STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445244	A. Building 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 Cleveland, TN 37311

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on facility policy reviews, facility documentation reviews, observations, and interviews, the facility failed to maintain a clean and sanitary kitchen which had the potential to affect 87 of 87 residents.The findings include:Review of the facility policy titled, Food Safety and Sanitation, dated 4/30/2025, revealed .Cleaning Schedule .The Director of Food and Nutrition Services shall .ensure that the Food and Nutrition Services department is maintained in a clean and sanitary manner in accordance with regulatory requirements .Equipment and Utensil Cleaning and Sanitization - A potential cause of foodborne outbreaks is improper cleaning (washing and sanitizing) of equipment and protecting equipment from contamination via splash, dust, grease .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 .During an observation of the kitchen with the Food Services Director (FSD) on 12/15/2025 from 9:45 AM to10:30 AM, revealed the following items:(1) at 9:48 AM, the floor under and around the stove and cook top griddle was visibly soiled with unknown thick debris, dried food debris, and accumulated grime. (2) at 9:51 AM, the walk-in refrigerator contained an opened container of Barbecue Sauce, 1 gallon, with less than 1/4 contents left. There was old residue on the container, the container was not labeled with the opened date, the manufacturer expiration date was 10/2025, and was available for resident use.(3) at 9:55 AM, the walk-in refrigerator contained an opened container of Caesar Dressing, 1 gallon, with less than 1/4 contents left. There was old dressing residue with gray/black spots on the outside of the container, the container was not labeled with the opened date, the manufacturer expiration date was 8/1/2024, and was available for resident use.Review of the facility document titled, Daily Cleaning Logs, revealed the kitchen including the floor and kitchen equipment were to be cleaned daily and recorded on the log. The last documentation recorded on the log was 12/12/2025, there was no documentation recorded for cleaning on 12/13/2025 or 12/14/2025. Review of the facility document titled, Dish Machine Temperature Log, dated 12/1/2025 to 12/15/2025, revealed data for testing the dishwasher sanitizer was not recorded on 12/14/2025 for all 3 meals. Review of the facility document titled, Food Temperature Log, dated 12/1/2025 to 12/14/2025, revealed there were 9 out of 42 meals served where the food temperatures were not recorded on the log as follows: lunch 12/1/2025, dinner 12/4/2025, lunch 12/6/2025, all 3 meals 12/7/2025, lunch 12/12/2025, 12/13/2025, and 12/14/2025. During an interview on 12/15/2025 at 11:15 AM, the FSD confirmed the expired Barbeque sauce and Caesar dressing was available for resident use, the floor around the stove/griddle was visibly soiled and had not been cleaned and confirmed the kitchen and food storage were not maintained in a clean and sanitary condition. The FSD confirmed all food temperatures and dishwasher sanitizer results had not been documented or recorded in 12/2025 and the logs had incomplete documentation.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observations, interviews, and medical record review, the facility failed to properly store medications and biologicals in 3 medication carts (Cart South-Even, South-Odd, and Skilled) of 3 medication carts observed, and 1 medication room (South) of 2 medication rooms reviewed, and in 1 resident room (Resident #2) of 18 residents reviewed.The findings include:Review of the facility policy titled, Storage and Expiration Dating of Medications and Biologicals, dated [DATE], revealed once any medication or biological package is opened . follow manufacturer/supplier guidelines with respect to expiration dates for opened medications .facility staff should record the date opened on the .medication container .if a multi-dose vial on an injectable medication has been opened or accessed .the vial should be dated and discarded within 28 days unless the manufacturer specifies a different .date .facility should ensure medications and biologicals are stored at their appropriate temperatures .facility should destroy or return all discontinued, outdated/expired .in accordance with .guidelines .facility personnel should inspect nursing station storage areas for proper storage compliance on a regularly scheduled basis .facility should request that pharmacy perform routine nursing unit inspection .to assist facility in complying with .proper storage .Review of the facility policy titled, Self-Administration of Medications, dated [DATE], revealed .the facility will ensure that each resident who requests to self-administer medications is assessed by the interdisciplinary team (IDT) .the facility will determine through an interdisciplinary assessment if the resident is able to either safely administer medications .or the resident is able to safely store the medication in a secure area in their room and safely administer the medication as prescribed . If the resident desires to self-administer medication, the IDT will contact the resident's primary physician .of the resident request .the IDT in consultation with the primary physician .will conduct an assessment of the resident's cognitive, physical, and visual ability to carry out this responsibility .the assessment will contain .the resident's cognitive status including .ability to correctly name their medications and know what conditions they are taken for .capability to follow directions and tell time to know when medications need to be taken .comprehension of instructions .the resident's ability to ensure that medication is stored safely and securely .During an observation on [DATE] at 8:30 AM, the following was observed on South Even Medication Cart: (1) ipratropium/albuterol 0.5 milligram (mg)/3 mg per 3 mL (milliliter) vials - foil package containing vials was open, was not labeled with the date opened, and the medication box stated, .once removed from foil pouch, the individual vials should be used within 2 weeks . (2) a vial of lantus (long-acting insulin) and a vial of lispro (short-acting insulin) - both vials were sent from pharmacy on [DATE], both vials were unopened and had labels that stated .refrigerate until opened . (3) ofloxacin 0.3% drops - instill 1 drop into left eye 4 times daily for 7 days for eye infection. Eye drops were sent by the pharmacy and opened on [DATE], medication was discontinued [DATE] and remained in the medication cart. During an interview on [DATE] at 8:40 AM, Licensed Practical Nurse (LPN) G confirmed the ipratropium/albuterol was not labeled with a date when the foil package was opened and was available for resident use, unopened insulin vials were not stored in the refrigerator as stated on the label, and the ofloxacin eye drops had been discontinued several weeks prior and had not been removed from the cart.During an observation on [DATE] at 8:45 AM, the following was observed in the South Medication Room: (1) semaglutide 1 mg dose (4 mg/3mL) multi-dose pen - sent from pharmacy [DATE], not labeled with an open date. semaglutide 2 mg dose (8mg/3mL) multi-dose pen - sent from pharmacy [DATE], not labeled with an open date. (2) Adapt 7917 Box of Skin Protective Wipes, 4 remaining, expiration date [DATE]; Heparin Lock Flush Solution 5 mL syringe, expiration date [DATE]; Female Leur Lock Cap, expiration date [DATE] and were available for resident use.During an interview on [DATE] at 9:10 AM, the LPN/Unit (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Manager (UM) confirmed the Heparin Lock Flush, the Skin Protective Wipes, and the Female Leur Lock found in the South med room were past the expiration dates and were available for resident use. The LPN/UM confirmed insulin should be stored in the fridge, the 2 semaglutide pens in the medication room's fridge and the ipratropium/albuterol 0.5 mg /3 mg per (in) 3 mL vials in the med cart had not been dated when opened and should have been dated as they have a shortened expiration date once opened.Review of the medical record revealed Resident #2 was admitted to the facility on [DATE] with diagnoses including Spinal Stenosis, Lower Femur Fracture, Lung Disease, and Bi-polar Disorder.Review of the significant change in status Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #2 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 [DATE] at 4:20 PM, accompanied by the Regional [NAME] President (RVP), the room for Resident #2 revealed medications at bedside, unsecured, as follows: (1) Albuterol Sulfate 90 mcg (micrograms) inhaler, expiration date of 6/2023 (2) clindamycin phosphate gel 1% (prescription antibiotic gel for skin conditions) (3) triamcinolone acetonide 0.1% cream (prescription corticosteroid used to reduce inflammation to skin) (4) mupirocin ointment 2% (prescription antibiotic to treat skin conditions) (5) clear graduate container with a lid, containing several Tums in the bottom of the container, and a small medicine cup with an unidentified cream in the top area of the container (6) fluticasone propionate (prescription corticosteroid used to reduce inflammation in the body) (7) 32 fl oz (fluid ounces) container of isopropyl alcohol, 70% (8) spray bottle 8 fl oz hydrogen peroxide topical solution. Further observation revealed the RVP removed the medications from Resident #2's room and gave them to LPN F, who confirmed the medications were in the resident's room and should not have been.During an interview on [DATE] at 4:31 PM, the Assistant Director of Nursing (ADON) stated a resident should only have medications in their room if they were assessed for medication self-administration, have a Physician's Order for self-administration, and the resident should use a lock-box to secure their medications. The ADON confirmed Resident #2's medical record did not contain an assessment for self-administration of medications, nor a Physician's Order for self-administration of medications, and confirmed Resident #2 had medications at the bedside and should not have had medications at the bedside or left unsecured.During an observation and interview on [DATE] at 8:27 AM, the South-Odd Medication Cart was against the wall on south hall, there was an 8.3-ounce container of Polyethylene Glycol 3850 (mild laxative used for constipation) on top of the medication cart, and no licensed nurse was visible on the hall. RN E was observed exiting a resident room and walked to the medication cart. RN E confirmed the medication of Polyethylene Glycol was left on the medication cart unattended and not secured. RN E further conformed the medication was improperly stored and should have been locked in the cart.During an observation and interview on [DATE] at 8:37 AM, the Skilled Medication Cart was against the wall on the skilled hall, the medication cart was unlocked, and there was no licensed nurse visible on the hall. LPN H was observed exiting a resident room and walked to the medication cart. LPN H confirmed the medication cart was left unlocked and unattended, the medication cart should always be locked when unattended, and confirmed the medications were improperly stored.During an interview on [DATE] at 9:45 AM, the Assistant Director of Nursing (ADON) confirmed insulin had not been stored in the refrigerator until opened as recommended, the discontinued medications had not been removed from the medication carts promptly, the observed injectables and nebulizer medications were not dated when opened and should have been labeled due to the shortened expiration once opened, and all were available for resident use. The ADON confirmed medication carts should be locked when unattended, and medications should not be left on the cart or unsecured and confirmed the items were not stored and secured appropriately.

