

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Crossville		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Justice St Crossville, TN 38555	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36003</p> <p>Based on facility policy review, observation, and interview, the facility failed to protect the resident's right to dignity when an indwelling catheter drainage bag was left uncovered and visible to the public for 1 resident (Resident #23) of 78 residents observed for dignity.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Dignity, dated 5/6/2019, revealed .All residents will be treated with dignity and respect. Examples of treating residents with dignity and respect include .Refraining from practices demeaning to residents, such as leaving urinary catheter bags uncovered .</p> <p>Review of the medical record revealed Resident #23 was admitted to the facility on [DATE] with a diagnosis including Disorder of Kidney and Ureter.</p> <p>Review of a comprehensive care plan for Resident #23 dated 11/5/2024, revealed .resident has an Indwelling Catheter r/t [related to] obstruction .</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #23 scored 0 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Further review revealed the resident had an indwelling urinary catheter.</p> <p>During an observation on 12/2/2024 at 4:07 PM, revealed Resident #23 had no privacy dignity cover present to the bedside urinary drainage bag and the uncovered drainage bag was visible to the outside of the resident's room, into the hallway.</p> <p>During an observation and interview on 12/2/2024 at 4:25 PM, Licensed Practical Nurse (LPN) E confirmed Resident #23 did not have a privacy dignity cover present to the urinary bedside drainage bag which resulted in the direct visibility of the urinary drainage bag from the hallway.</p> <p>During an interview on 12/2/2024 at 4:27 PM, the Director of Nursing confirmed all urinary bedside drainage bags were expected to be covered with a privacy dignity cover.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Crossville		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Justice St Crossville, TN 38555	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41782</p> <p>Based on facility policy review, medical record review, and interview, the facility failed to resubmit a Pre-Admission Screening and Resident Review (PASARR) (PASRR) timely after a new mental health diagnosis for 1 resident (Resident #14) of 7 residents reviewed for PASRR.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Pre-admission Screening and Resident Review (PASARR) [PASRR], revised on 10/6/2022 and reviewed on 9/26/2024, revealed .A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program .Coordination includes .Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment .A nursing facility must notify the state mental health authority or state intellectual disability authority .promptly after a significant change in the mental or physical condition of a resident who has mental illness or intellectual disability for resident review .Referral for Level II resident review evaluation is required for individuals previously identified by PASARR to have a mental disorder, intellectual disability, or a related condition who experience a significant change .Examples of such changes include, but are not limited to .A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms .</p> <p>Review of a maximus Notice of PASRR Level I Screen Outcome for Resident #14 dated 12/7/2018, revealed .PASRR Level II Onsite Evaluation Required .DIAGNOSIS .Anxiety Disorder .Depression - mild or situational .Does the individual have a diagnosis of dementia/neurocognitive disorder .Yes .MAXIMUS OUTCOME . Refer for Level II - Level I Positive .Based on the information received, due to a (suspected or confirmed) Level II diagnosis of serious mental illness an onsite Level II will be initiated .</p> <p>Review of the maximus PASRR Notice of Exclusion from PASRR - Primary Neurocognitive Disorder dated 12/20/2018, revealed Your Pre-Admission Screening Resident Review (PASRR) is complete .Your neurocognitive disorder (dementia) is thought to be the primary condition needing care at the time of this review .After you admit to the nursing facility, your PASRR Level II evaluation remains good during your stay . If you have certain kinds of changes in your physical or mental health, you may need a new Level II evaluation. The nursing facility must submit a new Level I screening to Maximus to see if a new PASRR evaluation is needed .A Resident Review (RR) is the same screening for someone in a nursing facility. The nursing facility must do a RR when .A resident's condition changes .Summary of Findings Report .You were 'Ruled out' from further assessments through the PASRR Program .Dementia will likely be the primary focus of behavioral health treatment .diagnosis of mixed Dementia of the Vascular and Alzheimer's type .additional diagnosis of Depressive Disorder .diagnoses do not qualify as PASRR defined disabilities .</p> <p>Review of the medical record revealed Resident #14 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Major Depressive Disorder, Primary Insomnia, Generalized Anxiety, and Dementia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Crossville		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Justice St Crossville, TN 38555	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed active diagnoses included Non-Alzheimer's Dementia, Anxiety, and Depression.