

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Summit View of Rocky Top		STREET ADDRESS, CITY, STATE, ZIP CODE 204 Industrial Park Rd Rocky Top, TN 37769	

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 - Some</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** 38810</p> <p>Based on facility policy review, medical record review, observations, and interviews the facility failed to ensure 4 of 10 residents (Residents #34, #10, #57, and #33) were treated with dignity during the lunch meal in the dining room on 8/12/2024 when residents at the same table were not served the meal at the same time.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Resident's Rights and Quality of Life, dated 5/1/2012, revealed .It is the policy .all residents have the right to a dignified existence .with .access to .services inside .the facility .</p> <p>Review of the facility policy titled, Dining and Meal Service, dated 1/1/2017, revealed .The dining experience will be person-centered with the purpose of enhancing each individual resident's .quality of life .Individuals at the same table will be served and assisted at the same time .</p> <p>Review of the medical record revealed Resident #34 was admitted to the facility on [DATE] with diagnoses including Dementia, Hypoglycemia, Major depressive Disorder, Type 2 Diabetes, and Hypertension.</p> <p>Review of the admission MDS assessment dated [DATE], revealed Resident #34 was unable to complete the BIMS assessment due to the resident was rarely/never understood. The resident required setup assistance from staff with eating.</p> <p>Review of the medical record revealed Resident #10 was admitted to the facility on [DATE] with diagnoses including Major Depressive Disorder, Depression, Senile degeneration of Brain, and Chronic Obstructive Pulmonary Disease.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #10 scored a 4 on the BIMS assessment which indicated the resident had severe cognitive impairment. The resident required setup assistance from staff with eating.</p> <p>Review of the medical record revealed Resident #57 was admitted to the facility on [DATE] with diagnoses including Dementia, Hyperglycemia, Depression, and Type 2 Diabetes.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #57 scored a 4 on the BIMS assessment which indicated the resident had severe cognitive impairment. The resident required setup assistance from staff with eating.</p> <p>Review of the medical record revealed Resident #33 was admitted to the facility on [DATE] with diagnoses including Dementia, Type 2 Diabetes, Autistic Disorder, and Adult Failure to Thrive.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #33 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact and the resident was independent with eating.</p> <p>During a dining observation on 8/12/2024 at 1:00 PM, in the main dining room, a total of 10 residents were seated in the dining room for the lunch meal. The observations revealed the following:</p> <p>During an observation and interview on 8/12/2024 at 1:07 PM, Resident #57 was seated in a wheelchair rolling himself around the dining room. The resident stated to the surveyor he would like to have his lunch because he was hungry. Certified Nursing Assistant (CNA) N retrieved Resident #57's meal tray from a cart on the East hallway (not from the dining room cart). The resident seated himself at a table alone and was served the lunch meal at 1:20 PM, 13 minutes after the resident stated he was hungry and requested his meal.</p> <p>Resident #34 was seated at a table with Resident #55 who was served the lunch meal at 1:13 PM. Resident #34 received the lunch meal at 1:25 PM, 12 minutes after Resident #55 had been served.</p> <p>Resident #10 was seated at a table with Residents #8, #21, and #82 who received thier lunch meal at 1:17 PM. Resident #10 received the lunch meal at 1:34 PM, 17 minutes after Residents #21, #8, and #82 had been served.</p> <p>Resident #33 was seated by himself at a table and was served the lunch meal at 1:29 PM, 29 minutes after the dining meal started.</p> <p>During an observation and interview on 8/12/2024 at 1:33 PM, The Activity Director entered the dining room with Resident #10's meal tray and stated Resident #10's lunch meal was in the resident's room on the bedside table and stated she was unsure who had left the meal in Resident #10's room. The Activity Director confirmed Resident #10's meal tray was left in the resident's room and the resident was not served the meal in the dining room until 1:34 PM.</p> <p>During an interview on 8/12/2024 at 1:50 PM, the Regional [NAME] President stated residents in the dining room were to be served one table at a time and confirmed the residents were not served timely for the lunch meal.</p>		

