STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445131	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beverly Park Place Health and Rehab	5321 Beverly Park Circle Knoxville, TN 37918

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interview, the facility failed to maintain infection control practices for 1 resident (Resident #204) of 4 residents reviewed for urinary catheters. The findings include: Review of the facility policy titled, Catheter Care, dated 8/2022, revealed .The purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections .Be sure the catheter tubing and drainage bag are kept off the floor .Review of the medical record revealed Resident #204 was admitted to the facility on [DATE] with diagnoses including Schizophrenia, Anxiety Disorder, and Neuromuscular Dysfunction of Bladder. Review of the admission Minimum Data Set (MDS) assessment (scheduled) dated 5/15/2026 revealed, .in progress .During an observation on 5/11/2026 at 3:53 PM, in Resident #204's room revealed the resident was resting in the bed with eyes closed. Further observation revealed the bed was in the lowest position with the urinary drainage bag clipped to the side of the bed and the bottom of the urinary drainage bag resting on the floor.During an observation on 5/12/2026 at 2:48 PM, in Resident #204's room revealed the resident resting in the bed with eyes closed. Further observation revealed the bed was in the lowest position with the urinary drainage bag clipped to the side of the bed and the bottom of the urinary drainage bag resting on the floor.During an observation on 5/13/2026 at 10:01 AM, in Resident #204's room revealed the resident resting in the bed with eyes closed. Further observation revealed the bed was in the lowest position with the urinary drainage bag clipped to the side of the bed and the bottom of the urinary drainage bag resting on the floor.During an interview on 5/13/2026 at 10:05 AM, in Resident #204's room the Assistant Director of Nursing (ADON) observed and confirmed the bottom of the urinary catheter drainage bag was resting on the floor. The ADON confirmed the urinary drainage bag should not be touching the floor. The ADON stated her expectation was for the staff to secure the drainage bag to the bed, off the floor, or to have a barrier in place to maintain proper infection control practices.

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