

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/29/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Red Bank		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 Runyan Dr Chattanooga, TN 37405	

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 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48100</p> <p>Based on facility policy review, facility procedure review, medical record review, facility investigation review, and interviews the facility failed to implement the comprehensive care plan for 1 resident (Resident #3) which resulted in actual Harm, of 5 residents reviewed for care plans for accidents.</p> <p>The facility was cited as past non-compliance and the facility is not required to submit a Plan of Correction for F-656.</p> <p>Non-compliance began on 9/26/2022 and ended on 8/28/2023.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Comprehensive Care Plans and Revisions, dated 3/2/2022, showed . Procedure .The facility should monitor the resident over time to help identify changes in the resident condition that may warrant an update to the person-centered plan of care. When these changes occur, the facility should review and update the plan of care to reflect the changes to care delivery .Additional interventions on existing problems .</p> <p>Review of a facility procedure titled, Transfer with a Mechanical Lift [device that holds the patient in a hammock-type sling to lift them completely between surfaces] Long-Term Care, dated 5/20/2022, showed . The facility will ensure that two associates should be present during the transfer of residents who require a mechanical lift .</p> <p>Resident #3 was admitted to the facility on [DATE] with diagnoses including Hemiplegia, Hemiparesis, Lack of Coordination, and Muscle Weakness.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], showed Resident #3 scored 13 on the Brief Interview for Mental Status (BIMS) assessment, which indicated the resident was cognitively intact and required total 2-person assistance with transfers.</p> <p>(continued on next page)</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 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #3's comprehensive care plan revised 8/17/2023, showed the resident was at risk for falls secondary to impaired mobility from left sided weakness due to a Cerebral Vascular Accident (CVA), impaired balance, episodes of incontinence, and required 1-2 staff assistance with transfers. The comprehensive care plan was revised to include the sit to stand lift on 9/17/2022 and Hoyer lift with all transfers on 12/28/2022.</p> <p>Review of a post fall investigation report dated 9/17/2022, showed Resident #3 had transferred himself to the toilet without assistance. Certified Nursing Assistant (CNA) #5 entered his room and attempted to assist the resident from the commode back into the wheelchair. During the transfer from the toilet to the wheelchair the resident's hand slipped off the safety bar and the resident fell forward out of the wheelchair. The resident was assessed for injury with none observed. The facility implemented the intervention of a sit to stand lift for transfers and the care plan was updated.</p> <p>Review of a post fall investigation report dated 9/26/2022, showed Resident #3 sustained a fall when CNA #6 was transferring the resident from the bed to the wheelchair using a slide board (device used to aid as a bridge in between 2 surfaces so a patient can slide across to transfer). During the transfer the slide board slipped out of the wheelchair and CNA #6 lowered the resident to the floor. The comprehensive care plan indicated Resident #3 was to be transferred with a sit to stand mechanical lift, the resident sustained a fracture of the left femur and required surgical intervention which resulted in actual Harm to Resident #3.</p> <p>Review of a post fall investigation dated 12/27/2022, showed Resident #3 was being transferred by CNA #7 from the wheelchair to the bed with the use of a sit to stand lift (2 staff had not assisted the resident according to the facility procedure guide), the resident became weak, and was lowered to the floor. The resident was assessed for injury with none observed, the facility discontinued the use of the sit to stand lift for transfers, and implemented a new intervention to use a mechanical hoier lift for all transfers and the care plan was revised.