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record reviews, observation, and interviews, the facility failed to ensure the residents' health information remained private and confidential for 2 residents (Residents #73 and #113) on 1 medication cart (skilled cart) of 5 medication carts observed, which had the potential to allow individuals unauthorized access to the residents' private health information.The findings include:Review of the facility policy titled, Safeguarding Electronic Health Information, dated 3/10/2025, revealed .[the facility] protects the confidentiality of all residents regardless of the storage method .access to electronic resident information is controlled by a system that involves passwords as well as restrictions based on job function .computer screen placement should be reviewed .to ensure unauthorized viewing is not easily possible .all users should be trained to log off .when away from their workstations .laptop computers .containing PHI [Protected Health Information] should not be left unattended .Review of the medical record revealed Resident #73 was admitted to the facility on [DATE] with diagnoses including Stroke with Hemiplegia, Right Tibia Fracture, and Cognitive Impairment.Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #73 scored a 9 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment.Review of the medical record revealed Resident #113 was admitted to the facility on [DATE] with diagnoses including Diabetes, Metabolic Encephalopathy, Fatty Liver, and High Blood Pressure.Review of a BIMS Interview/Observation assessment dated [DATE], revealed Resident #113 scored a 14 which indicated the resident was cognitively intact.During an observation on 12/17/2025 at 8:27 AM, the skilled medication cart was in the hallway against the wall, the laptop screen was facing the hallway and was open to Resident #113's electronic Medication Administration Record (eMAR), with medications visible to passersby. Further review revealed the narcotic sign out book was lying open on top of the medication cart, with Resident #73's controlled substance reconciliation log visible, and within view of any passerby.During an interview on 12/17/2025 at 8:28 AM, LPN H returned to the medication cart and confirmed health information was visible to a passerby for Resident #113 on the open laptop screen, and for Resident #73 on the open narcotic book. LPN H confirmed the laptop screen should have been locked or closed and the narcotic book should have been closed, so resident information was not visible to others.During an interview on 12/17/2025 at 9:15 AM, the Assistant Director of Nursing (ADON) stated the residents' sensitive health information should not be open to view and confirmed the nurse should ensure the residents' personal and confidential medical information was secured by covering any papers and closing or locking the laptop screen prior to leaving the medication cart and Resident #113's, and #73's medical information was not maintained confiedntial.

