

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 07/17/2024
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 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** 41782</p> <p>Based on facility policy review, medical record review, observation, and interview, the facility failed to ensure medical information was not visible for 1 resident (Resident #52) of 85 residents observed.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Resident Rights, reviewed on 9/25/2023, revealed .A facility must treat each resident with respect and dignity .The resident has a right to personal privacy and confidentiality of his or her personal and medical records .</p> <p>Review of the facility policy titled, Dignity, reviewed on 9/25/2023, revealed .Each resident has the right to be treated with dignity and respect .The resident has a right to a dignified existence .The facility must protect and promote the rights of the resident .The resident has a right to be treated with respect and dignity .Staff should not .document in charts/electronic health records where others can see a resident's information .</p> <p>Review of the medical record review revealed Resident #52 was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease, Dementia, Major Depressive Disorder, Atherosclerotic Heart Disease, Adult Failure to Thrive, and Personal History of Transient Ischemic Attack and Cerebral Infarction (Stroke).</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #52 had short and long term memory problems and severely impaired cognitive skills for daily decision making.</p> <p>Review of a comprehensive care plan for Resident #52 last reviewed on 5/4/2024, revealed no evidence the resident or resident's representative requested for signage to be posted in the resident's room.</p> <p>During a telephone interview on 7/15/2024 at 4:24 PM, the resident's representative stated she had not requested for the signage to be posted in the room.</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
---	-------	-----------

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 07/17/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During observations on 7/15/2024 at 11:46 AM, on 7/16/2024 at 8:05 AM, and on 7/17/2024 at 8:13 AM, Resident #52 was lying in the bed. There was a sign posted across from the resident's bed on the closet door that read, HOSPICE SUPPLIES ARE TO BE USED FOR HOSPICE RESIDENT ONLY. PLEASE DO NOT REMOVE SUPPLIES FROM RESIDENT'S ROOM TO USE FOR ANOTHER RESIDENT. THESE SUPPLIES ARE PAID FOR AND PROVIDED BY HOSPICE. The sign was visible to anyone that entered the room.</p> <p>During an observation and interview on 7/17/2024 at 8:14 AM, with Licensed Practical Nurse (LPN) E, in Resident #52's room, revealed there was a sign posted across from the resident's bed on the closet door that read, HOSPICE SUPPLIES ARE TO BE USED FOR HOSPICE RESIDENT ONLY. PLEASE DO NOT REMOVE SUPPLIES FROM RESIDENT'S ROOM TO USE FOR ANOTHER RESIDENT. THESE SUPPLIES ARE PAID FOR AND PROVIDED BY HOSPICE. LPN E stated the signage was posted by hospice. The LPN confirmed the sign was visible to anyone that entered the room.</p> <p>During an observation and interview on 7/17/2024 at 8:29 AM, with the Director of Nursing (DON), in Resident #52's room, revealed there was a sign posted across from the resident's bed on the closet door that read, HOSPICE SUPPLIES ARE TO BE USED FOR HOSPICE RESIDENT ONLY. PLEASE DO NOT REMOVE SUPPLIES FROM RESIDENT'S ROOM TO USE FOR ANOTHER RESIDENT. THESE SUPPLIES ARE PAID FOR AND PROVIDED BY HOSPICE. The DON confirmed the sign was posted and visible to anyone that entered the room. The DON stated resident needs were to be communicated to staff via the care plan and Kardex and stated, .I didn't know that was posted until today . The DON was unaware who had posted the sign or why the sign was posted. The DON confirmed signage was not to be posted unless requested by the resident or resident's representative and care planned.</p> <p>During an interview on 7/17/2024 at 11:29 AM, the DON confirmed Resident #52's medical record did not contain any evidence that the signage had been requested by Resident #52's representative.</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 07/17/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49786</p> <p>Based on facility policy review, medical record review, and interview, the facility failed to notify resident representatives of a change in condition for 2 residents (Residents #14 and #46) of 6 residents reviewed.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Changes in Resident's Condition or Status, reviewed on 8/9/2023, revealed .This facility will notify the .resident/resident representative of changes in the resident's condition or status .A facility must immediately .notify .the resident representative(s) when there is .An accident involving the resident which results in injury and has the potential for requiring physician intervention .</p> <p>Review of the facility policy titled, Incident and Reportable Event Management, reviewed on 9/14/2023, revealed .Event Management includes .Fall .Unwitnessed or Witnessed .Incident/Injury .The licensed nurse should create an 'event note' and include .Notification of family or responsible party .</p> <p>Review of the medical record revealed Resident #14 was admitted to the facility on [DATE] with diagnoses including Cerebral Palsy, Dementia, Deaf, Non-Speaking, and Diabetes.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) assessment was not completed because the resident was rarely/never understood.</p> <p>Review of a lab report for Resident #14 dated 7/7/2024, revealed the resident was positive for COVID 19.