

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445115	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/04/2024
NAME OF PROVIDER OR SUPPLIER  Tennova Lafollette Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Torrey Road Lafollette, TN 37766	

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)
<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36534</p> <p>Based on review of a facility policy, medical record review and interview the facility failed to develop a comprehensive care plan for placement of a midline catheter for one Resident (#8) of 3 residents reviewed.</p> <p>The findings included:</p> <p>Review of the facility's policy titled Care Plan, Comprehensive Person-Centered, dated 6/13/2022 revealed . the facility will ensure that a comprehensive, person-centered care plan that is consistent with the resident's rights, needs, and choices is developed and implemented .</p> <p>Review of the medical record revealed Resident #2 was admitted to the facility on [DATE] with diagnoses including Emphysema, Anxiety Disorder, and Chronic Respiratory Failure.</p> <p>Review of a comprehensive care plan dated 4/18/2024, revealed the midline catheter had not been included on the care plan.</p> <p>Review a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #2 scored 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact.</p> <p>During an interview on 10/31/2024 at 2:15 PM, the Administrator stated a care plan was not developed for [Resident #2] to include a midline placement, observation, and monitoring. The Administrator confirmed the facility failed to follow their policy for a comprehensive care plan.</p>

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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>36534</p> <p>Based on facility policy review, the Center for Disease Control (CDC) Guidelines for the Prevention of Intravascular Catheter-Related Infections review, medical record review, and interview the facility failed to obtain a physician's order for dressing changes for a midline intravenous (IV) catheter, failed to ensure daily assessments of the midline IV site were completed, and failed to change the dressing for 1 resident (Resident #2 ) of 3 residents reviewed for IV therapy.</p> <p>The findings included:</p> <p>Review of the facility policy titled Midline Dressing Changes, revised 12/30/1899 [the Administrator confirmed revision date was error] revealed .To preform, using sterile technique, a Midline dressing change every 7 days and as needed if the dressing becomes soiled, loose, or saturated .Document in care manager [electronic medical record] the procedure, assessment of site, and how patient tolerated procedure.</p> <p>Review of the Summary of Recommendations Infection Control from the Center of Disease Control dated 2/28/2024, revealed replace dressings used on short-term CVC [central venous catheter]sites at least every 7 days for transparent dressings .</p> <p>Review of the Medication Administration Record for Resident #2 dated 4/1/2024-4/30/2024, revealed antibiotic 500 mg [milligrams] intravenously one time a day start date 4/18/2024 at 9:00 AM, stop date 4/22/2024. Antibiotic 1 gm [gram] intravenously two times a day start date 4/22/2024 at 9:00 PM, stop date 4/25/2024. Steroid (a medication used to treat inflammation) 40 mg intravenously two times a day start date 4/17/2024, end date 4/19/2024. Steroid 20 mg intravenously every 12 hours start date 4/19/2024, stop date 4/22/2024. Steroid 20 mg intravenously two times a day start date 4/22/2024, stop date 4/25/2024. Medications were documented administered as ordered.</p> <p>Review of the Treatment Administration Record for Resident #2 dated 4/1/2024-4/30/2024, revealed 4/18/2024 .Okay for midline . No entries for observation or monitoring midline catheter, and no entries for midline catheter dressing changes had been documented.</p> <p>Review of the Nurse's Note for Resident #2 dated 4/18/2024 at 11:45 PM, revealed .Continue on IV antibiotic and [steroid] for pneumonia. No signs of adverse effects noted. Midline right upper arm is patent and flushes well, no redness or swelling present, dressing dry and intact .</p> <p>Review of the Nurse's Note for Resident #2 dated 4/22/2024 at 10:40 AM, revealed .Conts [continue] IVABT [intravenous antibiotic treatment] for PNA [pneumonia]. Midline in right arm intact and flushes well .</p> <p>Review of the Nurse's Note for Resident #2 dated 4/23/2024 at 1:52 AM, revealed .Resident continues on IV antibiotic's and [steroid] for pneumonia. Midline right upper arm is patent and flushes well, dressing is dry and intact .</p> <p>Review of the Nurse's Note for Resident #2 dated 4/23/2024 at 10:59 AM, revealed . IV antibiotics and [steroid] for Pneumonia without adverse effects .</p> <p>(continued on next page)</p>