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<p>F 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49786</p> <p>Based on facility policy review, medical record review, observation, and interview, the facility failed to provide a clean, homelike environment for 1 resident (Resident #77) of 90 residents reviewed for a clean, homelike environment.</p> <p>Review of the facility's policy titled, Residents Rights and Quality of Life, dated 5/1/2012, revealed, .all residents have the right to a dignified existence .with access to services inside and outside the facility .to receive services in a facility environment that is safe, clean and comfortable .</p> <p>Review of the medical record revealed Resident #77 was admitted to the facility on [DATE] with diagnoses including Difficulty Walking, Weakness, and Lack of Coordination.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #77 scored a 7 on the Brief Interview for Mental for Status (BIMS) assessment which indicated the resident had severe cognitive impairment.</p> <p>During observations in room [ROOM NUMBER] on 8/12/2024 at 11:00 AM; on 8/13/2024 at 2:45 PM; on 8/14/2024 at 1:35 PM; and on 8/20/2024 at 8:20 AM, revealed Resident #77's bathtub contained dead insects in the bottom of the bathtub with a brownish, black dirt-like substance around the drain.</p> <p>During an observation and interview in room [ROOM NUMBER] on 8/20/2024 at 8:20 AM, with the Administrator, revealed Resident #77's bathtub contained dead insects in the bottom of the bathtub with a brownish, black dirt-like substance around the drain. The Administrator confirmed Resident #77's bathtub had not been maintained in a sanitary manner and did not represent a clean, homelike environment for the resident.</p>

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48100</p> <p>Based on facility policy review, medical record review, facility investigation documentation review, observations, and interviews, the facility failed to protect the resident's right to be free from physical abuse from another resident for 2 residents (Resident #22 and #54) when Resident #45 punched Resident #22 in the face and when Resident #13 struck Resident #54 twice in the face of 90 residents reviewed for abuse.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Abuse, Neglect, Misappropriation, Exploitation Policy, dated 1/2019, revealed .Abuse .infliction of injury, unreasonable confinement, intimidation, or punishment .Willful .means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm . Physical Abuse: includes but is not limited to .hitting, slapping, punching .a resident to resident altercation will be reviewed as .a situation of abuse .resident to resident event include .physically aggressive behavior, such as hitting .residents with communication disorders .</p> <p>Review of the medical record revealed Resident #22 was admitted to the facility on [DATE] with diagnoses including Dementia, Depression, and Schizoaffective Disorder.</p> <p>Review of a quarterly Minimum Data Assessment (MDS) assessment dated [DATE], revealed Resident #22 scored a 2 of the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment.</p> <p>Review of a comprehensive care plan for Resident #22 revised 7/19/2024, revealed .impaired cognitive function .r/t [related to] Dementia .difficulty making decisions .at risk for abuse related to impaired cognition . staff to monitor [the] resident for any signs of emotional distress .</p> <p>Review of the facility's investigation documentation dated 7/19/2024 at 2:30 PM, revealed .alleged incident . abuse .resident involved .[Resident #22] .additional resident involved .[Resident #45] .witnesses .[Certified Nursing Assistant (CNA) M] .description of the allegation .[CNA M] .witnessed [Resident #22] walking in the dining room and was holding a sock. [Resident #45] stood up and punched him [Resident #22] in the side of the face .no injuries .incident was witnessed .investigation revealed it was a verified incident .actions taken post investigation .