</p> <p>Review of a transfer injury investigation report dated 5/1/2023, showed Resident #3 was transferred by 2 CNAs, #1 and #8 from the bed to the wheelchair using the sit to stand lift (care planned to use hoier lift only for transfers). The resident complained of pain to his left arm during the transfer. An x-ray was ordered, and the resident received an acute and impacted humeral neck fracture (left upper arm fracture) and was transported to the emergency room for further evaluation. The facility failed to implement the comprehensive Care Plan intervention for use of a hoier lift with all transfers which resulted in actual harm to Resident #3 when the resident sustained a left humeral fracture following transfer with the sit to stand lift.</p> <p>During an interview on 2/27/2022 at 9:00 AM, the Director of Nursing (DON) confirmed CNA #6 should have used a sit to stand mechanical lift for the transfer on 9/26/2022, the CNA failed to follow the care planned intervention and Resident #3 was harmed.</p> <p>During an interview on 2/27/2024 at 9:45 AM, the DON confirmed the facility failed to follow Resident #3's comprehensive care plan related to fall interventions. The failure caused the resident harm from the falls on 9/26/2022 and 5/1/2023.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 2/27/2024 at 6:00 PM, CNA #6 stated on 9/26/2022 she transferred Resident #3 from the bed to the wheelchair using a slide board. During the transfer the slide board slipped out of the wheelchair and CNA #6 lowered the resident to the floor. Continued interview showed CNA #6 always transferred the resident with a slide board. CNA #6 failed to use the sit to stand mechanical lift to transfer Resident #3 and confirmed the care plan had not been followed.</p> <p>Review of an Ad hoc (when necessary or needed/for this situation) Quality Assurance Performance Improvement (QAPI) meeting dated 5/3/2023, showed the facility initiated and conducted a root cause analysis and developed a corrective action plan which was verified by the surveyor on 2/28/2024. The corrective action plan included the following:</p> <ol style="list-style-type: none"> 1. Conduct staff education to ensure all staff are aware Resident #3 was to be hoyer lift transfer only with 2-person assist. The education included how to transfer current residents list (located at the nurse station), and re-education on the location of special instructions for each resident. The education had been completed by 5/31/2023. 2. An Audit of all residents that required the use of a mechanical lift for transfers and verified the information was correct on the individual care plan. The audits had been completed on 5/10/2023. 3. All CNAs were educated on the following: <ul style="list-style-type: none"> A. Limited Lift Program (Safe Patient Handling) policy B. Using a Sit to Stand Lift - Skills Checklist C. Transfer using a Sit to Stand Mechanical Lift-Procedure D. Transfer with a mechanical lift, long-term care-Skills checklist E. Transfer with a mechanical lift, long term care - Procedure <p>All CNA education had been completed on 6/9/2023.</p> <ol style="list-style-type: none"> 4. All licensed nurses Registered Nurse and Licensed Practical Nurse were educated on the following: <ul style="list-style-type: none"> A. Limited Lift Program (Safe Patient Handling) policy B. Using a Sit to Stand Lift - Skills Checklist C. Transfer using a Sit to Stand Mechanical Lift -Procedure D. Transfer with a mechanical lift, long-term care - Skills checklist E. Transfer with a mechanical lift, long term care - Procedure F. Bedside Mobility Assessment Tool - Procedure <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>G. Bedside Mobility Assessment Tool - Checklist</p> <p>All licensed nurse education had been completed on 6/30/2023.</p> <p>5. Clinical observation audits were conducted for residents that required the use of a mechanical lift for transfers to ensure residents are transferred properly, 5 residents per week for 12 weeks. Observations were conducted on 2/29/2024 to ensure proper lift usage was completed.</p> <p>6. Audit of incidents to ensure if a transfer injury occurred, and the correct mechanical lift was utilized if applicable, weekly for 12 weeks. Audits were verified for completion.</p> <p>7. Audit of all new admissions/readmissions to ensure the level of assistance/type of mechanical lift is reflected in the resident's medical record, weekly for 12 weeks. Audits were verified for completion.</p> <p>Review of the QAPI sign-in sheets dated 5/2023, 6/2023, 7/2023, and 8/2023, and interview with the Administrator on 2/28/2024, confirmed the corrective action audits/observations were completed and discussed in the QAPI meetings. The Performance Improvement Plan (PIP) was considered resolved with the date of compliance effective on 8/28/2023.</p> <p>Non-Compliance began on 9/26/2022 and ended on 8/28/2023.