

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445205	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Chattanooga Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to provide 2 of 3 residents (Resident #30, and Resident #38) an NOMNC (a notice of non-coverage) after therapy services were discontinued, the resident remained in the facility for long-term care services, or was discharged from the facility. The facility's failure resulted in residents not being informed of the cost of therapy services if continued therapy services were desired which did not allow the residents to have an informed choice. The findings include: Review of the facility policy titled, Advance Beneficiary Notices/ NOMNC, dated 9/01/2021, revealed .A notice of Medicare Non-Coverage (NMNC) .shall be issued to the resident/representative when Medicare covered services are ending, no matter if the resident is leaving the facility or remaining in the facility. This informs the resident how to request an appeal .Medical record review revealed Resident #30 was admitted to the facility on [DATE] with diagnoses including Atherosclerosis of Aorta, Anemia, Cardiomegaly, and Muscle Weakness. Review of facility documentation revealed Resident #30 last covered Part A skilled services day was 6/18/2025. Continued review revealed no documentation a NOMNC was provided to Resident #30 which did not allow the resident/resident representative to make an informed decision or file an appeal. Medical record review revealed Resident #38 was admitted to the facility on [DATE] with diagnoses including Muscle Weakness, History of Falling, Age related Physical Debility, and Hypertension. Review of facility documentation revealed Resident #38 last covered Part A skilled services day was 5/22/2025. Continued review revealed no documentation a NOMNC was provided to Resident #3 which did not allow the resident/resident representative to make an informed decision or file an appeal. During an interview on 8/6/2025 at 11:10 Am, the [NAME] President of Clinical Reimbursement confirmed Resident #30 and Resident #38 were not given notices explaining their informed choice prior to discharge from skilled Services.</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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview the facility failed to ensure the Physician reviewed and acted upon irregularities identified by the Consultant Pharmacist for 1 resident (Resident #4) of 5 residents reviewed for unnecessary medications. The finding include: Review of the facility policy titled, Medication Regimen Review and Reporting, revised 9/2018 revealed .In accordance with state regulations, the consultant pharmacist .works with the nursing care center staff .findings are communicated to the director of nursing or designee and the medical director .these findings are documented and filed with other consultant pharmacist recommendations .recommendations and findings are documented and acted upon by the nursing care center and/ or physician . Medical record review revealed Resident #4 was admitted to the facility on [DATE] with diagnoses including Heart Disease, Schizoaffective Disorder, Chronic Kidney Disease, and Delusional Disorders. Review of a Consultant Report for Resident #4 dated 12/2024 revealed . hydroxyzine [mediation to treat anxiety] 25 mg [milligrams] QHS [every night at bedtime] .consider trial decrease to 10 mg QHS . Continued review revealed the Physician had not signed or documented a response to the Consultant Pharmacist Recommendation. Review of a Consultant Report for Resident #4 dated 1/2025 revealed .clonazepam [medication to treat anxiety] 0.5 mg BID [twice a day] .consider trial decrease to 0.5 mg Q day [everyday] . Continued review revealed the Physician had not signed or documented a response to the Consultant Pharmacist Recommendation. Review of a Consultant Report for Resident #4 dated 6/2025 revealed .hydroxyzine 25 mg QHS .consider trial decrease to 10 mg QHS . Continued review revealed the Physician had not signed or documented a response to the Consultant Pharmacist Recommendation. Review of a Consultant Report for Resident #4 dated 7/2025 revealed . clonazepam 0.5 mg BID .consider trial decrease to 0.5 mg Q day . Continued review revealed the Physician had not signed or documented a response to the Consultant Pharmacist Recommendation. During an interview on 8/6/2025 at 9:42 AM, the Director of Nursing (DON) confirmed the Physician was in the facility at least monthly to review reports. The DON confirmed the Consultant Pharmacist recommendations were not acted upon by the physician.</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** Based on observation and interview the facility failed to ensure expired intravenous supplies were discarded and not available for resident use in 1 of 2 medication storage rooms observed for medication storage. The findings include: During an observation in the 100-hall medication storage room on [DATE] at 3:01 PM, with the Director of Nursing (DON), revealed the following concerns: (nine) 20-gauge intravenous (IV) catheters with an expiration date of [DATE], (one) 22-gauge IV catheter with an expiration date of [DATE], and (one) 25-gauge needle with an expiration date of [DATE]. During an interview on [DATE] at 3:10 PM, the DON stated the IV supplies stored in the medication room were available for immediate resident use, was expired, and should be discarded.