[Resident #45] moved to [a] non-secured area as we [the facility] believe he [Resident #45] will be better served around residents who can respond when he [Resident #45] is moving towards them in the hallway to avoid negative interactions with non-demented residents .</p> <p>Review of a witness statement by CNA M dated 7/19/2024, revealed .I was going into the dining room to assist another resident when I observed [Resident #22] standing beside the table that [Resident #45] was sitting .[Resident #22] was just standing there holding a sock, when all of a sudden [Resident #45] jumped up from his chair and hit [Resident #22] on the left side of his face. I immediately separated [Resident #45 and Resident #22] then yelled for the nurse .</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a witness statement by Licensed Practical Nurse (LPN) L dated 7/19/2024, revealed .this nurse heard [CNA M] on [the] unit yell and responded immediately .nurse observed [CNA M] had separated [Resident #22 and Resident #45] .[CNA M] reported that [Resident #45] had punched [Resident #22] in the left side of [the] face .[CNA M] informed this nurse she observed [Resident #22] standing by the table holding a sock and [Resident #45] punched [Resident #22] in the left side of the face .</p> <p>Review of a Progress Note for Resident #22 dated 7/19/2024 at 4:00 PM, revealed .This nurse heard [the] CNA [certified nursing assistant] on [the] unit yell and immediately responded .[The] CNA on [the] unit reported that one resident [Resident #45] had punched another [Resident #22] in the left side of the face. This nurse too [took] one resident into another room and called the abuse coordinator. DNS [Director of Nursing Services] was notified and [police department] was called .[the] CNA informed this nurse that she was entering the dining [dining] room to assist another resident when she observed .[Resident #22] . standing at the table holding a sock and .[Resident #45] .punched him in the left side of face .[Resident #22 and #45] still separated at this time. No s/s [signs and symptoms] of distress noted. No c/o [complaints of] pain at this time .</p> <p>Review of a Skin Assessment for Resident #22 dated 7/19/2024, revealed .no reddened areas .no bruises . no open areas .</p> <p>Review of a Progress Note for Resident #22 dated 7/19/2024 at 4:30 PM, revealed .DNS followed up with resident post event - resident states he is unaware of being hit in face - resident is sitting in chair eating dinner - resident currently smiling and laughing as this DNS was speaking with him - no signs of distress noted at this time - resident denies any needs or complaints .</p> <p>Review of a Progress Note for Resident #22 dated 7/20/2024, revealed .resident is currently lying in bed with eyes closed - resident was reported to have slept well last night without any distress noted - no current signs of distress noted at this time .</p> <p>Review of a Nurse Practitioner's (NP) Progress Note for Resident #22 dated 7/22/2024, revealed .I am following up with [Resident #22] today because he was punched on the left side of his face by .[Resident #45] .on July 19, 2024. The resident does not remember the incident. Upon examination, he has no physical injuries to his face .</p> <p>Review of a Psychiatric (Psych) NP Progress Note dated 7/26/2024, revealed .I am following up with [Resident #22] today because he was punched on the left side of his face by .[Resident #45] .on July 19, 2024. Resident has no memory of [the] altercation and no injury is noted on [the] face. Staff report that he [Resident #22] is generally calm and have never seen him [Resident #22] be aggressive .mood has been stable .</p> <p>Review of the medical record revealed Resident #45 was admitted to the facility on [DATE] with diagnoses including Dementia with Behavioral Disturbance, Auditory Hallucinations, and Impulsiveness.</p> <p>Review of an annual MDS assessment dated [DATE], revealed Resident #45 scored a 5 on the BIMS assessment, which indicated the resident had severe cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the comprehensive care plan for Resident #45 initiated 4/19/2024, revealed .Resident has potential to be physically aggressive towards others . with interventions including .Administer medications as ordered .Analyze times of day, places, circumstances, triggers, and what de-escalates behavior and document .Modify environment .When the resident becomes agitated: Intervene before agitation escalates; Guide away from source of distress .Provide positive feedback for good behavior .