</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48100</p> <p>Based on facility policy review, facility procedure review, medical record review, review of facility investigation documentation, and interviews the facility failed to prevent falls with major injury for 1 resident (Resident #3) of 5 residents reviewed for accidents.</p> <p>The facility was cited as past non-compliance and the facility is not required to submit a Plan of Correction for F-689.</p> <p>Non-compliance began on 9/26/2022 and ended on 8/28/2023.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Fall Management, dated 4/7/2022, showed .Accident .Refers to any unexpected or unintentional incident, which results or may result in injury or illness to a resident .Avoidable Accident .an accident occurred because the facility failed to .Evaluate/analyze the hazards and risks and eliminate them, if possible .if not possible .identify and implement measures to reduce the hazards/risks as much as possible .Implement interventions, including adequate supervision and assistive devices, consistent with a resident's needs, goals, care plan .reduce the risk of an accident .Monitor the effectiveness of the interventions and modify the care plan as necessary .</p> <p>Review of a facility procedure titled, Transfer with a Mechanical Lift, Long-Term Care, dated 5/20/2022, showed .The facility will ensure that two associates should be present during the transfer of residents who require a mechanical lift .</p> <p>Resident #3 was admitted to the facility on [DATE] with diagnoses including Hemiplegia, Hemiparesis, Lack of Coordination, and Muscle Weakness.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], showed Resident #3 scored 13 on the Brief Interview of Mental Status (BIMS) assessment, which indicated the resident was cognitively intact and required total, 2-person assistance with transfers.</p> <p>Review of a post fall investigation report dated 9/17/2022, showed Resident #3 had transferred himself to the toilet without assistance. Certified Nursing Assistant (CNA) #5 entered his room and attempted to assist the resident from the commode back into his wheelchair. During the transfer from the toilet to the wheelchair the resident's hand slipped off the safety bar and the resident fell forward out of his wheelchair. The resident was assessed for injury with none observed. The facility implemented the intervention of a sit to stand lift for transfers.</p> <p>Review of Resident #3's comprehensive care plan revised 9/17/2022, showed the resident had left sided weakness due to a Cerebral Vascular Accident (CVA) and impaired balance and a sit to stand lift for transfers was implemented after a fall.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a post fall investigation report dated 9/26/2022, showed Resident #3 sustained a fall when Certified Nursing Assistant (CNA) #6 was transferring the resident from the bed to wheelchair using a slide board (device used to aid as a bridge in between 2 surfaces so a patient can slide across to transfer). During the transfer the slide board slipped out of the wheelchair and CNA #6 lowered the resident to the floor. Resident #3 complained of pain, the Nurse Practitioner was notified and ordered an x-ray of the resident's bilateral hips and pelvis. Resident #3 had sustained a left hip fracture as a result from the fall. Continued review of the medical record and care plan showed the appropriate device for transfers was a sit to stand lift which had been implemented on 9/17/2022.</p> <p>Review of an x-ray report dated 9/26/2022 for Resident #3, showed . acute displaced .fracture of the proximal left femoral diaphysis [long bone in leg] .</p> <p>Review of a hospital summary dated 9/29/2022, showed Resident #3 underwent a surgical procedure on 9/27/2022 to repair the fracture of the left femur.</p> <p>Review of a Physical Therapy (PT) Evaluation dated 9/30/2022 showed Resident #3 was assessed for transfers and continued the use of the sit to stand lift for transfers.</p> <p>Review of a post fall investigation dated 12/27/2022, showed Resident #3 was being transferred by CNA #7 from the wheelchair to the bed with the use of a sit to stand lift, the resident became weak, and was lowered to the floor. The resident was assessed for injury with none observed and the facility discontinued the use of a sit to stand lift for transfers and implemented the use of mechanical Hoyer lift for all transfers. CNA #7 failed to have assistance of a 2nd staff member transfer of the resident using the sit to stand lift per facility procedure.</p> <p>Review of Resident #3's comprehensive care plan revised 12/28/2022, showed the resident was at risk for falls secondary to impaired mobility from left sided weakness due to a Cerebral Vascular Accident (CVA), impaired balance, episodes of incontinence, and required 1-2 staff assistance with transfers. The comprehensive care plan was revised to include and Hoyer lift with all transfers.