| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 445244 | A. Building<br>B. Wing | 12/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Cleveland | 3530 Keith St NW<br>Cleveland, TN 37311 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record reviews, observations, and interviews, the facility failed to provide a clean and sanitary environment by ensuring cleanliness of personal fans for 2 residents (Residents #41 and #6) of 4 residents reviewed for cleanliness of personal fans.The findings include:Review of the facility policy titled, Daily Room Cleaning, dated 2/24/2022, revealed .The cleanliness of each resident's room is maintained on a daily basis by the housekeeping staff to provide a fresh, clean, and sanitary environment and reduce the potential for nosocomial infections .clean low-touch surfaces on a scheduled basis (ie [for example] weekly) .Review of the medical record revealed Resident #41 was admitted to the facility on [DATE], with diagnoses including Colon Cancer, Heart Disease, Chronic Pain, and Major Depressive Disorder.Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #41 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact.During an observation and interview on 12/15/2025 at 9:45 AM, revealed Resident #41 lying in bed, with a small stand-up fan on the bedside table, approximately 3 feet from the resident's head and turned to blow toward the resident's face. Resident #41 stated it was his personal fan, and his preference for the fan to be blowing on his face. The fan blades had some gray dust accumulated, and thick debris resembling clumped gray fibers had accumulated on the protective grille. Review of the medical record revealed Resident #6 was admitted to the facility on [DATE] with diagnoses including Heart Valve Disease, Heart Failure, and Chronic Respiratory Failure with Hypoxia.Review of a quarterly MDS assessment dated [DATE], revealed Resident #6 scored a 10 on the BIMS assessment which indicated the resident had mild cognitive impairment.During an observation on 12/16/2025 at 2:29 PM, revealed Resident #6 had a small fan on the bedside table, turned to blow toward the resident's face. The fan blades had some gray dust accumulated, and thick debris resembling clumped gray fibers had accumulated on the protective grille.During observations and interview on 12/16/2025 at 3:38 PM, the Environmental Services Director (ESD) stated rooms and equipment in rooms should be dusted/cleaned daily. The ESD confirmed the fans in both Resident #41 and Resident #6's rooms were not clean and confirmed they both had gray dust accumulated on the fan blades, and thick debris resembling clumped gray fibers had accumulated on the protective grille and was not maintained in a clean and sanitary condition. |

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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