</p> <p>Review of the Nurse's Notes for Resident #14 dated 7/7/2024-7/16/2024 revealed no documentation the resident's family was notified of the positive COVID status.</p> <p>During a telephone interview on 7/17/2024 at 4:08 PM, Resident #14's responsible party/conservator stated he was not informed of the resident's positive COVID status.</p> <p>During an interview on 7/17/2024 at 4:16 PM, the DON confirmed there was no documentation Resident #14's responsible party/conservator had been notified of the residents positive COVID status.</p> <p>41782</p> <p>Review of the medical record revealed Resident #46 was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease, Dementia, History of Falling, Delusional Disorder, and Muscle Weakness.</p> <p>Review of the comprehensive care plan revised on 3/12/2024, revealed Resident #46 was at risk for falls.</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 07/17/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #46 had short and long term memory problems and severely impaired cognitive skills for daily decision making. Resident #46 required a wheelchair for mobility and was dependent on staff for sit to stand and transfers to and from the bed.</p> <p>Review of the Event Note for Resident #46 dated 7/12/2024, revealed . Resident is on alert for unwitnessed fall. First shift CNA [Certified Nursing Assistant] [CNA name unknown] heard resident yelling out, upon entering room resident was sitting on floor on buttocks facing bed .CNA notified charge nurse, assessed for injuries, 5cm [centimeter] x [by] 3cm abrasion noted to left thigh .assisted resident back .into bed. Wound care provided. NP [Nurse Practitioner] notified, DON [Director of Nursing] notified .</p> <p>Review of the Event Note for Resident #46 dated 7/15/2024, revealed .IDT [Interdisciplinary Team] reviewed event unwitnessed fall with minor injury that occurred 7/12/24 [2024] @ [at] 0730 [7:30 AM]. Resident was assessed by nurse, injury noted to left thigh (abrasion), treatment order obtained .</p> <p>Attempted telephone interview on 7/16/2024 at 4:32 PM with Resident #46's responsible party. Left message with return contact information.</p> <p>During an interview on 7/16/2024, the DON confirmed Resident #46 had an unwitnessed fall on 7/12/2024 in the resident's room around 7:30 AM and sustained an abrasion to the left thigh from the fall. New orders were obtained for the abrasion.</p> <p>During an interview on 7/16/2024 at 4:37 PM, the DON confirmed the resident's responsible party was not notified of the resident's fall until 7/16/2024 [4 days after the fall] and stated, .I just got off the phone with her son and notified him . The DON confirmed the residents' responsible party was to be notified at the time of a fall and Resident #46's responsible party was not notified of the fall with injury timely.</p> <p>During an interview on 7/17/2024 at 10:46 AM, Licensed Practical Nurse (LPN) MDS Coordinator C stated she was working the floor the morning of Resident #46's fall and was responsible for completing the incident report. LPN MDS Coordinator C confirmed she had notified the DON and the NP and had not notified Resident #46's responsible party of the fall with injury.</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 07/17/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50480</p> <p>Based on facility policy review, review of the Resident Assessment Instrument (RAI) Manual 3.0, medical record review, and interview the facility failed to accurately complete Minimum Data Set (MDS) assessments for 4 residents (Resident #1, #84, #45 and #52) of 42 residents reviewed for accuracy of MDS assessments.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Certification of Accuracy of the MDS, dated [DATE], revealed .Each person completing .the MDS is required to sign the attestation statement certifying they have used the . Resident Assessment Instrument User's Manual to complete the MDS .The assessment must accurately reflect the resident's status .</p> <p>Review of the RAI Manual 3.0 dated 10/2023, revealed .The MDS is completed on all residents in Medicare or Medicaid certified facilities .Sections A-Q contain the clinical data items used to assess residents in the nursing facility .Assure that the information found in the resident's most current assessment .report changes in the resident's status that may affect the accuracy of this information . Discharge assessment is completed whenever a Medicare Part A stay ends .Discharge Status .This item documents the location to which the resident is being discharged at the time of discharge .Review the medical record including the discharge plan and discharge orders for documentation of discharge location .SECTION O: SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS .The intent of the items in this section is to identify any special treatments, procedures, and programs that the resident received or performed during the specified time periods Review the resident's medical record to determine whether or not the resident received or performed any of the treatments, procedures, or programs within the assessment period .Hospice care .Code residents identified as being in a hospice program for terminally ill persons where an array of services is provided for the palliation and management of terminal illness .</p> <p>Review of the medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnoses including Quadriplegic Cerebral Palsy (disorder of the brain causing paralysis of the arms and the legs), Brain Damage, Dementia, Anxiety, and Depression.</p> <p>Review of a comprehensive care plan for Resident #1 revised 11/27/2023, revealed .Resident has a terminal prognosis and under hospice services .</p> <p>Review of the Physician's order for Resident #1 revised 4/3/2024, revealed .Admit to .