</p> <p>Review of a Progress Note for Resident #45 dated 7/19/2024 at 4:01 PM, revealed .This nurse heard [the] CNA on [the] unit yell and immediately responded .[The] CNA on [the] unit reported that one resident [Resident #45] had punched another [Resident #22] in the left side of the face. This nurse too [took] one resident into another room and called the abuse coordinator. DNS [Director of Nursing Services] was notified and [police department] was called .[The] CNA informed this nurse that she was entering the dinning [dining] room to assist another resident when she observed .[Resident #22] .standing at the table holding a sock and .[Resident #45] .punched him in the left side of face .[Resident #22 and #45] [are] still separated at this time. No s/s of distress noted. No c/o pain at this time .</p> <p>Review of a Skin Assessment for Resident #45 dated 7/19/2024, revealed .no reddened areas .no bruises . no open areas .</p> <p>Review of a Progress Note for Resident #45 dated 7/19/2024 at 4:40 PM, revealed .this DNS spoke with resident following earlier event - resident does not recall hitting another resident [Resident #22] .resident [Resident #45] denies feelings of anxiety or anger at this time .resident is currently sitting and eating dinner . resident denies any needs or complaints .no signs of distress or behaviors noted at this time .</p> <p>Review of a Progress Note for Resident #45 dated 7/20/2024 at 11:23 PM, revealed .Resident [was] in [a] good mood seems to have no memory of [the] altercation from [the] incident with [the] other resident [Resident #22] .no sign of injury or distress .</p> <p>Review of a NP Progress Note for Resident #45 dated 7/22/2024, revealed .I am following up on an incident . CNA had separated .[Resident #22 and Resident #45] .CNA on the unit reported [Resident #45] had punched .[Resident #22] .in the left side of the face .On examination today [Resident #45] has no injuries .</p> <p>Review of a Psychiatric NP Progress Note for Resident #45 dated 7/26/2024, revealed .Asked to see resident today due to resident having physical altercation with .[Resident #22] .this past week on [7/19/2024] and follow-up due to increasing [a mood stabilizing medication] on [the] day of [the] event .[Resident #45] went up to .[Resident #22] .and hit [Resident #22] while that resident [Resident #22] was standing holding a sock .[Resident #45] was unable to recall event .Staff unsure of what could have provoked him to hit [Resident #22] .Since [the] incident [resident to resident altercation] .[Resident #45] has been calm and had no verbal outbursts or physical aggression .[Resident #45] has been moved off of secured unit into general population .adjusting well .</p> <p>Review of a comprehensive care plan for Resident #45 revised 7/26/2024, revealed .Resident has potential to be physically aggressive towards others .administer medications as ordered .Psych NP to review medication list .psych NP increased mood stabilizer [7/19/2024] .impaired cognitive function .use of psychotropic medications .Trial resident off secure unit .</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/12/2024 at 11:55 AM, LPN L stated she was working the afternoon the allegation occurred (7/19/2024). LPN L stated she heard yelling coming from the dining room area and headed in that direction. LPN L stated Resident #22 and Resident #45 were already separated by CNA M. LPN L stated she was met in the hallway by CNA M assisting Resident #22 back to his room. LPN L stated she assessed Resident #22 and Resident #45 for injuries from the altercation and there were not any redness or injuries observed to any part of the body. LPN L stated after the altercation, both the residents were separated and could not even recall the physical altercation moments after the event. LPN L stated there had not been any further resident to resident occurrences between Resident #22 and Resident #45 and felt like this was an isolated event. LPN L confirmed the altercation between Resident #22 and Resident #45 resulted in physical abuse when Resident #45 hit Resident #22 in the face.