</p> <p>Review of the medical record revealed Resident #14 received a new diagnosis of Unspecified Mood [Affective] Disorder on 7/8/2022.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed active diagnoses included Non-Alzheimer's Dementia, Anxiety, Depression, and Unspecified Mood [Affective] Disorder.</p> <p>Review of the medical record revealed Resident #14 received a new diagnosis of Unspecified Psychosis on 11/7/2022.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed active diagnoses included Non-Alzheimer's Dementia, Anxiety, Depression, Psychotic Disorder, and Unspecified Mood [Affective] Disorder.</p> <p>Review of the medical record revealed Resident #14 received a new diagnosis of Schizoaffective Disorder on 1/9/2023.</p> <p>Review of a MAXIMUS Notice of PASRR Level I Screen Outcome for Resident #14 dated 2/5/2023, revealed .PASRR Request Has Been Cancelled .Your Level I screen has been cancelled by Maximus. The screen was cancelled because your health care professional did not complete either the Level I screening form and/or submit requested information within the required timeframe .</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed active diagnoses included Non-Alzheimer's Dementia, Anxiety, Depression, Psychotic Disorder, Schizophrenia (Schizoaffective and Schizophreniform), and Unspecified Mood [Affective] Disorder.</p> <p>Review of the comprehensive care plan dated 3/30/2023, revealed Resident #14 was care planned for Major Depressive Disorder, Generalized Anxiety Disorder, Schizoaffective Disorder, Psychosis, and Mood Disorder.</p> <p>During an interview on 12/3/2024 at 4:20 PM, the Admissions Director and the Social Services Director stated they were responsible for PASRRs at the facility. The Admissions Director had been responsible for PASRRs for the last [AGE] years at the facility. Resident #14's PASRR dated 12/7/2018 included the diagnoses of Anxiety, Depression, and Dementia. The Admissions Director stated he resubmitted a PASRR for Resident #14 on 1/19/2023 because the resident had .new mental health diagnoses . The Admissions Director stated he uploaded supporting documentation into the ASCEND/Maximus system on 1/20/2024 and 1/24/2024 related to the new diagnoses. The Admissions Director stated Maximus cancelled the PASRR on 2/5/2023 and a unknown representative from Maximus called him at the facility on a unknown date stating if a resident already had a Level II PASRR resubmissions were never required. This surveyor reviewed the Maximus Notice of PASRR Level I Screen Outcome dated 2/5/2023 with the Admissions Director which stated the Level I screen had been cancelled due to the health care professional not completing the Level I screening form or requested information within the required timeframe. The Admissions Director stated he was unaware why the document stated he had nt submitted the requested information.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Crossville		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Justice St Crossville, TN 38555	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a telephone interview on 12/3/2024 at 3:54 PM, the Maximus Help Desk Representative stated the facility submitted a Level I PASRR on 1/19/2023. On 1/20/2023, a request was made by Maximus for the facility to complete the LOC (Level of Care) documentation related to the submission. The PASRR submission was cancelled on 2/5/2023 due to the facility's noncompliance with Maximus's request to complete the LOC (Level of Care) within 10 days. The Maximus Help Desk Representative stated a new Level I PASRR should be submitted anytime there is a new psychiatric diagnosis regardless of previous PASRR exclusion related to dementia/primary neurocognitive disorder. The diagnosis of dementia/neurocognitive disorder would likely make the resident exempt but a new Level I PASARR should be submitted anytime there is a new psychiatric diagnosis added.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Crossville		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Justice St Crossville, TN 38555	
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 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** 48100</p> <p>Based on facility policy review, observation, and interviews, the facility failed to ensure an expired medication was not available for resident use in 1 of 4 medication carts observed for medication storage which had the potential to affect 1 resident (Resident #48) of 19 residents reviewed for insulin use.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Delivery & Storage of Medications and Supplies, revised [DATE], revealed .to be performed by licensed nurses .expiration dates will be checked .</p> <p>Review of the facility's policy titled, Guidance for Using Insulin Products, dated 2023, revealed .before using, insulin should be checked .storage recommendations for injectable diabetes medications .insulin lispro [Humalog] [an injectable medication used to lower blood sugar levels] .discard after .28 days .