version 20.1, dated 10/2025, revealed, .The Quarterly assessment is an OBRA (Omnibus Budget Reconciliation Act) non-comprehensive assessment for a resident that must be completed at least every 92 days following the previous OBRA assessment .The MDS completion date for quarterly assessments must be no later than 14 days after the ARD [Assessment Reference Date] . Review of the medical record revealed Resident #20 was admitted to the facility on [DATE] with diagnoses including Heart Disease, Diabetes Mellitus Type 2, and Old Myocardial Infarction. Review of the quarterly MDS assessment dated [DATE], revealed the assessment was completed on 5/18/2026 (the assessment was 49 days past due). During an interview on 5/19/2026 at 7:26 PM, the Registered Nurse (RN) MDS Coordinator stated quarterly MDS assessments were to be completed within 14 calendar days of the assessment reference date. The RN MDS Coordinator confirmed Resident #20's quarterly MDS assessment dated [DATE] was completed late.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interviews, the facility failed to maintain ongoing communication and collaboration with the dialysis facility and failed to document the status of the resident upon return to the facility for 1 resident (Resident #113) of 4 residents reviewed for Hemodialysis. The findings include:Review of the facility's policy titled, Hemodialysis, undated, revealed .The facility will assure that each resident receives care and services for the provision of hemodialysis consistent with the professional standards of practice. This will include .ongoing assessment of the resident's condition and monitoring before and after dialysis treatments .ongoing assessment and oversight of the resident before during and after dialysis treatments .communication with the dialysis facility regarding dialysis care and services .the nurse will monitor and document the status of the resident's access site(s) upon return from the dialysis treatment to observe for bleeding and other complications .the administrator, nursing director .should review the facility's dialysis care and services on an ongoing basis including .communication .Review of the medical record revealed Resident #113 was admitted to the facility on [DATE] with diagnoses including Parkinsons Disease, End Stage Renal Disease with Dialysis, and Diabetes. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed the resident scored a 4 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment.Review of a Physician's Order for Resident #113 dated 2/26/2026, revealed an order for in center dialysis on Mondays, Wednesdays, and Fridays. Review of the dialysis communication sheets for Resident #113 for the month of 4/2026 and 5/2026 revealed the dialysis center pre-weight, post- weight, dialysis start time, end time, fluid removed, meal/snack intake, catheter status and location, changes in condition, and vital signs had not been recorded on the dialysis communication form on 4/22/2026, 4/27/2026, 5/1/2026, and 5/6/2026. Further review revealed post dialysis information, catheter location status, catheter dressing, bleeding, general condition of resident, and vital signs had not been recorded on the dialysis communication form on 4/1/2026, 4/6/2026, 4/10/2026, 4/15/2026, 4/20/2026, 4/24/2026, 4/29/2026, 5/6/2026, and 5/13/2026. Review of Resident #133's medical record revealed the post dialysis information catheter, location status, catheter dressing, bleeding, general condition of resident, and vital signs had not been recorded on 4/1/2026, 4/6/2026, 4/10/2026, 4/15/2026, 4/20/2026, 4/24/2026, 4/29/2026, 5/6/2026, and 5/13/2026. During an interview on 5/19/2026 at 11:06 AM, Licensed Practical Nurse (LPN) A stated the residents dialysis site was monitored daily, prior to dialysis, and upon return. LPN A stated she documented vital signs in the electronic medical record and not on the dialysis communication sheets. During an interview and medical record review on 5/19/2026 at 1:59 PM, the Director of Nursing (DON) confirmed the nurse was to call the dialysis facility to obtain missing information regarding changes of condition, access site concerns, or physician order changes. The DON confirmed the resident was to be assessed prior to leaving and upon return to the facility. If the information was not provided on the form the nurse was to call the dialysis facility and obtain the pertinent information and document the information on the Dialysis Communication form. The DON further confirmed the forms were not filled out in entirety and the required information was not documented in the Electronic Medical Record (EMR). During an interview on 5/19/2026 at 2:06 PM, LPN A confirmed the forms were not filled out and stated she was not aware she needed to fill out the Dialysis Communication form after the resident returns from dialysis. LPN A stated she called the dialysis center for missing information and confirmed she does not document the information received on the form or in the electronic medical record.

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on job description review, employee file review, and interviews the facility failed to ensure the Dietary Manager completed accredited course work in dietetic training and certification.The findings include: Review of the Food Service Manager (Dietary Manager) job description, undated, revealed .The primary purpose of your position is to assist the Dietitian in planning, organizing, developing and directing the overall operation of the Food Service Department .Qualifications .a high school diploma .Graduate of an accredited course in dietetic training approved by the American Dietetic Association . Review of the employee file for the Dietary Manager (DM), revealed no certificate of completion of course work which would satisfy the job description requirement. Further review revealed The DM had been in his current role since 3/13/2018. During an interview on 5/17/2026 at 11:37 AM, the DM stated .I'm working on it [dietary certification] . when asked if he had completed the accredited course work for dietetic training and certification. During employee file review and interview on 5/19/2026 at 4:10 PM, the Human Resources (HR) representative confirmed the DM had not completed an accredited course in dietetic training and certification.