</p> <p>During a telephone interview on 8/12/2024 at 6:23 PM, CNA M stated she was working the afternoon (7/19/2024) of the altercation between Resident #22 and #45. CNA M stated she had exited the dining room to get the charting device and upon return to the dining room she observed [Resident #22] standing 2-3 feet away from Resident #45. CNA M stated Resident #22 was holding a pair of socks in his hands and was looking at Resident #45. CNA M stated before she could walk over to Resident #22 to redirect him away from Resident #45, Resident #45 quickly stood up from the chair and struck Resident #22's left jaw with a closed fist. CNA M stated she immediately separated the residents and alerted the nurse. CNA M stated the nurse assessed Resident #22 and Resident #45 for injuries and none were observed. CNA M stated there had not been any further occurrences between Resident #22 and Resident #45 and felt like this was an isolated event.</p> <p>During an observation on 8/13/2024 at 10:02 AM, Resident #22 was sitting on the side of the bed, watching television, and there were no behaviors present.</p> <p>During an observation on 8/13/2024 at 10:07 AM, Resident #45 was sitting up in the bed, watching television. Resident #45 did not exhibit any behaviors and was alert and oriented to person.</p> <p>During an interview on 8/14/2024 at 11:15 AM, the DNS stated she was notified of the altercation between Resident #22 and Resident #45 on 7/19/2024. The DNS stated Resident #22 and Resident #45 were assessed for injuries and none were observed. The DNS stated both residents were calm after the event and could not even recall the event. The DNS confirmed the altercation between Resident #22 and Resident #45 had occurred and resulted in Resident #22 being hit in the face by Resident #45.</p> <p>During an interview on 8/15/2024 at 9:20 AM, Psych NP stated she was notified of the altercation between Resident #22 and Resident #45 that occurred on 7/19/2024. The Psych NP stated immediate interventions were initiated and have been successful to prevent a reoccurrence. The Psych NP stated [Resident #45] could have been triggered by Resident #22 being too close to him, but it is unknown due to Resident #45's cognition and impulsiveness. The Psych NP stated Resident #22 and Resident #45 did not sustain any harm from this instance of resident-to-resident abuse. The Psych NP confirmed the resident-to-resident altercation between Resident #22 and Resident #45 resulted in physical abuse when Resident #45 hit Resident #22.</p> <p>Review of the medical record revealed Resident #54 was admitted to the facility on [DATE] with diagnoses including Neurocognitive Disorder, Muscle Weakness, and Anxiety.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #54 scored a 10 of the BIMS assessment which indicated the resident had moderate cognitive impairment.</p> <p>Review of the facility's investigation documentation dated 8/12/2024 at 1:25 PM, revealed .alleged incident . abuse .who made the allegation .[Resident #338] .resident involved .[Resident #54] .additional resident involved .Resident #13 .description of the allegation .[Resident #13] approached [Resident #54] and hit him in the face twice .this was reported by [Resident #338] who is noted to be cognitively intact .no injuries . investigation summary .it was determined that [Resident #13] believes that [CNA N] is his girlfriend and that any time she gives care/attention to another resident is has the potential to rile him [Resident #13] up . actions taken post investigation .[Resident #13] moved from [the secure unit] to allow [Resident #13] to have better interactions with other staff and not trigger this behavior .</p> <p>Review of a witness statement for Resident #338 dated 8/12/2024, revealed .preparing to eat lunch . [Resident #54] in [the] wheelchair was sitting at the end of [the] table .[Resident #13] was pushing [the] chair towards [Resident #54] when .[Resident #13 and Resident #54] .exchanged a few words [unknown] then [Resident #13] hit [Resident #54] twice in [the] forehead .staff separated .</p> <p>Review of an untitled typed document provided by the facility (not dated, timed, or signed) revealed .Phone Interview with CNA N .On [8/12/2024] .I was in the dining room preparing the residents for lunch .I heard [LPN L] say something to [Resident #13] so I turned around quickly and saw [Resident #13] standing up close [to] and over [Resident #54] trying to hit him .I went over to assist [LPN L] to escort [Resident #13] out of [the] dining area .[Resident #13] was then redirected by [LPN L] to his room and I went back into [the] dining area to check on [Resident #54] which stated he was okay .