</p> <p>During an observation and interview on [DATE] at 8:05 AM, with Licensed Practical Nurse (LPN) A, revealed the medication cart for [NAME] hall had one injectable medication (insulin lispro) for Resident #48 stored in the top drawer and labeled as .opened [DATE] .exp [expiration date] [DATE] . LPN A confirmed the insulin lispro for Resident #48 was stored past the expiration date ([DATE]) and was available for resident use. LPN A stated this insulin cartridge dated [DATE] was the only insulin cartridge in the medication cart for Resident #48 and confirmed the resident had received the expired insulin during medication administration.</p> <p>Review of the medical record revealed Resident #48 was admitted to the facility on [DATE] with diagnoses including Diabetes, Morbid Obesity, and Heart Failure.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #48 scored a 13 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed the resident received insulin.</p> <p>Review of the comprehensive care plan for Resident #48 revised [DATE], revealed the resident had an active problem of Diabetes with interventions to check blood sugars as ordered, administer medications as ordered, and monitor for symptoms of hyperglycemia (high blood sugar) and hypoglycemia (low blood sugar).</p> <p>Review of an Order Summary Report for Resident #48 dated ,d+[DATE], revealed Humalog 5 units daily and to check blood sugars before meals and at bedtime.</p> <p>Review of the Medication Administration Record for Resident #48 dated ,d+[DATE], revealed Humalog insulin (5 units daily) was administered 18 of 18 days past the expiration date ([DATE]-[DATE]). Further review revealed the blood sugar checks obtained from [DATE]-[DATE] ranged from ,d+[DATE] (baseline for the resident) and did not reveal any negative outcomes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Crossville		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Justice St Crossville, TN 38555	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Medication Administration Record for Resident #48 dated ,d+[DATE], revealed the expired Humalog insulin (5 units daily) was administered 3 of 3 days ([DATE]-[DATE]). Further review revealed the blood sugar checks obtained from [DATE]-[DATE] ranged from ,d+[DATE] and did not reveal any negative outcomes.</p> <p>During an interview on [DATE] at 9:18 AM, the Director of Nursing (DON) stated licensed nurses should check insulin expiration dates prior to administering the medication and discard the medication if the medication was past the expiration date. The DON confirmed the Humalog insulin dated [DATE] for Resident #48 should have been discarded and not used for insulin administration.</p> <p>During an interview on [DATE] at 8:10 AM, the Pharmacist stated insulin lispro (Humalog) should be discarded 28 days after opening. The Pharmacist further stated administering the insulin past the expiration date could result in the insulin medication having less effectiveness in controlling blood sugar levels. The Pharmacist stated the duration Resident #48 had received the expired insulin, would not have resulted in any decline or harm.</p> <p>During an interview on [DATE] at 4:20 PM, the Medical Director (MD) stated the Humalog for Resident #48 opened on [DATE] should have been discarded 28 days after opening ([DATE]). The MD stated there would be a minimum risk .if any . to using insulin past the expiration date and Resident #48 experienced no negative outcome from the facility's deficient practice of administering expired insulin.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Crossville		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Justice St Crossville, TN 38555	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48100</p> <p>Based on facility policy review, observation, and interview, the facility failed to ensure the kitchen equipment was maintained in a sanitary condition and failed to ensure a dented can was discarded, which had the potential to affect 78 of 78 residents.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Sanitation and Maintenance, dated 4/26/2023, revealed .cleaning fixed equipment .cleaned with detergent and hot water, rinsed, air-dried, and sprayed with a sanitizing solution .</p> <p>During an observation of the dry storage area and interview on 12/2/2024 at 9:55 AM, with the Certified Dietary Manager (CDM), revealed one 6.88 pound can of dark red kidney beans dented on one side and was available for resident use. The CDM stated the kitchen staff checked for dented cans every week and if dented cans were observed they were to be discarded. The CDM confirmed the dented can of dark red kidney beans was missed during the weekly check and should have been discarded.</p> <p>During an observation of the cooking area and interview on 12/2/2024 at 10:05 AM, with the CDM, revealed the deep fryer had dried brownish-yellow food debris with a grease-like residue present to the right side (from the top perimeter to the bottom edge) of the fryer. The CDM stated the deep fryer was last used on Saturday (11/30/2024) and was cleaned after use. The CDM confirmed the deep fryer needed deep cleaned to eliminate all the grease-like, brownish-yellow food debris present to the right side of the fryer.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Crossville		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Justice St Crossville, TN 38555	