[Hospice] .</p> <p>Review of a quarterly MDS assessment for Resident #1 dated 5/19/2024, revealed the the MDS was not coded for hospice service.</p> <p>During an interview on 7/16/2024 at 2:30 PM, Licensed Practical Nurse (LPN) E stated Resident #1 received hospice care services since admission to the facility.</p> <p>During an interview on 7/17/2024 at 11:14 AM, MDS Coordinator LPN C confirmed Resident #1 received hospice services and the quarterly MDS assessment dated [DATE] was inaccurate.</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 07/17/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>50407</p> <p>Review of the medical record revealed Resident #84 was admitted to the facility on [DATE] with diagnoses including Joint Replacement, Inflammatory Reaction to Internal Device, and Paroxysmal Atrial Fibrillation.</p> <p>Review of a comprehensive care plan for Resident #84 dated 2/13/2024, revealed .discharge home with wife .when goals are met .</p> <p>Review of the facility document titled, Care Management Form, for Resident #84 dated 5/1/2024, revealed . D/C [discharge] home .</p> <p>Review of the Physician's Orders for Resident #84 dated 5/2/2024, revealed .discharge to home .</p> <p>Review of a discharge MDS assessment dated [DATE], revealed .Discharge- return not anticipated .Type of Discharge .Planned .discharge date .5/2/2024 .Discharge Status .Short-Term General Hospital .</p> <p>During an interview on 7/17/2024 at 11:14 AM, LPN MDS Coordinator C confirmed Resident #84 was discharged home and the discharge MDS assessment dated [DATE] was inaccurate.</p> <p>49786</p> <p>Review of the medical record revealed resident #45 was admitted to the facility on [DATE] with diagnoses including Parkinson's Disease, Diabetic Polyneuropathy, Muscle Weakness, and Abnormal Gait and Mobility.</p> <p>Review of a comprehensive care plan for Resident #45 dated 3/26/2024, revealed .Total assist with all meals .</p> <p>Review of the Physician's Order for Resident #45 dated 4/4/2024, revealed .Total assist with all meals .</p> <p>Review of a significant change MDS assessment dated [DATE], revealed Resident #45 scored a 12 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had mild cognitive impairment. Further review showed the resident required setup or clean-up assistance with meals.</p> <p>During an interview on 7/17/2024 at 5:42 PM, the Clinical Reimbursement Specialist stated Resident #45 had a physician's order dated 4/4/2024 for total assistance with all meals. The Clinical Reimbursement Specialist confirmed the significant change MDS assessment dated [DATE] assessed the resident as requiring set up or clean-up assistance with meals and the significant change assessment was inaccurate.</p> <p>41782</p> <p>Review of the medical record revealed Resident #52 was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease, Dementia, Major Depressive Disorder, Atherosclerotic Heart Disease, Adult Failure to Thrive, and Personal History of Transient Ischemic Attack and Cerebral Infarction (Stroke).</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 07/17/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a physician's order for Resident #52 dated 6/30/2023, revealed .Admit to hospice .</p> <p>Review of a comprehensive care plan for Resident #52 revised on 11/27/2023, revealed .resident has a terminal prognosis and under care of hospice .</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #52 had short and long term memory problems and severely impaired cognitive skills for daily decision making and did not receive hospice services at the facility.</p> <p>During an interview on 7/17/2024 at 11:13 AM, LPN MDS Coordinator C stated Resident #52 received hospice services effective 6/30/2023. LPN MDS Coordinator C confirmed Resident #52's quarterly MDS assessment dated [DATE] stated the resident did not receive hospice services and was coded inaccurately.</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 07/17/2024
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 36003</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) timely after a new mental health diagnosis for 2 residents (Residents #11 and #39) of 10 residents reviewed for PASARR.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Pre-admission Screening and Resident Review (PASARR), reviewed on 9/25/2023, revealed .The facility will ensure that all potential admissions are to be screened for possible serious mental disorders .This initial pre-screening is referred to as PASARR Level I, and is completed prior to admission .A negative Level I screen permits admission to proceed and ends the PASARR process unless a possible serious mental disorder .arises later .A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program .Coordinate includes .Referring all Level II residents and all residents with newly evident or possible serious mental disorder .for level II resident review .</p> <p>Review of the medical record revealed Resident #11 was admitted to the facility on [DATE] with diagnosis including Depression.</p> <p>Review of a Notice of PASRR Level I Screen Outcome for Resident #11 dated 1/9/2024, revealed . DIAGNOSIS .Depression .MAXIMUS OUTCOME .No Level II - Level I Negative .</p> <p>Review of a Psychiatric Evaluation Note for Resident #11 dated 1/11/2024, revealed a new diagnosis of Adjustment Disorder with Anxiety was added.</p> <p>Review of a Psychiatric Periodic Evaluation for Resident #11 dated 2/22/2024, revealed a new diagnosis of Delusions was added.</p> <p>During an interview on 7/17/2024 at 3:38 PM, the DON confirmed a new PASRR had not been submitted for Resident #11 after new diagnoses of Delusional Disorder and Adjustment Disorder with Anxiety were added. The DON confirmed a new PASRR should have been completed with the new diagnoses.</p> <p>41782</p> <p>Review of the medical record revealed Resident #39 was admitted to the facility on [DATE] with diagnoses including Anxiety Disorder, Major Depressive Disorder, Primary Insomnia, and Visual Hallucinations.</p> <p>Review of the Notice of PASRR Level I Screen Outcome for Resident #39 dated 2/17/2023, revealed . DIAGNOSIS .Major Depression .Anxiety Disorder .visual hallucinations, insomnia .MAXIMUS OUTCOME . Level I Outcome: No Status Change .A Level II evaluation is not required .</p> <p>Review of the Psychiatric Periodic Evaluation for Resident #39 dated 5/18/2023, revealed a new diagnosis of Delusions was added.</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 07/17/2024