</p> <p>Review of a post fall investigation report dated 2/21/2023, showed CNA #2 and Licensed Practical Nurse (LPN) #2 attempted to transfer Resident #3 from his wheelchair to bed using the sit to stand lift. The resident became weak on his left side and was lowered to the floor with no injury. The floor staff were re-educated the resident should be transferred with a mechanical Hoyer lift and the only time he should use the sit to stand lift was during training with restorative nursing staff. Continued review of the medical record and care plan showed the Hoyer lift was the appropriate device to be used during the transfers which had been implemented on 12/28/2022.</p> <p>Review of a transfer injury investigation report dated 5/1/2023, showed Resident #3 was transferred by 2 CNAs from the bed to his wheelchair using the sit to stand lift. The resident complained of pain to his left arm during the transfer. The CNA's reported resident's complaint of pain to LPN #1. The LPN assessed the resident, and he reported his left arm just hurt a little. The resident remained in his wheelchair throughout the day with no reported increased pain. During transfer from the wheelchair back to the bed the resident complained of left arm pain, the NP was notified, and an x-ray of his left shoulder and chest was obtained. Continued review of the medical record and care plan showed the Hoyer lift was the appropriate device to be used during the transfers which had been implemented on 12/28/2022.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of an X-Ray report dated 5/2/2023, showed Resident #3 had an .acute and impacted humeral neck fracture [left upper arm fracture] . The NP was notified, and the resident was sent to the Emergency Department for evaluation and treatment.</p> <p>Review of Emergency Department documentation dated 5/2/2023, showed .patient [Resident #3] was placed in a shoulder immobilizer and discharged back to the nursing facility with instructions to follow-up with orthopedics with the next week .Patient is stable and in no acute distress .</p> <p>Review of an orthopedic follow-up visit documentation dated 5/12/2023, showed Resident #3 should remain non-weight bearing to left upper extremity, continue with the shoulder immobilizer, and return for a follow-up visit in approximately 3 weeks.</p> <p>During an interview on 2/27/2024 at 9:00 AM, the Director of Nursing (DON) confirmed Resident #3 suffered a left arm fracture during a transfer on 5/1/2023. The facility had failed to use the Hoyer lift which had been implemented and used a sit to stand lift during the transfer which resulted in an injury.</p> <p>During a telephone interview on 2/27/2024 at 9:00 AM, the DON confirmed CNA #6 failed to use the sit to stand lift during a transfer on 9/26/2022. The DON also confirmed Resident #3 sustained a fracture of the left femur, required surgical intervention, and the resident was harmed due to the inappropriate transfer. The facility had failed to use a sit to stand lift which had been implemented and used a slide board during the transfer which resulted in an injury.</p> <p>During an interview on 2/27/2024 at 12:37 PM, the Restorative Certified Nursing Assistant (R-CNA) stated Resident #3 had been resistant to care and mechanical lift usage. R-CNA stated the resident would demand the staff to use the sit to stand lift (device that helps lift a patient into a supported, standing position to move them freely between seated surfaces) instead of the hoyer lift (device that holds the patient in a hammock-type sling to lift them completely between surfaces) and would often refuse to transfer if the sit to stand lift was not used. R-CNA stated she would notify the nurse assigned to his care when he refused usage of the lift.</p> <p>During an interview on 2/27/2024 at 12:48 PM, CNA #2 stated Resident #3 had been resistant to care and lift usage at times. She stated she notified the nurse assigned the residents care when he refused. She also stated during one of the falls [could not recall date] the resident refused to use to the hoyer lift to go to bed and stated the sit to stand lift was used.</p> <p>During an interview on 2/27/2024 at 2:13 PM, Registered Nurse (RN) #1 stated Resident #3 was resistant to transfers which included hoyer lift usage.</p> <p>During an interview on 2/27/2024 at 2:31 PM, Licensed Practical Nurse (LPN) #1 stated multiple CNAs had reported Resident #3 had refused hoyer lift transfers and had been resistant to care.