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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>48100</p> <p>Based on facility policy review, observation, and interview, the facility failed to ensure garbage and refuse were properly contained in 2 of 3 dumpsters (dumpsters A and B).</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Disposal of Garbage and Refuse, dated 9/8/2022, revealed .all waste is properly contained in the dumpsters .and are covered appropriately .all areas where garbage/refuse is located is kept clean .</p> <p>During an observation of the outside dumpster area on 12/2/2024 at 10:40 AM, with the Certified Dietary Manager (CDM), revealed 3 dumpsters for waste disposal. Further observation revealed dumpsters A and B had no drain plugs intact, which left a golf-ball sized opening to the bottom corner of the dumpsters. The missing dumpster plug from dumpster A and B resulted in the dumpsters' contents being left open to the elements and the potential exposure to pests.</p> <p>During an interview on 12/2/2024 at 10:55 AM, the CDM confirmed the drain plugs for dumpsters A and B were not intact and the dumpsters' contents were not contained properly.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Crossville		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Justice St Crossville, TN 38555	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41782</p> <p>Based on facility policy review, medical record review, and interview, the facility failed to ensure an assessment for potential contraindications to influenza vaccines were documented in the medical record for 4 residents (Resident #8, #12, #16, and #28) of 5 residents reviewed for immunizations.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Influenza Vaccine Policy for Residents, dated 9/24/2024, revealed . Medical contraindication refers to a condition or risk that precludes the administration of a treatment or intervention because of the substantial probability that harm to the individual may occur .Procedure .The resident is assessed for possible contraindications .assessment findings .are documented in the resident's medical record .</p> <p>Review of the medical record revealed Resident #8 was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease, Diabetes, and Dementia.</p> <p>Review of the medical record revealed Resident #8 consented to the administration of the Influenza vaccine on 10/8/2024 and received the vaccine on 10/18/2024. The medical record did not contain an assessment for potential contraindications.</p> <p>Review of the medical record revealed Resident #12 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Diabetes, and Functional Quadriplegia.</p> <p>Review of the medical record revealed Resident #12 consented to the administration of the Influenza vaccine on 10/8/2024 and received the vaccine on 10/18/2024. The medical record did not contain an assessment for potential contraindications.</p> <p>Review of the medical record revealed Resident #16 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, and Chronic Kidney Disease.</p> <p>Review of the medical record revealed Resident #16 consented to the administration of the Influenza vaccine on 9/10/2024 and received the vaccine on 10/18/2024. The medical record did not contain an assessment for potential contraindications.</p> <p>Review of the medical record revealed Resident #28 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Dysphagia, Diabetes, and Dementia.</p> <p>Review of the medical record revealed Resident #28 consented to the administration of the Influenza vaccine on 10/8/2024 and received the vaccine on 10/18/2024. The medical record did not contain an assessment for potential contraindications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Crossville		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Justice St Crossville, TN 38555	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/4/2024 at 7:32 AM, the Director of Nursing (DON) stated residents were assessed for contraindications at the time of vaccination administration. Residents were assessed with vital signs and observed for signs and symptoms of acute illness, and the medical record was reviewed for last vaccination date and allergies. The resident was also assessed for past reaction to vaccine, immunization in past 14 days, allergy to eggs, past Guillain-Barre syndrome (a condition in which the immune system attacks the nervous system). The DON confirmed residents were screened for eligibility to receive the vaccine including possible medical contraindications but the assessment was not documented in the medical record. The DON further stated the facility's residents had not had any vaccine administration reactions.</p> <p>During an interview on 12/4/2024 at 10:00 AM, the Infection Preventionist (IP) stated she was responsible for obtaining consent, providing education, and administering vaccinations. The IP stated she checked the residents for eligibility and contraindications of receiving the vaccine at the time of administration. Contraindications to receiving influenza vaccine would include an allergy to anything in the vaccine, previous reaction to the vaccine, any medications that interfere with the vaccine, history of Guillain-Barre syndrome, and allergy to eggs. Residents were also assessed for acute illness including cold symptoms. The IP confirmed the assessment for eligibility and contraindications to the vaccine were not documented in the resident's medical record. The IP confirmed the assessment for possible contraindications to the influenza vaccine was to be documented in the resident's medical record according to the facility's policy. The IP stated no residents had experience any vaccine reactions.