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/17/2024 at 12:21 PM, the Director of Nursing (DON) stated Resident #39's PASARR dated 2/17/2023, included diagnoses of Major Depressive Disorder, Anxiety, Visual Hallucinations, and Insomnia. The new diagnosis of Delusion Disorder was added on 5/18/2023. The DON confirmed a new PASARR was not submitted and should have been after the new diagnosis of Delusion Disorder was added on 5/18/2023.</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 07/17/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45837</p> <p>Based on facility policy review, medical record review, observation and interview, the facility failed to change a tube feeding bag and tubing every 24 hours for 1 resident (Resident #587) of 2 residents reviewed for tube feeding.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Enteral Nutrition Therapy, revised 5/28/2024, revealed .The facility will provide intermittent enteral nutrition therapy in accordance with physician orders and professional standards of practice .Enteral feeding .also referred to as 'tube feeding' .delivery of nutrients .directly into the stomach .</p> <p>Review of the medical record revealed Resident #587 was admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis, Gastrostomy [surgical procedure to make an opening in the stomach for tube feeding], Cognitive Communication Deficit, and Chronic Obstructive Pulmonary Disease (COPD).</p> <p>Review of a Nutrition assessment for Resident #587 dated 7/15/2024, revealed the resident was to receive nutritional support through enteral feeding through a feeding tube which was necessitated by a stroke.</p> <p>Review of Physician's Orders for Resident #587 dated 7/15/2024, revealed .Change PEG [percutaneous endoscopic gastrostomy tube for patients who cannot receive adequate oral nutrition] syringe and feeding bags every night shift .</p> <p>Review of a comprehensive care plan for Resident #587 dated 7/15/2024, revealed .The resident requires tube feeding .</p> <p>During an observation and interview on 7/15/2024 at 12:37 PM, in resident #587's room, Resident #587's representative stated both he and his mother observed a nurse (cannot remember who the nurse was), refilling the tube feeding bag on 7/15/2024 in the dated 7/12/2024 bag, with the feeding formula. The resident representative stated the staff member did not hang a new bag and tubing.</p> <p>During an observation and interview on 7/15/2024 at 1:01 PM, Licensed Practical Nurse (LPN) D confirmed the date on the tube feeding bag was 7/12/2024, and the bag should be changed every 24 hours. The LPN confirmed this same bag had been used for 3 days.</p> <p>During an interview on 7/16/2024 at 4:04 PM, the DON stated it was her expectation that the tube feeding bag and tubing would be changed daily for any resident on tube feeding.</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 07/17/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45837</p> <p>Based on facility policy review, medical record review, observation and interview, the facility failed to store the nebulizer and the Continuous Positive Airway Pressure (CPAP - equipment used for individuals with sleep apnea) masks appropriately for 3 residents (Residents #587, #588, and #589) of 21 residents reviewed for respiratory equipment.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Oxygen Administration (Safety, Storage, Maintenance), revised 2/27/2024, revealed .facility must ensure that a resident who needs respiratory care .is provided such care, consistent with professional standards of practice .Store .respiratory supplies in bag labeled with resident's name when not in use .</p> <p>Review of the medical record revealed Resident #587 was admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis, Obstructive Sleep Apnea and Chronic Obstructive Pulmonary Disease (COPD).</p> <p>Review of a mental status assessment dated [DATE], revealed Resident #587 scored a 5 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment.</p> <p>Review of the Physician's Orders for Resident #587 dated 7/11/2024, revealed .pratropium-Albuterol [a respiratory inhaled medication] Solution 0.5-2.5 (3) MG [milligram]/[per] 3ML [milliliter], 3 ml inhale orally via [with] nebulizer every 6 hours as needed .</p> <p>During an observation on 7/15/2024 at 4:16 PM, in Resident #587's room, a nebulizer mask was lying exposed on the resident's bedside table.</p> <p>Review of a Care Plan for Resident #587 dated 7/16/2024, revealed .The resident has COPD .resident will be free of s/sx [signs and symptoms] of respiratory infections through review date .</p> <p>During an observation on 7/17/2024 at 9:19 AM, in Resident #587's room, the resident was resting in bed and a nebulizer mask was lying on the resident's bedside table uncovered.