</p> <p>During a telephone interview on 2/27/2024 at 6:00 PM, CNA #6 stated on 9/26/2022 she transferred Resident #3 from the bed to wheelchair using a slide board. During the transfer the slide board slipped out of the wheelchair and CNA #6 lowered the resident to the floor. Continued interview showed CNA #6 always transferred the resident with a slide board. CNA #6 failed to use the sit to stand lift to transfer Resident #3 as indicated on the care plan.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/28/2024 at 11:10 AM, the DON confirmed CNA #7 failed to follow the facility procedure of having 2 staff members present during the use of a sit to stand lift during the 12/27/2022 fall.</p> <p>Review of an Ad hoc (when necessary or needed/for this situation) Quality Assurance Performance Improvement (QAPI) meeting dated 5/3/2023, showed the facility initiated and conducted a root cause analysis and developed a corrective action plan which was verified by the surveyor on 2/28/2024. The corrective action plan included the following:</p> <ol style="list-style-type: none"> 1. Conduct staff education to ensure all staff are aware Resident #3 was to be hoier lift transfer only with 2-person assist. The education included how to transfer current residents list (located at the nurse station), and re-education on the location of special instructions for each resident. The education had been completed by 5/31/2023. 2. An Audit of all residents that required the use of a mechanical lift for transfers and verified the information was correct on the individual care plan. The audits had been completed on 5/10/2023. 3. All CNAs were educated on the following: <ul style="list-style-type: none"> A. Limited Lift Program (Safe Patient Handling) policy B. Using a Sit to Stand Lift - Skills Checklist C. Transfer using a Sit to Stand Mechanical Lift-Procedure D. Transfer with a mechanical lift, long-term care-Skills checklist E. Transfer with a mechanical lift, long term care - Procedure <p>All CNA education had been completed on 6/9/2023.</p> <ol style="list-style-type: none"> 4. All licensed nurses Registered Nurse and Licensed Practical Nurse were educated on the following: <ul style="list-style-type: none"> A. Limited Lift Program (Safe Patient Handling) policy B. Using a Sit to Stand Lift - Skills Checklist C. Transfer using a Sit to Stand Mechanical Lift -Procedure D. Transfer with a mechanical lift, long-term care - Skills checklist E. Transfer with a mechanical lift, long term care - Procedure F. Bedside Mobility Assessment Tool - Procedure G. Bedside Mobility Assessment Tool - Checklist <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>All licensed nurse education had been completed on 6/30/2023.</p> <p>5. Clinical observation audits were conducted for residents that required the use of a mechanical lift for transfers to ensure residents are transferred properly, 5 residents per week for 12 weeks. Observations were conducted on 2/29/2024 to ensure proper lift usage was completed.</p> <p>6. Audit of incidents to ensure if a transfer injury occurred, and the correct mechanical lift was utilized if applicable, weekly for 12 weeks. Audits were verified for completion.</p> <p>7. Audit of all new admissions/readmissions to ensure the level of assistance/type of mechanical lift is reflected in the resident's medical record, weekly for 12 weeks. Audits were verified for completion.</p> <p>Review of the QAPI sign-in sheets dated 5/2023, 6/2023, 7/2023, and 8/2023, and interview with the Administrator on 2/28/2024, confirmed the corrective action audits/observations were completed and discussed in the QAPI meetings. The PIP was considered resolved with the date of compliance effective on 8/28/2023.</p> <p>Non-Compliance began on 9/26/2022 and ended on 8/28/2023.</p>

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<p>F 0835</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48100</p> <p>Based on facility policy review, review of facility documentation, and interview, the facility's Administration failed to provide effective oversight and follow the facility's corporate notification protocol for falls with major injury which resulted in actual Harm of Resident #3 of 5 residents reviewed for falls and had the potential to affect all 86 residents residing in the facility.</p> <p>The facility was cited as past non-compliance and the facility is not required to submit a Plan of Correction for F-835.</p> <p>Non-compliance began on 9/26/2022 and ended on 8/28/2023.