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Crossville		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Justice St Crossville, TN 38555	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49568</p> <p>Based on facility contract review, facility policy review, medical record review, and interview, the facility failed to ensure a coordinated plan of care with the hospice provider was available in the medical record for 4 residents (Resident #6, #19, #21, and #44) of 4 residents reviewed for hospice services.</p> <p>The findings include:</p> <p>Review of the facility's hospice contract titled, Hospice Services Agreement, dated 7/19/2021, revealed . Hospice Plan of Care .written care plan .reviewed at intervals by the Interdisciplinary Group .Hospice shall furnish facility with copy of .Plan of Care .</p> <p>Review of the facility's policy titled, Hospice Coordination of Care, for Resident dated 9/6/2024, revealed . provides hospice .resident's written plan of care includes the most recent hospice plan of care .obtain the following information from .hospice .most recent plan of care to each resident .</p> <p>Review of the medical record revealed Resident #6 was admitted to the facility on [DATE] with diagnoses including Parkinson's Disease, Diabetes Mellitus, and Heart Failure.</p> <p>Review of a Physician's Order for Resident #6 dated 6/17/2024, revealed .Hospice Consult to evaluate and treat.</p> <p>Review of the comprehensive care plan dated 6/17/2024, revealed Resident #6 had a .terminal prognosis .</p> <p>Review of the hospice communication binder (located at the nurses' station), revealed the hospice plan of care for Resident #6 revealed .Certification date .6/19/2024 to 9/16/2024 . Continued review revealed no further documentation of a new or revised care plan after 9/16/2024 for the new certification period.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #6 scored a 3 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Further review revealed the resident received hospice services.</p> <p>Review of the medical record revealed Resident #19 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease (COPD), Diabetes Mellitus, and Depression.</p> <p>Review of a Physician's Order for Resident #19 dated 5/4/2023, revealed .Hospice to eval and treat .</p> <p>Review of the comprehensive care plan dated 5/4/2023, revealed Resident #19 had a .terminal prognosis . end stage COPD .currently receiving hospice care .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Crossville		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Justice St Crossville, TN 38555	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the hospice communication binder (located at the nurses' station), revealed the hospice plan of care for Resident #19 revealed .Certification date .10/16/2023 to 12/14/2023 . Continued review revealed no documentation of a new or revised care plan after 12/14/2023.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #19 scored a 5 on the BIMS assessment which indicated the resident had severe cognitive impairment. Further review revealed the resident had received hospice services.</p> <p>Review of the medical record revealed Resident #21 was admitted to the facility on [DATE] with diagnoses including Respiratory Failure, Heart Failure, and Dementia.</p> <p>Review of a Physician's Order for Resident #21 dated 6/16/2023, revealed .Hospice services to eval and treat.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #21 scored a 4 on the BIMS assessment which indicated the resident had severe cognitive impairment. Further review revealed the resident had received hospice services.</p> <p>Review of a comprehensive care plan dated 10/9/2024, revealed Resident #21 had a .terminal prognosis . Hospice (initiated) 6/16/2023 .</p> <p>Review of the hospice communication binder (located at the nurses' station), revealed the hospice plan of care for Resident #21 revealed .Certification date .6/16/2023 to 9/12/2023 . Continued review revealed no documentation of a new or revised care plan after 9/12/2023.</p> <p>Review of the medical record revealed Resident #44 was admitted to the facility on [DATE] with diagnoses including Parkinson's Disease, Depression, and Dementia.</p> <p>Review of a Physician's Order for Resident #44 dated 7/5/2023, revealed .Hospice to eval and treat .</p> <p>Review of the comprehensive care plan dated 7/5/2023, revealed Resident #44 had a .terminal prognosis .</p> <p>Review of the hospice communication binder (located at the nurses' station), revealed the hospice plan of care for Resident #44 revealed .Certification Date .7/5/2023 to 10/2/2023 . Continued review revealed no documentation of a new or revised care plan after 10/2/2023.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #44 scored a 99 on the BIMS assessment which indicated the resident had severe cognitive impairment. Further review revealed the resident received hospice services.</p> <p>During an interview on 12/4/2024 at 10:30 AM, the Social Services Director (SSD) stated she was the hospice coordinator for the facility. The SSD stated there were hospice plan of care binders located at each nurse station for each resident that received hospice services. The SSD confirmed the hospice plan of care had not been updated for Residents #6, #19, #21, and #44.