</p> <p>During an observation and interview on 7/17/2024 at 9:21 AM, in Resident #587's room, the Assistant Director of Nursing (ADON) observed a nebulizer mask lying exposed on the resident's bedside table. The ADON confirmed the mask should be covered in a bag and was not stored correctly.</p> <p>Review of the medical record revealed Resident #588 was admitted to the facility on [DATE] with diagnoses including Bipolar Disorder, Insomnia and COPD.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #588 scored a 13 on the BIMS assessment which indicated the resident was cognitively intact.</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 07/17/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a care plan for Resident #588 dated 7/15/2024, revealed .The resident has DX [diagnosis] of COPD .The resident will be free of s/sx of respiratory infections through review date .</p> <p>Review of the Physician's Orders for Resident #588 dated 7/15/2024, revealed .Albuterol Sulfate [an inhaled respiratory medication] Nebulization Solution .3 ml inhale orally via nebulizer four times a day .</p> <p>During an observation on 7/15/2024 at 3:48 PM, in Resident #588's room, the resident was seated on the side of the bed, and a nebulizer mask was lying open on the resident's bedside table.</p> <p>During an observation on 7/16/2024 at 8:17 AM, in Resident #588's room, a nebulizer mask was lying exposed on the resident's bedside table.</p> <p>During an interview on 7/17/2024 at 7:44 AM, LPN A stated Resident #588 had no respiratory infections since admission and received respiratory treatments for COPD.</p> <p>During an observation and interview on 7/16/2024 at 8:30 AM, in Resident #588's room with the Assistant Director of Nursing (ADON), there was a nebulizer mask lying exposed on the resident's bedside table, and the ADON confirmed the mask should be secured in a bag and there was no bag in the room.</p> <p>Review of the medical record revealed Resident #589 was admitted to the facility on [DATE] with diagnoses including COPD, Chronic Respiratory Failure with Hypoxia, and Obstructive Sleep Apnea.</p> <p>Review of a 5-day MDS assessment dated [DATE], revealed Resident #589 had intact short and long term memory.</p> <p>Review of a care plan for Resident #589 dated 6/14/2024, revealed .At risk for respiratory illness R/T [related to] COPD .</p> <p>Review of the Physician Orders for Resident #589 dated 7/3/2024, revealed .Pulmicort [an inhaled respiratory medication] Inhalation Suspension .2 ml inhale orally via nebulizer two times a day related to [COPD] .</p> <p>During an observation and interview on 7/15/2024 at 4:04 PM, in Resident #589's room, the resident stated she used CPAP therapy, and the nurse came in and took off her CPAP mask every morning. The CPAP mask was lying exposed on the resident's bedside table.</p> <p>During an observation on 7/16/2024 at 8:20 AM, in Resident #589's room, a CPAP mask was lying on the resident's bedside table exposed.</p> <p>During an observation and interview on 7/16/2024 at 8:22 AM, in Resident #589's room, the ADON confirmed the CPAP mask was lying exposed on the resident's bedside table.</p> <p>During an interview on 7/16/2024 at 3:11 PM, the Director of Nursing (DON) stated after respiratory equipment was removed from a resident, it was her expectation that the equipment was stored in a bag with the resident's name and date on it.</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 07/17/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 7/17/2024 at 9:21 AM, in Residents #587's room, the ADON stated Resident #587's nebulizer mask was lying exposed on the resident's bedside table and not stored appropriately.</p> <p>During an observation and interview on 7/17/2024 at 9:23 AM, in Resident #588's room, the ADON confirmed Resident #588's nebulizer mask was lying exposed on the resident's bedside table and not stored appropriately.</p> <p>During an observation and interview on 7/17/2024 at 9:25 AM, in Resident #589's room, the ADON confirmed Resident #589's nebulizer and CPAP mask were lying exposed on the resident's bedside table and not stored appropriately.</p> <p>During an interview on 7/17/2024 at 9:30 AM, the ADON stated the respiratory equipment for Residents #587, #588, and #589 should be kept sanitary by putting them in bags with residents' name and date after use. The ADON confirmed the equipment was not being stored in a bag.</p> <p>During an interview on 7/17/2024 at 12:23 PM, Nurse Practitioner (NP) H stated Residents #587, #588, and #589 had not had any respiratory illnesses since admission and had not been affected by the masks being exposed.</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 07/17/2024
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 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>45837</p> <p>Based on facility policy review, observation, and interview the facility failed to ensure food items were stored properly in the kitchen and in 2 of 2 nourishment rooms and failed to ensure dishes and food preparation equipment were clean and sanitary which had the potential to affect 84 of 85 residents.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Sanitation and Food Safety, revised 9/8/2022, revealed .food is placed in a .sanitary .container .is labeled .with date .Associate food will not be stored with resident food .Opened packages of food are resealed tightly to prevent contamination of the food item .</p> <p>Review of the facility's policy titled, Safe Food Handling, revised 4/26/2023, revealed .All working surfaces, utensils and equipment are cleaned and sanitized appropriately after each use .Perishable food is not left in the danger zone [41 degrees to 135 degrees Fahrenheit] more than four hours .If this occurs, it is to be discarded .