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Incident and Reportable Event Management, dated 9/14/2023, .each resident receives adequate supervision .to prevent accidents .facility has identified the following events as being Never Event [fall that results in serious injury or fracture] and when these type of events occur the Director or Nursing and/or Executive Director should contact their Regional and Divisional team to review the Never Event and determine based on the Never Event the cause of the event, implement corrective actions to prevent future events, and conduct monitoring to ensure desired outcomes are achieved and .through the development of a performance improvement plan (PIP) .identified Never Events are .fall that results in serious injury .fracture .</p> <p>Review of the facility's policy titled, Resident Rights, dated 9/25/2023, showed .The resident has the right to receive the services and/or items included in the plan of care .The resident has the right to reside and receive services in the facility with reasonable accommodation of resident and preferences except when to do so would endanger the health or safety of the resident .</p> <p>Review of the facility's policy titled, Quality Assurance and Performance Improvement Plan [QAPI], dated 10/19/2023, showed .Performance Improvement (PIP) .is the continuous study and improvement of processes with the intent to improve services or outcomes, and prevent or decrease the likelihood of problems, by identifying opportunities for improvement .PI aims to improve facility processes involved in care delivery and enhanced resident quality of life .</p> <p>Review of the facility's policy titled, QAPI - Feedback, Data Systems, and Monitoring, dated 10/19/2023, showed .This facility will establish systems and processes to monitor care and services, utilizing data from multiple sources .This facility will also establish systems to track, investigate, and monitor adverse events to prevent recurrences .The facility will obtain feedback from direct care staff, other staff, residents and resident representatives, as well as other sources, and be used to identify problems that are high-risk, high-volume, and/or problem-prone .</p> <p>Resident #3 was admitted to the facility on [DATE] with diagnoses including Hemiplegia, Hemiparesis, Lack of Coordination, and Muscle Weakness.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/29/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Red Bank		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 Runyan Dr Chattanooga, TN 37405	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0835</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a post fall investigation report dated 9/26/2022, showed Resident #3 had a fall when staff transferred him from the bed to wheelchair using a slide board (device used to aid as a bridge in between 2 surfaces so a patient can slide across to transfer). Resident #3 had been care planned for staff to transfer him with a sit to stand lift (device that helps lift a patient into a supported, standing position to move them freely between seated surfaces) and the Certified Nursing Assistant (CNA) #6 had not followed the care plan. Resident #3 sustained a left hip fracture as a result from the fall on 9/26/2022.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], showed Resident #3 scored 13 on the Brief Interview for Mental Status (BIMS) assessment, which indicated the resident was cognitively intact and required total 2-person assistance with transfers.</p> <p>Review of Resident #3's comprehensive care plan revised 8/17/2023, showed .resident has an ADL [Activities of Daily Living] self-care performance .limited physical mobility r/t [related to] impaired mobility, limited endurance, and poor balance .assist resident in identifying outcomes of refusal of care . Continued review showed showed the resident was at risk for falls secondary to impaired mobility from left sided weakness due to a Cerebral Vascular Accident (CVA), impaired balance, episodes of incontinence, and required 1-2 staff assistance with transfers. The comprehensive care plan was revised to include the sit to stand mechanical lift on 9/17/2022 and the Hoyer mechanical lift with all transfers on 12/28/2022.</p> <p>Record review showed Resident #3 had repeated fall occurrences on 12/27/2022, 2/21/2023, and a transfer injury on 5/1/2023.</p> <p>Review of a transfer injury investigation report dated 5/1/2023, showed Resident #3 had a transfer injury when staff transferred him from bed to wheelchair using a sit to stand lift. Resident #3 was care planned for staff to transfer him with a Hoyer lift and the CNA #1 had not followed the care plan due to resident refusal. Resident #3 sustained a left humerus fracture as a result from the improper transfer. The facility immediately implemented an intervention and corrective actions post Resident #3's injury on 5/1/2023.