

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 01/23/2025
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 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** 36003</p> <p>Based on Centers for Medicare & [and] Medicaid Services [CMS] Long-Term Care Facility Resident Assessment Instrument [RAI] 3.0 User's Manual review, medical record review, and interview the facility failed to accurately code a Minimum Data Set (MDS) assessment for oral/dental status for 1 resident (Resident #162) of 25 residents reviewed.</p> <p>The findings include:</p> <p>Review of the CMS Long-Term Care Facility RAI 3.0 User's Manual dated 10/2024, revealed .primary purpose as an assessment instrument is to identify resident care problems that are addressed in an individualized care plan .the assessment [MDS] accurately reflects the resident's status .registered nurse conducts or coordinates each assessment .SECTION L: ORAL/DENTAL STATUS .This item is intended to record any dental problems present in the 7-day look-back period .Check L0200B, no natural teeth or tooth fragment(s) (edentulous): if the resident is edentulous/lacks all natural teeth .</p> <p>Review of the medical record revealed Resident #162 was admitted to the facility on [DATE] with diagnoses including Dementia, Generalized Anxiety, Major Depressive Disorder, and Fracture for Lower End of Right Femur.</p> <p>Review of a nursing admission baseline health and history assessment for Resident #162 dated 12/31/2024, revealed the resident was edentulous (no natural teeth).</p> <p>Review of an admission MDS assessment for Resident #162 dated 1/7/2025, revealed .No natural teeth or tooth fragment(s) (edentulous) . was documented as .no ., which indicated Resident #162 had natural teeth.</p> <p>During an observation on 1/21/2025 at 11:00 AM, revealed Resident #162 was edentulous.</p> <p>During an observation and interview on 1/23/2025 at 2:20 PM, Licensed Practical Nurse (LPN) B confirmed Resident #162 was edentulous.</p> <p>During an interview on 1/23/2025 at 3:50 PM, the Director of Nursing (DON) confirmed the MDS assessment for oral/dental status was inaccurate for Resident #162.</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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36003</p> <p>Based on facility policy review, medical record review, observation, and interviews the facility failed to document post dialysis assessments for 1 resident (Resident #20) of 1 resident reviewed for dialysis.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Dialysis, revised 5/6/2021, revealed .The facility staff will provide immediate monitoring and documentation of the status of the resident's access site(s) upon return from the dialysis treatment to observe for bleeding or other complications .</p> <p>Review of the medical record revealed Resident #20 was admitted to the facility on [DATE] with diagnoses including Major Depressive Disorder, Dependence on Renal Dialysis, Hypertension, Chronic Diastolic Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, and End Stage Renal Disease.</p> <p>Review of an annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #20 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Continued review revealed Resident #20 received dialysis.</p> <p>Review of a comprehensive care plan dated 12/20/2019, revealed Resident #20 had a care plan .dialysis r/t [related to] End Stage Renal Failure .I [Resident #20] have a central line for dialysis in my right carotid [artery-carries blood] .dialysis cares for shunt site, staff and dialysis monitors site .Observe/document/report to MD [medical doctor] PRN [as needed] any s/sx [signs/symptoms] of infection to access site: Redness, Swelling, warmth or drainage .</p> <p>Review of the nursing progress notes for Resident #20 from 1/1/2025-1/23/2025 revealed no documentation to show the resident's dialysis catheter site had been assessed/monitored for bleeding upon return to the facility after dialysis treatments.</p> <p>During an observation on 1/23/2025 at 2:40 PM, revealed Resident #20's dressing covering the dialysis catheter access site was dry and intact.</p> <p>During an interview on 1/23/2025 at 3:50 PM, the Director of Nursing (DON) stated staff were expected to assess dialysis catheter access sites for bleeding post dialysis treatment. The DON confirmed post dialysis assessments had not been documented when Resident #20 returned to the facility after dialysis.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36003</p> <p>Based on facility policy review, observations, and interviews the facility failed to ensure expired supplies were not available for resident use for 2 medication storage rooms of 4 medication storage rooms observed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Medication Administration Guidelines, dated [DATE], revealed .The expiration/beyond use date .must be checked .</p> <p>During an observation on [DATE] at 9:55 AM, of the 2nd floor north medication storage room with Registered Nurse (RN) C revealed:</p> <p>* ,d+[DATE] gauge (G) X (by)1 ,d+[DATE] inch intravenous (IV) catheter with expiration date of [DATE].</p> <p>* ,d+[DATE] G X 1 ,d+[DATE] inch IV catheter with expiration date of [DATE].</p> <p>* ,d+[DATE] G X 1 ,d+[DATE] inch IV catheters with expiration date of [DATE].</p> <p>During an interview on [DATE] at 10:15 AM, RN C confirmed the IV catheters were expired.</p> <p>49568</p> <p>During an observation on [DATE] at 1:16 PM, of the 3rd floor medication storage room with RN A revealed:</p> <p>* ,d+[DATE].97 ounce individual packets of nutrition powder with expiration date of [DATE].</p> <p>*27-blue top lab tubes with expiration date of [DATE].</p> <p>* ,d+[DATE] G X 1 ,d+[DATE] inch IV catheters with expiration date of [DATE].</p> <p>* ,d+[DATE] G X 1 ,d+[DATE] inch IV catheters with expiration date of [DATE].</p> <p>During an interview on [DATE] at 1:42 PM, RN A confirmed the nutrition powder, lab tubes, and IV catheters were expired.</p> <p>During an interview on [DATE] at 3:00 PM, the Director of Nursing (DON) confirmed the nutrition powder, lab tubes, and IV catheters were expired.</p>		