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Nurse's Note for Resident #2 dated 4/24/2024 at 4:38 AM, revealed .Resident continues on IV antibiotic's and [steroid] for pneumonia. Midline right upper arm is patent and flushes well, dressing is dry and intact .</p> <p>Review of the Nurse's Note for Resident #2 dated 4/25/2024 at 1:32 AM, revealed .Resident continues on IV antibiotic's and [steroid] for pneumonia. Midline right upper arm is patent and flushes well, dressing is dry and intact .</p> <p>Review of the Nurse's Note for Resident #2 dated 4/26/2024 at 12:25 AM, revealed .Resident continues on IV antibiotic's and [steroid] for pneumonia. Midline right upper arm is patent and flushes well, dressing is dry and intact .</p> <p>Review of the Nurse's Notes for Resident #2 dated 4/27/2024-5/1/2024, revealed no documentation related to the midline catheter.</p> <p>Review of the Nurse's Notes for Resident #2 dated 5/3/2024-5/7/2024, revealed no documentation related to the midline catheter.</p> <p>During an interview on 10/30/2024 at 1:15 PM, the Physician stated .I would expect the facility to follow their protocol for dressing changes and monitoring .in this case the patient suffered no harm. There was no signs or symptoms of infection and no negative outcomes .I saw her on 4/22/2024 .if there had been any signs or symptoms of infection the nurses would have called me .the nurses were attentive to her care .</p> <p>During an interview on 10/30/2024 at 3:40 PM, he Infection Preventionist stated .I would have expected the nurse to document the observation and to follow their doctors' orders for dressing changes .best practice guidelines are for the midline dressing to be changed every 7 days or when soiled, however without a physician's order to change the dressing on the MAR there was no documentation the dressing had been changed .</p> <p>During an interview on 10/31/2024 at 2:15 PM, the Administrator stated the dressing should be changed every 7 days. During the nurses orientation/training they are given instruction/training that a midline is to be flushed every 12 hours and as needed. The Administrator confirmed there was no documentation the midline dress had been changed or monitored per policy.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>36534</p> <p>Based on facility policy review, interview, review of personnel records, staff education, and staff competencies, the facility failed to ensure qualified staff completed tasks within their scope of practice for 1 of 7 staff reviewed for competency.</p> <p>The findings include:</p> <p>Review of a facility policy titled Blood Glucose Monitoring-Using the Accu-Check, dated 1/26/2023, revealed . testing is to be performed by trained personnel. Trained personnel may include a licensed nurse, perfusionist, laboratory personnel and ancillary staff members .</p> <p>Review of a facility document Position Description/Competency Based Evaluation Nursing Assistants, undated revealed no documentation or competency for performing blood glucose level.</p> <p>Review of the Certified Nursing Assistant (CNA) E personnel file revealed no documentation of education/training for obtaining blood glucose level. The CNA had received a termination notice on 2/15/2024 for obtaining a patients blood glucose without proper training.</p> <p>Review of the Licensed Practical Nurse (LPN) F personnel file revealed the LPN had been terminated for asking a CNA to obtain a patient's blood glucose level. LPN F had not followed the facility policy.</p> <p>During an interview on 10/24/2024 at 8:10 AM, the Risk/Facility Compliance Officer stated the previous Administrator #2 was notified by a CNA that LPN F was allowing CNA E to perform blood sugars on residents. An investigation was conducted and a determination to terminate both employees was based on (LPN F's) own admission that she had allowed CNA E to perform duties out of her scope of practice.</p> <p>During an interview on 10/29/2024 at 8:30 AM, LPN F stated .I let her [CNA E] do one finger stick for me while I was in the room .I admitted to this .she did a finger stick for me one time, I was in the room with her .</p> <p>During an interview on 10/31/2024 at 2:40 PM, the Administrator stated .CNAs are not trained to obtain blood sugars. The nurse admitted to allowing the CNA to obtain a blood sugar and by doing so the CNA practiced outside of her scope of practice.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36534</p> <p>Based on facility policy review, medical record review, observation, and interviews the facility failed to follow infection control practices during resident care for 1 resident (Resident #8) of 3 residents observed for Enhanced Barrier Precautions.</p> <p>The findings include:</p> <p>Review of the facility's policy titled Infection Control Program, dated 1/18/2024, revealed .the facility will establish and maintain an infection prevention and control program designed to provide a safe sanitary . environment to help prevent the development and transmission of communicable diseases and infections .</p> <p>Review of the medical record revealed Resident #8 was admitted to the facility on [DATE] with diagnoses including Sepsis Unspecified Organism, Venous Insufficiency, Type 1 Diabetes Mellitus, and Anxiety Disorder.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #8 scored a 13 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Active Diagnoses included Septicemia.</p> <p>Review of a comprehensive care plan for Resident #8 dated 10/23/2024, revealed the resident is under Enhanced Barrier Precautions (EBP). Follow EBP guidelines: gloves and gown required during high-contact activities.</p> <p>Review of the Enhanced Barrier Precautions signage on Resident #8's door directed individuals entering the room to wash their hands before exiting the room. Providers and staff to wear gloves and gown for the following high-contact resident care activities, dressing bathing/showering, transferring, changing linens, providing hygiene, changing briefs, or assisting with toileting device care or use, central line, urinary catheter, feeding tube, tracheostomy, wound care any skin opening requiring a dressing. The signage directed staff not to wear the same gown and gloves for the care of more than one person.</p> <p>During an observation on 10/22/2024 at 8:15 AM, in Resident #8's room, revealed Certified Nursing Assistant (CNA) A entered the residents room with the sit to stand lift. The CNA made contact with the resident and hooked her to the sit to stand lift then the CNA washed her hands, put on gloves, and gown.</p> <p>During an interview on 10/22/2024 at 8:25 AM, CNA A stated she should have washed her hands and put on gloves and gown before touching Patient #8 .I was in a hurry to get her to the commode and I just didn't think .I knew better we have had education more than once on that .that is why I put them on before I transferred her . During the interview the CNA confirmed she had made physical contact with a resident on Enhanced Barrier Precautions without washing her hands or putting on a gown or gloves.</p> <p>(continued on next page)</p>		

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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 10/30/2024 at 3:30 PM, the Infection Preventionist stated .my expectation would have been for the staff to have performed hand hygiene, put on gloves and a gown prior to physical contact with the resident.		