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F 0584 Level of Harm - Minimal harm or potential for actual harm 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. **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.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual review, facility policy review, medical record review, and interviews, the facility failed to ensure MDS assessments were accurate for 1 resident (Residents #3) of 3 residents reviewed for MDS assessments. The findings include:Review of the MDS 3.0 RAI Manual, dated 10/2025, revealed .Health-related Quality of Life .residents covered by Level II [2] PASRR [Pre-admission Screening and Resident Review] process may require certain care and services provided by the nursing home .Steps for Assessment .Code .yes .if PASRR Level II screening determined that the resident has a serious mental illness .Review of the facility policy titled, Certification of Accuracy of the MDS reviewed 8/29/2025, revealed .Accuracy of Assessment .the appropriate, health professional correctly document the resident's medical status .the assessment must accurately reflect the resident's status .Review of the medical record revealed Resident #3 was admitted to the facility on [DATE] with diagnoses including Dementia, Depression, and Anxiety.Review of a PASRR dated 8/16/2024, revealed Resident #3 had a PASRR Level II Outcome related to serious mental illnesses of Dementia, Depression, and Anxiety. Review of a significant change in status MDS assessment dated [DATE], revealed Resident #3 scored a 3 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Further review revealed the resident had active diagnoses of Dementia, Depression, and Anxiety. Continued review revealed the resident was not coded for a Level II PASRR condition. Review of the Psychiatric Periodic Evaluation note dated 12/15/2025, revealed .history of dementia, depression, and generalized anxiety disorder, seen today in follow-up for ongoing management .During an observation on 12/15/2025 at 11:35 AM, revealed Resident #3 was sitting in wheelchair in her room. Resident stated she was happy here. Further observation revealed the resident required assistance with toileting, and transfers and no behaviors were noted. During a medical record review and interview on 12/16/2025 at 3:06 PM, Registered Nurse (RN) MDS Coordinator reviewed the significant change in status MDS assessment, dated 11/20/2025 and the Level II PASRR dated 8/16/2024 for Resident #3. The RN MDS Coordinator confirmed the significant change in status MDS assessment for Resident #3 was inaccurate and did not include the Level II PASRR.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interview, the facility failed to follow physician's orders and the facility policy, for 1 (Resident #24) of 6 residents reviewed for medication administration. The findings include:Review of the facility policy titled, Administration of Medications, dated 11/15/2024, revealed .Facility staff should crush oral medications only in accordance with pharmacy guidelines as set forth in Resource: Oral Dosage Forms that Should Not Be Crushed and/or facility policy .Exceptions to Should Not Crush medications may occur when physician/prescriber orders are documented in the medical record including a statement explaining why crushing the medication will not adversely affect the resident .Review of the medical record revealed Resident #24 was admitted to the facility on [DATE] with diagnoses including Heart Disease, Diabetes, and Dementia.Review of a Physician's Order for Resident #24 dated 7/31/2025, revealed .May crush meds [medications] unless contraindicated. The order was discontinued on 12/2/2025 due to a hospitalization and was resumed on 12/9/2025.Review of a Physician's Order for Resident #24 dated 7/31/2025, revealed Isosorbide Mononitrate Extended Release (ER) 24 Hour 30 milligram (mg), give 1 tablet by mouth one time a day for hypertension. The medication was discontinued on 12/2/2025 due to a hospitalization and was resumed on 12/9/2025.Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #24 scored a 3 on the Brief Interview for Mental Status (BIMS) assessment, which indicated Resident #24 had severe cognitive impairment.Review of the comprehensive Care Plan dated 10/30/2025, revealed Resident #24 .has a swallowing problem .Complaints of difficulty or pain with swallowing .During an observation and interview on 12/16/2025 at 8:22 AM, Licensed Practical Nurse (LPN) F removed Resident #24's medications from the original packaging, placed the medications including Isosorbide Mononitrate ER Tablet (medication used to treat chest pain and Hypertension caused by Coronary Artery Disease) 30 mg, into a plastic sleeve used for crushing medications. LPN F stated Resident #24 swallowed medications better crushed in applesauce. LPN F poured the crushed medications into a plastic cup with the applesauce, entered Resident #24's room, rechecked the resident's blood pressure, which read 145/82, and administered the medications to the resident. During an interview on 12/16/2025 at 8:31 AM, LPN F stated, .it [the order for Isosorbide Mononitrate Extended Release] does not say it cannot be [crushed] . LPN F retrieved the medication card label for the Isosorbide Mononitrate ER from the drawer and stated, .the card says not to crush it [the medication] . LPN F stated she normally crushed the medication every morning. During an interview on 12/16/2025 at 4:31 PM, the Assistant Director of Nursing (ADON) confirmed the facility failed to follow a physician's order for medication for Resident #24 by crushing an extended-release medication that should not be crushed and administered.Review of the Order Recapitulation (Recap) Report for 12/2025 revealed Resident #24's order for Isosorbide Mononitrate ER Tablet 24 Hour 30 MG .Give 1 tablet by mouth one time a day for Hypertension . was discontinued on 12/16/2025 at 10:26 AM by the Nurse Practitioner (NP) due to not being crushed .can't crush . Further review revealed .May crush meds unless contraindicated .Review of a Physician's Assistant [PA] Progress Note for Resident #24 dated 12/16/2025, revealed .