</p> <p>During an interview on 2/27/2024 at 2:13 PM, Registered Nurse (RN) #1 stated Resident #3 was resistant to transfers which included hoyer lift usage. RN #1 confirmed she had not documented Resident #3's refusal with resistance to transfers in the medical record.</p> <p>During an interview on 2/27/2024 at 2:31 PM, Licensed Practical Nurse (LPN) #1 stated multiple CNAs had reported Resident #3 had refused hoyer lift transfers and had been resistant to care. LPN #1 confirmed she had not documented Resident #3's refusal of transfers and resistance to care in the medical record.</p> <p>During an interview on 2/28/2024 at 11:56 AM, the Director of Nursing (DON) confirmed the medical record for Resident #3 did not reflect his refusals of lift usage or non-compliance with transfers.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/28/2024 at 3:45 PM, the Regional Director of Clinical Services (RDCS) stated the facility had a notification protocol for Never Events (falls with major injury) and the fall on 9/26/2022 for Resident #3 would qualify as a Never Event. The RDCS stated the former Director of Nursing (DON) had not contacted him when the fall with fracture occurred on 9/26/2022 with Resident #3. The RDCS stated it was the facility's expectation when a resident had a fall with major injury and continued non-compliance with safety interventions, the corporate staff would be notified so appropriate oversight and interventions could occur. The RDCS confirmed the former DON did not follow the notification protocol so the corporate team could initiate the appropriate oversight/intervention in response to Resident #3's fall with major injury on 9/26/2022. The RDCS further confirmed this failure to follow the notification process for Never Events resulted in ineffective administration oversight which had the potential to affect all residents residing in the facility. The RDCS stated when the corporate team became aware of Resident #3's multiple falls with major injury, a Performance Improvement Plan (PIP) was initiated, and immediate education was given to the former DON and the former Administrator.</p> <p>Review of an Ad hoc (when necessary or needed/for this situation) Quality Assurance Performance Improvement (QAPI) meeting dated 5/3/2023, showed the facility became aware, initiated and conducted a root cause analysis and developed a corrective action plan on 5/3/2023, which was verified by the surveyor on 2/28/2024. The corrective action plan included the following:</p> <ol style="list-style-type: none"> 1. Conduct staff education to ensure all staff are aware Resident #3 was to be hoier lift transfer only with 2-person assist. The education included how to transfer current residents list (located at the nurse station), and re-education on the location of special instructions for each resident. The education was completed by 5/31/2023. 2. An Audit of all residents that required the use of a mechanical lift for transfers and verified the information was correct on the individual care plan. The audits were completed on 5/10/2023. 3. All CNAs were educated on the following: <ul style="list-style-type: none"> A. Limited Lift Program (Safe Patient Handling) policy B. Using a Sit to Stand Lift - Skills Checklist C. Transfer using a Sit to Stand Mechanical Lift-Procedure D. Transfer with a mechanical lift, long-term care-Skills checklist E. Transfer with a mechanical lift, long term care - Procedure <p>All CNA education was completed on 6/9/2023.</p> 4. All licensed nurses Registered Nurse and Licensed Practical Nurse were educated on the following: <ul style="list-style-type: none"> A. Limited Lift Program (Safe Patient Handling) policy B. Using a Sit to Stand Lift - Skills Checklist <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>C. Transfer using a Sit to Stand Mechanical Lift -Procedure</p> <p>D. Transfer with a mechanical lift, long-term care - Skills checklist</p> <p>E. Transfer with a mechanical lift, long term care - Procedure</p> <p>F. Bedside Mobility Assessment Tool - Procedure</p> <p>G. Bedside Mobility Assessment Tool - Checklist</p> <p>All licensed nurse education was completed on 6/30/2023.</p> <p>5. Clinical observation audits were conducted for residents that required the use of a mechanical lift for transfers to ensure residents are transferred properly, 5 residents per week for 12 weeks. Observations were conducted on 2/29/2024 to ensure proper lift usage was completed.</p> <p>6. Audit of incidents to ensure if a transfer injury occurred, and the correct mechanical lift was utilized if applicable, weekly for 12 weeks. Audits were verified for completion.