[Resident #13] was taken his lunch to his room per resident request .[Resident #54] did not show any signs of distress after incident .</p> <p>Review of an untitled typed document provided by the facility (not dated, timed, or signed) revealed .Phone Interview with LPN L .On [8/12/2024] at approximately 1:24pm, this nurse and [CNA N] on duty were in dining area preparing lunch for residents when another resident [Resident #338] stated, Hey honey . [Resident #13] .just hit .[Resident #54] .in the face twice .This nurse turned around and observed [Resident #13] with his fist balled up and attempting to swing at [Resident #54]. This nurse intervened immediately and separated [Resident #13 and Resident #54]. [CNA N] assisted .and redirected [Resident #13] out of [the] dining area. I [LPN L] did perform full assessments on both residents to which no visible injuries or skin abnormalities were noted. [Resident #13] had been redirected to his room per his request .[LPN L] asked [Resident #13] what happened, [Resident #13] stated, 'he is trying to take my woman' .[Resident #54] . [was] interviewed and stated he was hit in the face .but stated he was okay and denied any feelings of distress at that time .</p> <p>(continued on next page)</p>		

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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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Progress Note for Resident #54 dated 8/12/2024 at 5:04 PM, revealed .at approx [approximately] 1324 [1:24 PM] .[LPN L] . and .[CNA N] .on unit were in the dinning [dining] room preparing to serve lunch when .[Resident #338] .came up and told me [LPN L] that [Resident #13] had hit [Resident #54] in the face twice. This nurse turned around and observed [Resident #13] standing beside [Resident #54] with his fists balled. This nurse and CNA on [the] unit got between .[Resident #13 and #54] .as [Resident #13] swung [at Resident #54]. No contact was made. This nurse and CNA on unit took [Resident #13] into his room and CNA went back to [the] dinning [dining] room. This nurse asked [Resident #13] why he had hit [Resident #54]. He [Resident #13] stated 'Because I want to hit him' [Resident #54] .and began trying to go back out the door. This nurse stopped [Resident #13] and asked why he wanted to hit [Resident #54] for no reason and [Resident #13] stated 'I have my reasons, he's [Resident #54] trying to take my woman'. This nurse went back to check on [Resident #54] and asked what had happened. [Resident #54] stated 'nothing' .I [LPN L] then asked if someone had hit him, [Resident #54] stated 'yes' I [LPN L] asked where he had been hit. [Resident #54] stated .somewhere in the face . I asked if he was hurt and he stated 'No' .No obvious injury noted on either resident .</p> <p>Review of a Skin Assessment for Resident #54 dated 8/12/2024, revealed .no reddened areas .no bruises . no open areas .</p> <p>Review of a comprehensive care plan for Resident #54 revised 8/13/2024, revealed . At Risk for negative impact of trauma on physical and mental health R/T exposure to abuse, violent and other adverse experiences .Struck by another resident .room change .</p> <p>Review of a Progress Note for Resident #54 dated 8/13/2024 at 6:15 AM, revealed .Resident is in bed at present with eyes closed. O [no] distress or complaints noted. O [no] behaviors noted this shift .</p> <p>Review of a Physician's Progress Note for Resident #54 dated 8/13/2024, revealed .I am seeing him today after .[Resident #54] .was assaulted by .[Resident #13]. [Resident #54] does recall the episode [resident to resident altercation] vaguely. When asked [Resident #54] what happened .[Resident #54] states 'I remember getting punched in the face,' pointing to his left cheek. He remembers nothing about the circumstances of the incident or who punched him .Memory impaired but pleasant .[Resident #54] denies headache, facial pain, pain with chewing .</p> <p>Review of the medical record revealed Resident #13 was admitted to the facility on [DATE] with diagnoses including Dementia with Psychotic Disturbance, Schizophrenia, and Muscle Weakness.</p> <p>Review of an annual MDS assessment dated [DATE], revealed Resident #13 scored a 4 on the BIMS assessment which indicated the resident had severe cognitive impairment.</p> <p>Review of a Skin Assessment for Resident #13 dated 8/12/2024, revealed .no reddened areas .no bruises . no open areas .