[Resident #24] is being seen today because nursing .also reports his medications need to be crushed and .is taking isosorbide mononitrate that should not be crushed . Continued review revealed .Physical Exam .No apparent distress .Cardiovascular .RRR [Regular Rate and Rhythm] .I [PA] did call cardiology nurse practitioner in consult. He recommended to discontinue isosorbide as it should not be crushed .Cardiology nurse practitioner states he will see patient [Resident #24] on Monday and follow-up .During an interview on 12/17/2025 at 11:35 AM, LPN D stated Resident #24 was evaluated by the NP on 12/16/2025 and the order for the Isosorbide Mononitrate ER was discontinued due to the contraindication for the medication to be crushed. LPN D further stated Resident #24's blood pressure reading taken on 12/17/2025 was 138/83 and had no adverse outcomes from the medication error.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility failed to ensure proper infection control practices related to hand hygiene during meal service for 4 residents (Residents #74, #24, #92, and #19) of 10 residents observed during meal tray distribution on 1 of 4 hallways.The findings include:Review of the facility policy titled, Hand Hygiene for Residents ., dated 7/8/2025, revealed .the facility should educate .residents .about hand hygiene and encourage frequent hand hygiene .the facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infections .the facility should assist either physically or through reminders to residents to perform hand hygiene .before meals .Review of the medical record revealed Resident #74 was admitted to the facility on [DATE] with diagnoses including Diabetes, Dementia, and Blindness One Eye. Review of a significant change in status Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #74 scored a 1 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Further review revealed Resident #74 was dependent upon staff assistance with personal hygiene (which includes washing face and hands). Review of the medical record revealed Resident #24 was admitted to the facility on [DATE] with diagnoses including Diabetes, Dementia, and Delusional Disorder.Review of a quarterly MDS assessment dated [DATE], revealed Resident #24 scored a 3 on the BIMS assessment which indicated the resident had severe cognitive impairment. Further review revealed Resident #24 required substantial/maximal assistance with personal hygiene.During an observation on 12/16/2025 at 7:51 AM, revealed Certified Nursing Assistant (CNA) A brought Resident #74's meal tray into the room and sat it on the bedside table. Resident #74 sat up on the edge of the bed and began eating without being assisted with hand hygiene. Continued observation at 7:53 AM, revealed CNA A brought Resident #24's meal tray into the room, and sat it on the bedside table. Resident #24 sat on the side of the bed and began eating without being assisted with hand hygiene. During an interview on 12/16/2025 at 7:54 AM, CNA A confirmed Residents #74 and #24 were not offered or assisted with hand hygiene prior to meal service. CNA A stated staff carried small hand sanitizer bottles to perform hand hygiene for the residents but confirmed the bottle he had was unopened and had not been used.Review of the medical record revealed Resident #92 was admitted to the facility on [DATE] with diagnoses including Cervical Spinal Cord Fracture, Heart Failure, and High Blood Pressure.Review of an annual MDS assessment dated [DATE], revealed Resident #92 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Further review revealed Resident #92 required substantial/maximal assistance with personal hygiene.During an observation and interview on 12/16/2025 at 7:56 AM, revealed CNA B brought Resident #92s meal tray into the room and sat it on the bedside table. Resident #92 was sitting up in bed and began eating. CNA B did not assist the resident with hand hygiene prior to the meal service and confirmed hand hygiene had not been performed for Resident #92 prior to the meal.Review of the medical record revealed Resident #19 was admitted to the facility on [DATE] with diagnoses including Brain Hemorrhage, Dysphagia (difficulty swallowing), and Respiratory Failure with Hypoxia.Review of a quarterly MDS assessment dated [DATE], revealed Resident #19 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Further review revealed Resident #19 required substantial/maximal assistance with personal hygiene.During an observation and interview on 12/16/2025 at 8:00 AM, the Director of Admissions (DA) brought Resident #19's meal tray into the room, sat it on the bedside table in front of the resident's wheelchair and the resident began eating. Resident #19 was not assisted with hand hygiene prior to the meal service. The DA confirmed hand hygiene was not performed for Resident #19 prior to serving the meal. The DA stated staff usually had small 2-ounce bottles of hand sanitizer they carried with them and confirmed (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445244	A. Building 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 Cleveland, TN 37311

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	she did not have her bottle of hand sanitizer with her.During an interview on 12/16/2025 at 2:00 PM, the Executive Director stated the staff were to offer hand hygiene assistance to all residents before meal service and stated the facility had provided small hand sanitizer bottles to employees for resident's hand hygiene. The Executive Director confirmed infection prevention and control practices were not maintained during the breakfast meal on 12/16/2025.