</p> <p>Review of the facility's policy titled, Sanitation and Maintenance, revised 4/26/2023, revealed .Director of Food and Nutrition Services is responsible for ensuring that the department is maintained according to the standards of sanitation .Store, prepare, distribute and serve food in accordance with professional standards for food service safety .</p> <p>During a tour of the kitchen on 7/15/2024 at 10:55 AM, with the Certified Dietary Manager (CDM), the following concerns were found among food services utensils and equipment and with food storage:</p> <p>On a storage rack for pots and pans, dried food debris was found on a stainless steel 1/3 pan. The CDM confirmed the pan was stored dirty and was available for use.</p> <p>The stand mixer had food debris on outside and dried food on the inside of the mixing bowl. The CDM stated the mixer and bowl were supposed to be clean and had not been used for food prep that morning. The CDM confirmed the mixer and bowl were dirty and available for use.</p> <p>On a 3-tier plastic cart next to the steam table, divided plates were stored in a gray plastic bin ready to receive food to deliver to residents. One divided plate had dried food debris in 3 of the 3 sections. The cart itself had food debris on the shelves. The CDM confirmed the plate and cart were unsanitary and were available for use.</p> <p>During an observation on 7/15/2024 at 11:05 AM, the following food storage concerns were found among stored food items in dry storage that were available for resident use:</p> <p>9 oz (ounce) bag of red, granular seasoning, 1/2 full, unlabeled and undated</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 07/17/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>1 gallon jug of teriyaki sauce, 75% full, package stated'refrigerate after opening unlabeled with open date and unrefrigerated</p> <p>5-12 inch flour tortillas in a bag, unsealed, unlabeled and undated</p> <p>During an observation on 7/15/2024 at 11:15 AM, the following food storage concerns were found among stored food items in the reach-in refrigerator that were available for resident use:</p> <p>A 1 gallon plastic storage bag of diced ham, 1/2 full, unsealed and undated</p> <p>A plastic storage bag of 1 slice of ham, unsealed and undated</p> <p>During an observation on 7/15/2024 at 11:37 AM, the following food storage concern was found among stored food items in the walk-in refrigerator that were available for resident use:</p> <p>A 4.5 lb (pound) jar, half full, of maraschino cherries opened and undated.</p> <p>During an interview on 7/15/2024 at 11:43 AM, the CDM confirmed the food items were stored incorrectly in dry storage, reach-in refrigerator and walk-in refrigerator and were not labeled or correctly stored and were available for resident consumption.</p> <p>During an observation and interview on 7/17/2024 at 10:06 AM, the CDM and the Assistant Director of Nursing (ADON) stated the items found below were sitting on the counter of the Southwest resident nourishment room:</p> <p>1-20 oz bottle sundae syrup, sitting on counter, not labeled with a resident name and undated</p> <p>1- 30.9 oz can of powdered protein supplement, not labeled with a resident name and undated</p> <p>1- Individual package of peanut butter crackers with 4 crackers remaining, unsealed, not labeled with a resident name and undated.</p> <p>During an observation and interview on 7/17/2024 at 10:23 AM, in the Northeast nourishment room with the CDM, a 1/3 full bag of cold cereal opened and undated, was in a drawer, and the CDM confirmed the cereal was not sealed, not dated or labeled and available for resident consumption. The CDM stated only resident food should be in the nourishment room.</p> <p>During an interview on 7/17/2024 at 3:21 PM, the Executive Director stated the food in the nourishment rooms were considered available for resident consumption, and employee food should not be in the nourishment rooms. The food in the nourishment rooms should be stored according to the policy for food storage and labeled with a resident name and a date. The Executive Director confirmed staff did not follow the policy for food storage.</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 07/17/2024
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 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>45837</p> <p>Based on facility policy review, observation, and interview, the facility failed to ensure 1 of 1 garbage and refuse storage area was kept in a sanitary condition.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Disposal of Garbage and Refuse, reviewed 4/30/2024, revealed .All areas where garbage/refuse is located is kept clean, free of debris .The garbage storage area is maintained in a sanitary condition to prevent the harborage and feeding of pests .</p> <p>During an observation on 7/15/2024 at 11:44 AM, with the Certified Dietary Manager (CDM), the dumpster area had 2 dumpsters surrounded on 3 sides by a fence. Between the fence and the right dumpster, there was trash on the ground consisting of paper, used exam gloves and straws. Behind the dumpster there was 1 partially decayed animal carcass with exposed bones.</p> <p>During an interview on 7/15/2024 at 11:50 AM, the CDM confirmed the dumpster area was generally unclean and had not been maintained in a sanitary condition.</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 07/17/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49786</p> <p>Based on facility policy review, medical record review, observations, and interviews the facility failed to implement Enhanced Barrier Precautions (EBP) for 8 residents (Residents #34, #1,#43,#50,#21,#72,#66, and #587) of 85 residents reviewed for invasive devices.