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on facility policy review, observations, and interviews, the facility failed to ensure the kitchen equipment was maintained in a sanitary working condition. The findings include:Review of the facility's Nutritional Services policy titled, Sanitation Inspection, dated 9/1/2021, revealed .All food service areas shall be kept clean, sanitary .The department shall establish a sanitation program for food services .Sanitation inspections will be conducted .The dietary manager shall develop and provide food service personnel with standard operating procedures .During an observation and interview of the kitchen during the initial tour on 8/4/2025 at 10:50 AM, with the Lead [NAME] (LC) revealed on inspection of the cook-top stove / oven, the splash plate behind the stove top eyes was noted to have smeared, dried, dark brown food debris present. The doors of the unit had dried, multi-colored food debris on the top of both oven doors. The 3/4 inch gap at the bottom face plate of the unit was harboring diced potato pieces in different degrees of color from tan to charred black. Further observation revealed an electrical box located to the left of the cook-top stove appeared to be covered with a sticky tan substance with granular food debris present.During an interview on 8/4/2025 at 11:53 AM, the LC stated the kitchen equipment was cleaned (deep) weekly, the LC confirmed the cook-top oven was in need of a thorough cleaning. During an interview on 8/4/2025 at 11:53 AM, the Assistant Director of Nursing (ADON) confirmed the cook-top oven was in need of cleaning.During an interview on 8/6/2025 at 11:00 AM, the Dietary Manager (DM) stated he was aware of the observations of the cook top stove. The DM confirmed the cook-top stove after the initial tour of the kitchen on 8/4/2025 was not in a clean condition and was in need of cleaning. The DM could not produce a cleaning schedule when asked, he stated the facility did not have the documentation.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on facility policy review, observations, and interviews, the facility failed to ensure the dumpster area and refuse contents were maintained in a clean and sanitary order. The findings include: Review of the facility's Nutritional Services policy titled, Sanitation Inspection, dated 9/1/2021, revealed .All food service areas shall be kept clean, sanitary, free from litter, rubbish and protected from rodents, roaches, flies, and other issues .The department shall establish a sanitation program for food services .Sanitation inspections will be conducted .The dietary manager shall develop and provide food service personnel with standard operating procedures .During an observation of the outside dumpster area on 8/4/2025 at 10:53 AM, with the Assistant Director of Nursing (ADON) revealed 2 dumpsters for waste disposal. Observation of the ground surrounding the dumpster area revealed cardboard, multiple plastic bags with unknown content, and multiple cardboard boxes atop the dumpsters. Further observation revealed neither dumpster had a drain plug in place. During an interview on 8/4/2025 at 10:54 AM, the ADON confirmed the dumpster area was not maintained properly.</p>

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<p>F 0908</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>Based on facility policy review, observations, and interviews, the facility failed to ensure kitchen equipment of 1 gas cook top oven was maintained in good working condition. The findings include: Review of the facility's policy titled, Sanitation Inspection, dated 9/1/2021, revealed .All food service areas shall be kept clean, sanitary .The department shall establish a sanitation program for food services .Sanitation inspections will be conducted .The dietary manager shall develop and provide food service personnel with standard operating procedures .During an observation and interview of the kitchen during the initial tour on 8/4/2025 at 10:50 AM, with the Lead [NAME] (LC) revealed on inspection of the cook-top stove / oven, the door on the right side of the unit, upon slight touch would open and drop forcefully. The door was observed to be heavy and had the potential to fall forward and injure kitchen staff while in use. Continued observation revealed the bottom metal face plate, just below the oven doors appeared to have a wrinkle in the metal and was not attached to the frame of the unit. The metal plate not being affixed appropriately created a 3/4 inch gap which retained burnt food pieces and other food residue. When asked the LC confirmed the stove had been in operation in this condition for Months. During an interview on 8/4/2025 at 11:53 AM, the Assistant Director of Nursing (ADON) confirmed the cook-top oven was in need of professional repair. During an interview on 8/6/2025 at 11:00 AM, the Dietary Manager (DM) stated he was aware of the observations of the cook top stove door and bottom face plate. The DM confirmed the cook-top stove after the initial tour of the kitchen on 8/4/2025 was in need of professional repair.</p>