STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445167	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Crossville	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Resident Assessment Instrument (RAI) 3.0 User's Manual, medical record reviews, and interviews, the facility failed to accurately assess residents on the Minimum Data Set (MDS) assessment for a Level II Pre-admission Screening and Resident Review (PASARR) with a serious mental illness for 2 residents (Residents #39 and #47) of 18 residents reviewed. The findings include:Review of the RAI 3.0 User's Manual, dated 10/2025, revealed .PASRR [PASARR] Level II screening determined that the resident has a serious mental illness .Review of the medical record revealed Resident #39 was admitted to the facility on [DATE] with diagnoses including Major Depressive Disorder, Psychotic Disorder with Delusions, Hallucinations, and Anxiety Disorder. Further review revealed the diagnosis of Dementia was added 11/12/2024.Review of an PASARR dated 11/10/2022, revealed Resident #39 required a Level II evaluation, which was completed on 11/16/2022, and determined the resident had a serious mental illness.Review of the comprehensive care plan for Resident #39 dated 5/9/2024, revealed .PASRR [PASARR] conditions psychiatric diagnoses . Review of a PASARR for Resident #39 dated 12/10/2024, revealed the PASARR was updated with a diagnosis of Dementia, and the prior PASARR determination for Level II services remained in effect with no status change. Review of an annual MDS assessment dated [DATE], revealed Resident #39 had a diagnosis of a serious mental illness and level II PASARR had been submitted to the state designated authority. Continued review revealed the MDS was coded inaccurately regarding a Level II PASARR. Review of a quarterly MDS assessment dated [DATE], revealed Resident #39 scored a 5 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Review of the medical record revealed Resident #47 was admitted to the facility on [DATE] with diagnoses including Schizophrenia, Bipolar Disorder, and Depression. Further review revealed the diagnoses of Anxiety, Insomnia, and Sleep Terrors/Night Terrors were added 11/8/2023.Review of the comprehensive care plan for Resident #47 dated 5/4/2023, revealed .PASRR [PASARR] conditions: Bipolar . Review of an updated PASARR dated 11/6/2023, revealed Resident #47 required a Level II evaluation, which was completed on 11/21/2023, and determined the resident met the criteria for a serious mental illness.Review of a PASARR for Resident #47 dated 12/10/2024, revealed the PASARR was updated with a diagnoses and/or medications, and the prior PASARR determination for Level II services remained in effect with no status change. Review of an annual MDS assessment dated [DATE], revealed Resident #47 had a diagnosis of a serious mental illness and level II PASARR had been submitted to the state designated authority. Continued review revealed the MDS was coded inaccurately regarding a Level II PASARR. Review of a quarterly MDS assessment dated [DATE], revealed Resident #47 scored an 8 on the BIMS assessment which indicated the resident had severe cognitive impairment.During an interview on 3/18/2026 at 9:30 AM, the Registered Nurse (RN) MDS Coordinator confirmed Resident #39's annual MDS assessment dated [DATE], and Resident #47's annual MDS assessment dated [DATE] were not coded accurately for being considered by the state level II PASARR process to have a serious mental illness.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, interviews, and observations, the facility failed to obtain a Physician's Order prior to implementing a continuous blood glucose monitoring device and failed to incorporate the continuous blood glucose monitoring device on the comprehensive care plan for 1 resident (Resident #17) of 3 residents reviewed for insulin use.The findings include:Review of the facility policy titled, Glucose monitoring, continuous, dated 5/19/2025, revealed .A real-time continuous glucose monitor consists of three components: a sensor, a small wire catheter or needle that's inserted in the arm .and a handheld receiver .that displays the glucose data .calibrate the transmitter or reader if specified by the device manufacturer .Implementation .Verify the practitioner's order .replace the sensor at an interval established by the device manufacturer .document the procedure .includes results of glucose monitoring, assessment of the patients ability to perform glucose monitoring, manual dexterity .Review of the medical record revealed Resident #17 was admitted to the facility on [DATE] with diagnoses including Diabetes Mellitus, History of Falling, and Depression. Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #17 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed the resident had a diagnosis of Diabetes. Review of the comprehensive care plan for Resident #17 dated 1/7/2026, revealed .Diabetes Mellitus .blood sugar checks as ordered .Medication as ordered .observe and report PRN [as needed] any s/s [signs and symptoms] of hyperglycemia [elevated blood glucose] observe and report PRN any s/s of hypoglycemia [low blood glucose] . Review of the Medication Administration Record (MAR) for Resident #17 dated 3/1/2026 - 3/31/2026, revealed .Insulin Degludec [an injectable medication used to treat high glucose levels] Inject 15 units subcutaneously at bedtime for diabetes .Dapagliflozin Propanediol [a medication used to treat high glucose levels] Give 10 mg [milligrams] by mouth one time a day related to Type 2 Diabetes .Blood sugar [level] two times a day related to .Diabetes .notify provider if less than 60 or greater than 400 .During an interview and observation on 3/16/2026 at 11:20 AM, Resident #17 stated she was diabetic and monitors her own blood glucose using a device secured to the back of her left arm and reports evening glucose levels from the handheld receiver to the nurse. Resident #17 stated she [Resident #17] orders the device and has a new one placed to the backside of her arm every 10 days by the night nurse because she [Resident #17] cannot reach the area and [Resident #17] patted her arm at the location of placement. The site was not visible to this surveyor. During an observation and interview on 3/17/2026 at 3:41 PM, in Resident #17's room with the Director of Nursing (DON), Resident #17 showed surveyor and DON the glucose monitoring device secured to the backside of her left upper arm and stated she [Resident #17] orders the device and the device is brought into the facility by family from home. Resident #17 stated the night nurse secures the device to her arm every 10 days. During an interview on 3/17/2026 at 3:47 PM, the DON stated she was unaware Resident #17 was monitoring her glucose levels herself using a continuous blood glucose monitoring device and reporting it to the [night] nurse. During an interview on 3/17/2026 at 4:35 PM, the DON confirmed Resident #17's care plan did not contain use of the continuous blood glucose monitoring device and Resident #17 did not have a Physician's Order for the continuous blood glucose monitoring device, and confirmed the facility was not aware Resident #17 was using the device until it was pointed out by the surveyor during record review.

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, meal tray ticket review, observations, and interviews, the facility failed to ensure a resident received adaptive devices while eating as ordered by the physician for 1 resident (Resident #10) of 3 residents reviewed for adaptive devices.The findings include:Review of the facility's policy titled, Assistive Devices - Special Eating Equipment, dated 12/16/2021, revealed .The facility must provide appropriate assistive devices to residents who need them to maintain or improve their ability to eat or drink independently .when special equipment is recommended, the Interdisciplinary Care Plan, [meal] tray card and resident diet profile are updated .Review of the medical record revealed Resident #10 was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease, Dysphagia, Osteoarthritis, and Adult Failure to Thrive.Review of an Occupational Therapist's progress note dated 10/30/2024, revealed .ordered for dycem [non-skid mat] and plate guard [device around plate that is raised and allows food to be scooped against it to decrease risk of food spillage off the plate] are in place. Nursing is aware .Review of the comprehensive care plan for Resident #10 revealed an intervention dated 12/13/2024, .adaptive equipment per order as tolerated . The specific types of adaptive devices ordered were not documented on the care plan.Review of a Physician's Order for Resident #10 dated 6/27/2025, revealed .Adaptive Device: Dycem under tray, plate guard .Review of a quarterly Minimum Data Set (MDS) assessment for Resident #10 dated 9/26/2025, revealed the resident has short-term and long-term memory deficits, and was severely impaired in cognitive skills for daily decision making. Further review revealed Resident #10 required set-up/clean-up assistance for eating. Review of a quarterly MDS assessment for Resident #10 dated 12/23/2025, revealed the resident has short-term and long-term memory deficits, and was severely impaired in cognitive skills for daily decision making. Further review revealed Resident #10 required set-up/clean-up assistance for eating.During an observation on 3/17/2026 at 12:20 PM lunch meal and 3/18/2026 at 8:10 AM breakfast meal, revealed Resident #10 sitting at a table in the dining room being fed by a staff member, and did not have a dycem mat under the tray or a plate guard. During an observation and interview on 3/18/2026 at 12:25 PM lunch meal, the Director of Nursing (DON) confirmed Resident #10 was in the dining room with the lunch tray on the table in front of her [Resident #10] and did not have a dycem mat under the tray or a plate guard. During an interview on 3/18/2026 at 12:30 PM, the DON confirmed Resident #10 had a Physician's Order for the dining adaptive devices of a dycem mat under the tray and a plate guard, and confirmed the adaptive devices were not listed on the kitchen's meal tray card and the specific type of adaptive devices ordered were not on the comprehensive care plan.