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Enhanced Barrier Precautions, dated 6/3/2024, revealed .The facility should use Enhanced Barrier Precautions (EBP) as an additional .mitigation strategy for residents that meet the following criteria, during high-contact resident care activities .indwelling devices .examples include central lines, urinary catheters, feeding tubes .</p> <p>Review of the medical record revealed Resident #34 was admitted to facility on 10/6/2023 with diagnoses including Acute on Chronic Systolic Congestive Heart Failure, Stage 3 Chronic Kidney Disease, and Neuromuscular Dysfunction of Bladder.</p> <p>Review of a comprehensive care plan initiated on 10/6/2023 and revised on 5/6/2024, revealed .resident has Indwelling Catheter .</p> <p>Review of the Physician's Orders for Resident #34 dated 1/9/2024, revealed .Indwelling catheter to straight drainage. Size 16 FR [French] Bulb: 5 cc [cubic centimeter] .every shift related to OTHER NEUROMUSCULAR DYSFUNCTION OF BLADDER .</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #34 scored an 8 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. The resident had an indwelling catheter and an active diagnosis of Neurogenic Bladder.</p> <p>During an observation on 7/15/2024 at 12:29 PM, Resident #34 was resting in bed watching TV. The resident had an indwelling urinary catheter, no enhanced barrier precautions (EBP) signage was posted, and no Personal Protective equipment (PPE) was outside the room available for use.</p> <p>During an observation on 7/15/2024 at 3:57 PM, the resident was resting in bed with eyes closed. The resident had an indwelling urinary catheter, no EBP signage was posted, and no PPE was outside the room available for use.</p> <p>During an interview on 7/15/2024 at 4:01 PM, Licensed Practical Nurse (LPN) A stated she was responsible for Resident #34's care today. LPN A confirmed the resident had an indwelling foley catheter and there was no EBP signage posted. LPN A stated gloves were required for care of the indwelling foley catheter unless the resident had an infection that required additional PPE. LPN A stated she was unaware of EBP.</p> <p>Review of the medical record revealed Resident #1 was admitted to facility on 8/25/2009 and readmitted on [DATE] with diagnoses including Spastic Quadriplegic Cerebral Palsy, Anoxic Brain Damage, and Neuromuscular Dysfunction of Bladder.</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 07/17/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of a comprehensive care plan for Resident #1 initiated on 8/5/2021 and revised on 11/17/2023, revealed .resident has Indwelling Catheter .</p> <p>Review of the Physician's Orders for Resident #1 dated 11/28/2023, revealed .Indwelling catheter to straight drainage. Size 16 FR .every shift related to NEUROMUSCULAR DYSFUNCTION OF BLADDER .</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #1 did not have a BIMS assessment conducted, the resident was rarely or never understood. The resident had an indwelling catheter and an active diagnosis of Neurogenic Bladder.</p> <p>During an observation on 7/15/2024 at 12:30 PM, Resident #1 was resting in bed with eyes closed. The resident had an indwelling urinary catheter, no EBP precautions signage was posted, and no PPE was outside the room available for use.</p> <p>During an observation on 7/15/2024 at 2:40 PM, Resident #1 was resting in bed with eyes closed. The resident had an indwelling urinary catheter, no EBP signage was posted, and no PPE was outside the room available for use.</p> <p>Review of the medical record revealed Resident #43 was admitted to facility on 11/26/2019 and readmitted on [DATE] with diagnoses including Neuromuscular Dysfunction of Bladder, Chronic Pain Syndrome, and Quadriplegia.</p> <p>Review of a comprehensive care plan for Resident #43 initiated on 11/26/2019 and revised on 5/22/2024, revealed .resident has Suprapubic Catheter .</p> <p>Review of the Physician's Orders for Resident #43 dated 5/9/2024, revealed .Suprapubic catheter to straight drainage. Size 22 FR Bulb: 10 cc .every shift related to NEUROMUSCULAR DYSFUNCTION OF BLADDER .</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #43 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. The resident had an indwelling catheter and an active diagnosis of Neurogenic Bladder.</p> <p>During an observation on 7/15/2024 at 2:33 PM, Resident #43 had no enhanced barrier precautions signage posted and no PPE was outside the room available for use.</p> <p>Review of the medical record revealed Resident #50 was admitted to facility on 6/21/2024 with diagnoses including Obstructive and Reflux Uropathy, Malignant Neoplasm of Prostate, and Type 2 Diabetes.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #50 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact.</p> <p>Review of a comprehensive care plan for Resident #50 initiated on 7/1/2024 and revised on 7/15/2024, revealed .resident has indwelling .Catheter .</p> <p>Review of the Physician's Orders for Resident #50 dated 7/9/2024, revealed .Indwelling catheter to straight drainage. Size 16 FR .every shift related to .OBSTRUCTIVE AND REFLUX UROPATHY .</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 07/17/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation on 7/15/2024 at 11:30 AM, Resident #50 was resting in bed with eyes closed. The resident had an indwelling urinary catheter, no EBP signage was posted, and no PPE was outside the room available for use.</p> <p>During an observation on 7/15/2024 at 2:40 PM, Resident #50 was resting in bed with eyes closed. The resident had an indwelling urinary catheter, no EBP signage was posted, and no PPE was outside the room available for use.</p> <p>Review of the medical record revealed Resident #21 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Hemiplegia, Benign Prostatic Hyperplasia, and Obstructive Reflux Uropathy.