</p> <p>7. Audit of all new admissions/readmissions to ensure the level of assistance/type of mechanical lift is reflected in the resident's medical record, weekly for 12 weeks. Audits were verified for completion.</p> <p>Review of the QAPI sign-in sheets dated 5/2023, 6/2023, 7/2023, and 8/2023, and interview with the Administrator on 2/28/2024, confirmed the corrective action audits/observations were completed and discussed in the QAPI meetings. The Performance Improvement Plan (PIP) was considered resolved with the date of compliance effective on 8/28/2023.</p> <p>Non-Compliance began on 9/26/2022 and ended on 8/28/2023.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 48100</p> <p>Based on facility policy review, medical record review, and interviews, the facility failed to maintain an accurate medical record for 1 resident (Resident #3) of 15 residents reviewed for medical records.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Authentication of All Record Entries, dated 3/10/2023, .entries are made as soon as possible after an event or observation is made .</p> <p>Review of the facility's policy titled, Refusal of Care or Treatment, dated 8/10/2023, .Documentation of the refusal .should be present in the resident's medical record .</p> <p>Resident #3 was admitted to the facility on [DATE] with diagnoses including Hemiplegia, Hemiparesis, Lack of Coordination, and Muscle Weakness.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], showed Resident #3 scored 13 on the Brief Interview for Mental Status (BIMS) assessment, which indicated the resident was cognitively intact and required total 2-person assistance with transfers.</p> <p>Review of Resident # 3's comprehensive care plan revised 8/17/2023, showed .resident has an ADL [Activities of Daily Living] self-care performance .limited physical mobility r/t [related to] impaired mobility, limited endurance, and poor balance .assist resident in identifying outcomes of refusal of care .</p> <p>Review of the medical record revealed no documentation that Resident #3 was resistant to transfers with the Hoyer lift.</p> <p>During an interview on 2/27/2024 at 12:37 PM, the Restorative Certified Nursing Assistant (R-CNA) stated Resident #3 had been resistant to care and mechanical lift usage. R-CNA stated the resident would demand the staff to use the sit to stand lift (device that helps lift a patient into a supported, standing position to move them freely between seated surfaces) instead of the hoyer lift (device that holds the patient in a hammock-type sling to lift them completely between surfaces) and would often refuse to transfer if the sit to stand lift was not used. R-CNA stated she would notify the nurse assigned to his care when he refused usage of the lift.</p> <p>During an interview on 2/27/2024 at 12:46 PM, CNA #3 stated Resident #3 had been resistant to transfers at times stated with any refusal of care or transfer the nurse was notified.</p> <p>During an interview on 2/27/2024 at 12:48 PM, CNA #2 stated Resident #3 had been resistant to care and lift usage at times. She stated she notified the nurse assigned the residents care when he refused. She also stated during one of the falls [could not recall date] the resident refused to use to the hoyer lift to go to bed and stated the sit to stand lift was used.</p> <p>(continued on next page)</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/27/2024 at 12:50 PM, the Activities CNA stated Resident #3 had been resistant to care and transfers specifically with the hooyer lift. She stated the resident would tell the staff to use the sit to stand lift instead of the hooyer lift. The Activities CNA reported to the nurse when Resident #3 refused care and transfers.</p> <p>During an interview on 2/27/2024 at 2:13 PM, Registered Nurse (RN) #1 stated Resident #3 was resistant to transfers which included hooyer lift usage. RN #1 confirmed she had not documented Resident #3's refusal with resistance to transfers in the medical record.</p> <p>During an interview on 2/27/2024 at 2:31 PM, Licensed Practical Nurse (LPN) #1 stated multiple CNAs had reported Resident #3 had refused hooyer lift transfers and had been resistant to care. LPN #1 confirmed she had not documented Resident #3's refusal of transfers and resistance to care in the medical record.</p> <p>During an interview on 2/28/2024 at 11:56 AM, the Director of Nursing (DON) stated it was her expectation when residents refuse care, transfers, or had any behaviors the nurses would document occurrences in the medical record. The DON confirmed the medical record for Resident #3 did not reflect his refusals of lift usage or non-compliance with transfers which resulted in an inaccurate and incomplete medical record.</p>