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Crossville		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Justice St Crossville, TN 38555	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 12/4/2024 at 2:24 PM, the Administrator confirmed Resident #6, #19, #21, and #44 hospice plan of care had not been updated in the medical record or in the communication binders located at the nurses' station.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Crossville		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Justice St Crossville, TN 38555	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41782</p> <p>Based on facility policy review, observation, and interview, the facility failed to offer hand hygiene assistance to residents prior to meals for 3 residents (Residents #8, #23, and #16) of 3 residents observed on 2 of 4 hallways observed for meal tray distribution.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Infection Prevention and Control Program (IPCP) and Plan, revised on 6/13/2024, revealed .The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections .residents should be advised of the IPCP's standards, policies and procedures regarding hand hygiene before eating .</p> <p>Review of the facility's policy titled, Feeding a Resident, reviewed on 9/10/2024, revealed .The facility will ensure that .A resident who is unable to carry out activities of daily living receives the necessary services . Assist resident with .hand hygiene prior to meals .</p> <p>Review of the medical record revealed Resident #8 was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease, Type 2 Diabetes Mellitus, Dementia, Muscle Weakness, and Arthritis.</p> <p>Review of an annual 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. Resident #8 required setup or clean-up assistance for eating and was dependent on staff for personal hygiene.</p> <p>Review of the comprehensive care plan for Resident #8 dated 10/17/2024, revealed .ADL [activities of daily living] self-care performance deficit r/t [related to] impaired mobility and dementia .EATING: The resident requires set-up/clean-up assistance .requires substantial/max assistance with personal hygiene .</p> <p>During an observation on 12/2/2024 at 12:16 PM, Licensed Practical Nurse (LPN) B delivered the lunch meal tray to Resident #8. LPN B set up the meal for the resident and exited the room without offering hand hygiene assistance to the resident.</p> <p>During an interview on 12/2/2024 at 12:18 PM, LPN B confirmed she had not offered hand hygiene assistance to the resident.</p> <p>Review of the medical record revealed Resident #23 was admitted to the facility on [DATE] with diagnoses including Multiple Fractures of Left Side Ribs, Displaced Fracture of Seventh Cervical Vertebra, Fracture of Left Pubis, Muscle Weakness, Adult Failure to Thrive, and Altered Mental Status.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #23 scored a 00 on the BIMS assessment which indicated the resident was severely cognitively impaired. Resident #23 was dependent on staff for eating and personal hygiene.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Crossville		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Justice St Crossville, TN 38555	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the comprehensive care plan dated 11/5/2024 for Resident #23 revealed .ADL self-care performance deficit r/t Activity Intolerance. Numerous compression fractures .EATING .requires set-up/clean-up assistance. Feeding assistance at times .PERSONAL HYGIENE .dependent on staff for personal hygiene .</p> <p>During an observation on 12/2/2024 at 12:22 PM, LPN C delivered the lunch meal tray to Resident #23. LPN C pulled the resident up in bed and set up the lunch tray and exited the room without offering hand hygiene assistance to the resident.</p> <p>During an interview on 12/2/2024 at 12:24 PM, LPN C confirmed she had not offered hand hygiene to Resident #23. LPN C confirmed hand hygiene assistance was to be offered to residents with either hand sanitizer or a wet washcloth prior to the meal.</p> <p>Review of the medical record revealed Resident #16 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Depression, History of Falling, Muscle Spasm, and Muscle Weakness.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #16 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Resident #16 required setup or clean-up assistance for eating and was dependent on staff for personal hygiene.</p> <p>Review of the comprehensive care plan for Resident #16 dated 10/8/2024, revealed .ADL self-care performance deficit r/t Activity Intolerance .PERSONAL HYGIENE .dependent on staff .</p> <p>During an observation on 12/2/2024 at 12:30 PM, Certified Nursing Assistant (CNA) D delivered the lunch meal to Resident #16. CNA D assisted the resident to set up the lunch tray and exited the room without offering hand hygiene assistance to the resident.</p> <p>During an interview on 12/2/2024 at 12:32 PM, CNA D stated .sometimes I get a rag and wash them [resident's hands] before they eat . The CNA confirmed she had not offered hand hygiene assistance to Resident #16 prior to the lunch meal.</p> <p>During an interview on 12/2/2024 at 12:48 PM, the Director of Nursing (DON) confirmed staff were to offer hand hygiene assistance to all residents prior to meals.</p>		