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #21 scored a 13 on the BIMS assessment which indicated the resident was cognitively intact. The resident had an indwelling catheter and an active diagnosis of Obstructive Uropathy.</p> <p>Review of a comprehensive care plan dated 6/7/2024, revealed Resident #21 had .indwelling catheter . Obstructive uropathy .</p> <p>Review of the Physician's Order for Resident #21 dated 7/5/2024, revealed .Indwelling catheter to straight drainage .16 FR Bulb .related to obstructive and reflux uropathy .</p> <p>During an observation on 7/15/2024 at 11:30 AM, Resident #21 was lying in bed awake. The resident had an indwelling urinary catheter, no EBP signage was posted, and no PPE was outside the room available for use.</p> <p>During an observation on 7/15/2024 at 4:15 PM, Resident #21 was resting in bed with eyes closed. The resident had an indwelling urinary catheter, no EBP signage was posted, and no PPE was outside the room available for use.</p> <p>During an interview on 7/15/2024 at 1:30 PM, LPN B stated the facility did not have any current residents on enhanced barrier precautions. She also stated enhanced barrier precautions would be placed if a resident had an active infection.</p> <p>Review of the medical record revealed Resident #72 was admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis after Cerebral Infarction affecting Right Dominant Side, Severe Protein-Calorie Nutrition, Gastrostomy [creation of an artificial external opening into the stomach for nutritional support] Status and Profound Intellectual Disabilities.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #72 was rarely/never understood which indicated the resident had severe cognitive impairment and had a feeding tube.</p> <p>Review of a comprehensive care plan for Resident #72 dated 6/7/2024, revealed .artificial nutrition by tube . CVA .Hemiplegia .Developmental Delay .</p> <p>Review of the Physician's Orders for Resident #72 dated 7/15/2024, revealed .Enteral Feed Order .two times a day .via peg [feeding tube placed in stomach that provides artificial nutrition] .</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 07/17/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview and observation on 7/15/2024 at 12:35 PM, Resident #72's resident representative stated the resident received tube feedings at night. Observation revealed no EBP signage was posted, and no PPE was outside the room available for use.</p> <p>During an observation on 07/15/2024 at 4:08 PM, Resident #72 was lying in bed and the resident had a gastrostomy tube. There was no EBP signage posted or PPE outside the room available for use.</p> <p>Review of the medical record revealed Resident #66 was admitted to the facility on [DATE] with diagnoses including Non-ST Elevation Myocardial Infarction, End Stage Renal Disease, and Dependence on Renal Dialysis.</p> <p>Review of the Physician's Orders for Resident #66 dated 7/1/2024, revealed .Dialysis Resident: Assess Left Chest Permacath [a special catheter used for dialysis, placed inside a blood vessel in the neck or just under the collar bone and threaded into the right side of the heart] Dialysis access site upon return from Dialysis .</p> <p>Review of a 5-day MDS assessment dated [DATE], revealed Resident #66 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. The resident received dialysis services for a diagnosis of renal failure.</p> <p>Review of a comprehensive care plan for Resident #66 dated 7/9/2024, revealed .Dialysis .left chest vascath [Permacath] .The resident will have no s/sx [signs and symptoms] of complications from dialysis through the review date .</p> <p>During an observation on 7/15/2024 at 4:23 PM, Resident #66 was seated in a wheelchair. The resident had recently returned from outpatient dialysis which was performed through the catheter in her left chest. Further observation revealed no EBP signage was posted, and no PPE was outside the room available for use.</p> <p>Review of the medical record revealed Resident #587 was admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis, Gastrostomy Status, and Gastroparesis.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #587 scored a 5 on the BIMS assessment which indicated the resident had severe cognitive impairment and had a feeding tube.</p> <p>Review of a Nutrition assessment for Resident #587 dated 7/15/2024, revealed the resident received nutritional support through a feeding tube.</p> <p>Review of a comprehensive care plan for Resident #587 dated 7/15/2024, revealed .Has .PEG [percutaneous endoscopic gastrostomy tube] .</p> <p>During an interview on 7/15/2024 at 4:02 PM, the Director of Nursing (DON) confirmed the facility did not have any residents on enhanced barrier precautions. She also confirmed there was no EBP signage posted, and PPE was not available outside of resident rooms with indwelling foley catheters, gastrostomy tubes, and a central venous line.</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 07/17/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation and interview on 7/15/2024 at 4:26 PM, in the resident's room, LPN D confirmed Resident #587 was not on enhanced barrier precautions, there was no EBP signage posted or PPE outside the room available for use.</p> <p>During an interview on 7/17/2024 at 9:00 AM, the Regional Director of Clinical Services confirmed the facility was not observing EBP for residents with invasive devices at this time unless ordered by the physician. The Regional Director of Clinical Services confirmed he was aware of guidance released in 4/2024 regarding EBP for residents with invasive devices.</p>