STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49786 Based on facility policy review, medical record review, and interview, the facility failed to refer 1 resident (Resident #36) identified with possible serious mental disorders to the state-designated authority for a Level II Pre-Admission Screening and Resident Review (PASRR) evaluation of 14 residents reviewed for PASRR. The findings include: Review of the facility's policy titled, PASRR Program Policy, revised 5/2024, revealed .Any resident who exhibits .evident or possible serious mental health disorder .will be referred promptly to the state mental health or intellectual disability authority for a level 2 resident review . Review of a Pre-Admission PASRR screening dated 3/18/2022, revealed Resident #36 had no mental health disorder. Medical record review revealed Resident #36 was admitted to the facility on [DATE] with diagnoses including Major Depression, Delusional Disorder, Restlessness, and Agitation. During an interview on 5/22/2024 at 10:10 AM, the Social Service Director confirmed Resident #36 was not referred to the state-designated authority for a Level II PASRR screening after a new mental health diagnosis.

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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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49568 Based on facility policy review, medical record review, and interview, the facility failed to revise the comprehensive care plan to include hospice services for 1 resident (Resident #28) and code status for 1 resident (Resident #31) of 21 residents reviewed for care plans. The findings include: Review of the facility's policy titled, Care Plan Revisions Upon Status Change, revised 5/2024, revealed .The comprehensive care plan will be .revised as necessary .when a resident experiences a status change .care plan will be updated with new or modified interventions . Medical record review revealed Resident #28 was admitted to the facility on [DATE] with diagnoses including Congestive Heart Failure, Chronic Obstructive Pulmonary Disease (COPD), and Diabetes Mellitus. Review of the Physician's Orders for Resident #28 dated 4/20/2024, revealed admit to hospice services. Review of a significant change Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #28 scored a 13 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact and received hospice care. Review of a comprehensive care plan dated 4/20/2024, revealed Resident #28's code status was Do Not Resuscitate (DNR). The comprehensive care plan had not included hospice services for Resident #28. During an interview on 5/21/2024 at 4:05 PM, the Assistant Director of Nursing (ADON) confirmed Resident #28's care plan was not revised to include hospice services. 49786 Medical record review revealed Resident #31 was admitted to the facility on [DATE] with diagnoses including End Stage Renal Disease, COPD, Type 2 Diabetes, and Major Depression. Review of a quarterly MDS assessment dated [DATE], revealed Resident #31 scored a 13 on the BIMS assessment which indicated the resident was cognitively intact. Review of a comprehensive care plan dated 9/14/2023, revealed Resident #31 .has a full code status . Review of the POLST (Physician Orders for Scope of Treatment) form for resident #31 dated 12/11/2023, revealed Resident #31 had a DNR status. Review of the Physician's Orders for Resident #31 dated 1/19/2024, revealed .DNR . (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/22/2024 at 10:20AM, the Director of Nursing confirmed Resident #31's comprehensive care plan was not revised to reflect the residents DNR status.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50480 Based on facility policy review, medical record review, observation, and interview, the facility failed to properly secure medications for 1 resident (Resident #25) of 8 residents screened for accidents and hazards. The findings include: Review of the facility's policy titled, Medication Administration, revised 5/2024, revealed .Medications are administered by licensed nurses .Administer medication as ordered in accordance with manufacturer specifications .observe resident consumption of medication . Medical record review revealed Resident #25 was admitted to the facility on [DATE] with diagnoses including Need for Assistance with Personal Care, Spinal Stenosis, and Dementia. Review of the Physician's Orders for Resident #25 dated 7/14/2023, revealed .Miralax [laxative] 17 GM [Grams] .Give 1 packet by mouth one time a day for Constipation .mix with 4-6 ounces [oz] of fluid . Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #25 scored a 12 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. During an observation on 5/20/2024 at 11:00 AM, in Resident #25's room, revealed the resident was not in the room, and an 8 oz cup containing a disposable spoon, no water, and approximately 1 oz of an unidentified white powder was observed on Resident #25's bedside table. During an observation on 5/20/2024 at 1:00 PM, in Resident #25's room, revealed the resident was not in the room, and an 8 oz cup containing a disposable spoon, no water, and approximately 1 oz of an unidentified white powder was observed on Resident #25's bedside table. During an observation and interview on 5/20/2024 at 3:00 PM, in Resident #25's room with Licensed Practical Nurse (LPN) C, revealed the resident was not in the room, and an 8 oz cup containing a disposable spoon, no water, and approximately 1 oz of an unidentified white powder was observed on Resident #25's bedside table. LPN C stated the resident had a Physician's Order for Miralax and confirmed the unidentified white powder in the 8 oz cup left at the bedside unsecured was Miralax. During an interview on 5/20/2024 at 3:05 PM, Resident #25 stated the white powder in the cup at her bedside was Miralax, the resident also stated she did not take the medication this morning, .I will take it later today . Review of the medication administration record for Resident #25 dated 5/20/2024, revealed the resident was administered Miralax 17 GM. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/22/2024 at 11:11 AM, the Director of Nursing stated Resident #25 had not been assessed for self-administration of medication, and confirmed medications were left unsecured at the bedside.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 48100 Based on facility policy review, observations, and interview, the facility failed to ensure food items were sealed properly and failed to ensure the kitchen cooking equipment was maintained in a sanitary condition which had the potential to affect 48 of 49 residents. The findings include: Review of the facility's undated policy titled, Food Storage, revealed .all open products .will be sealed .rolled closed .lid closed .to ensure quality and prevent contamination against pests or rodents . Observation of the food preparation area on 5/20/2024 at 10:45 AM, with the Certified Dietary Manager (CDM) revealed the following: 15-ounce (oz) bottle of ground cinnamon was not sealed 14-oz bottle of cayenne pepper was not sealed 32-oz bag of brown sugar (1/4 full) was not sealed Toaster oven had crusty, brown food debris present to the delivery chute with dried, brownish-black residue present to 3 temperature dials Observation of the cooking area on 5/20/2024 at 10:50 AM, with the CDM revealed a thick, brownish-yellow residue to the front panel of the deep fryer. During an interview on 5/20/2024 at 11:25 AM, the CDM confirmed the dried food items (brown sugar, cinnamon, and cayenne pepper) were not sealed appropriately and the kitchen equipment (toaster and deep fryer) had not been maintained in a sanitary condition.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. 48100 Based on facility policy review, observation, and interview, the facility failed to ensure garbage and refuse were properly contained in 1 of 2 dumpsters (dumpster B). The findings include: Review of the facility's policy titled, Disposal of Garbage and Refuse, dated 5/1/2024, revealed .garbage should not accumulate or be left outside the dumpster . Observation of the outside dumpster area on 5/20/2024 at 11:15 AM, with the Certified Dietary Manager (CDM), revealed 2 dumpsters for waste disposal. Further observation revealed the area around the dumpster B had 1 trash bag of unknown contents (3/4 full), 4 used disposable gloves, and multiple pieces of paper debris (various sizes) present on the ground. During an interview on 5/20/2024 at 11:26 AM, the CDM confirmed the dumpster area had not been maintained in a sanitary condition.

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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** 38810 Based on facility policy review, observation, and interviews the facility failed to ensure practices to prevent the potential spread of infection were followed while delivering meal trays to residents on 1 hallway of 3 hallways observed. The findings include: Review of facility policy titled, Hand Hygiene, revised 5/2024, revealed .All staff will perform proper hand hygiene procedures to prevent the spread of infection to .residents .Alcohol-based hand rub .is the preferred method for cleaning hands in most clinical situations. Wash hands with soap and water whenever they are visibly dirty .The use of gloves does not replace hand hygiene .perform hand hygiene prior to donning [applying] gloves, and immediately after removing gloves . During an observation on 5/20/2024 at 1:38 PM, Certified Nursing Assistant (CNA) A entered room [ROOM NUMBER] A with gloved hands, served/set up the meal tray, removed the gloves, and exited the room without washing or sanitizing the hands. CNA A rolled the meal cart down the hallway, stopped to donn a new pair of gloves, continued to roll the meal cart down the hallway, retrieved a tray from the cart, entered room [ROOM NUMBER] B, served/set up the meal tray, removed the gloves, and exited the room without washing or sanitizing the hands. Further observation revealed CNA A entered room [ROOM NUMBER] A, retrieved a helmet, and placed the helmet on the resident's head. CNA A donned a pair of gloves without washing or sanitizing the hands, returned to the meal cart, retrieved a tray, entered room [ROOM NUMBER] B, served/set up the meal tray, removed the gloves, and exited the room without washing or sanitizing the hands. During an observation on 5/20/2024 at 1:45 PM, CNA B entered room [ROOM NUMBER] A with gloved hands, served/set up the meal tray, exited the room with the gloved hands, and retrieved a towel from the clean linen cart. CNA B re-entered room [ROOM NUMBER] A with the same gloved hands, cut the residents meat using silverware, exited the room, the gloves were not removed, and the hands were not washed or sanitized. Continued observation revealed CNA B retrieved a meal tray from the meal cart, entered room [ROOM NUMBER] B, served/set up the meal tray, removed the gloves, and sanitized the hands. During an interview on 5/20/2024 at 1:46 PM, CNA A confirmed she failed to wash or sanitize the hands during meal service. During an interview on 5/20/2024 at 1:47 PM, CNA B confirmed she failed to wash or sanitize the hands during meal service. During an interview on 5/22/2024 at 11:05 AM, the Director of Nursing confirmed the facility failed to ensure practices to prevent the potential spread of infection were followed while delivering meal trays on 5/20/2024.