</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Progress Note for Resident #13 dated 8/12/2024 at 4:56 PM, revealed .at approx [approximately] 1324 [1:24 PM] This nurse [LPN L] and CNA [CNA N] on unit were in the dinning [dining] room preparing to serve lunch when .[Resident #338] .came up and told me [LPN L] that [Resident #13] had hit [Resident #54] in the face twice. This nurse turned around and observed [Resident #13] standing beside [Resident #54] with his fists balled. This nurse and CNA on [the] unit got between the two residents [Resident #13 and #54] as [Resident #13] swung [at Resident #54] .nurse and CNA on unit took [Resident #13] into his room and CNA went back to [the] dinning [dining] room. This nurse asked [Resident #13] why he had hit [Resident #54]. He [Resident #13] stated 'Because I want to hit him [Resident #54]' and began trying to go back out the door. This nurse stopped [Resident #13] and asked why he wanted to hit [Resident #54] for no reason and [Resident #13] stated 'I have my reasons, he's [Resident #54] trying to take my woman'. This nurse went back to check on [Resident #54] and asked what had happened. [Resident #54] stated 'nothing' I [LPN L] then asked if someone had hit him, [Resident #54] stated 'yes' I [LPN L] asked where he had been hit. [Resident #54] stated ' .somewhere in the face .' I asked if he was hurt and he stated 'No' .No obvious injury noted on either resident .</p> <p>Review of a comprehensive care plan for Resident #13 revised 8/13/2024, revealed .Resident has potential to be physically aggressive r/t episode of balling up fist in threatening manner .Actual Resident had a physical altercation with another resident .resident struck other resident .provide physical and verbal cues to alleviate anxiety .give positive feedback .assist verbalization of source of agitation .assist to set goals for more pleasant behavior, encourage seeking out of staff member when agitated .modify environment .</p> <p>Review of a Progress Note for Resident #13 dated 8/13/2024 at 6:12 AM, revealed .Resident is in bed at present with eyes closed. O [no] behaviors noted this shift. O [no] distress or complaints at present .</p> <p>Review of a Physician's Progress Note for Resident #13 dated 8/13/2024, revealed .I would rate this patient's dementia is severe .severe memory impairment, diminished insight, judgment, and problem-solving .oriented times person only. Yesterday's [resident to resident altercation] appears to [have] been an isolated incident . unable to determine from available information whether there were hallucinations or the patient was simply impulsive and agitated. No evidence of physical injury on exam .ordered [anti-anxiety medication] PRN [as needed] [for] anxiety .</p> <p>Review of the medical record revealed Resident #338 was admitted to the facility on [DATE] with diagnoses including Fatigue, Muscle Weakness, and Dementia.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #338 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact.</p> <p>During an interview on 8/13/2024 at 9:35 AM, Resident #338 stated she witnessed the resident-to-resident altercation on 8/12/2024 between Resident #13 and Resident #54. Resident #338 stated she was waiting on lunch in the dining room when she observed Resident #13 walk over to Resident #54 while he was sitting in the wheelchair at the dining room table and proceeded to hit Resident #54 in the forehead with a closed fist (unsure of specific hand). Resident #338 stated Resident #13 and Resident #54 was immediately separated by the staff and did not see any visible injuries to Resident #54.</p> <p>(continued on next page)</p>		

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<p>F 0600</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 8/13/2024 at 11:15 AM, Resident #54 was lying in the bed, listening to the radio. Further observation revealed Resident #54 did not exhibit any behaviors and was alert and oriented to person. Resident #54 could not recall being hit by Resident #13.</p> <p>During an observation and interview on 8/13/2024 at 11:20 AM, Resident #13 was sitting up in the bed, watching television. Further observation revealed Resident #13 did not exhibit any behaviors and was alert and oriented to person. Resident #13 could not recall hitting Resident #54.</p> <p>During an interview on 8/13/2024 at 11:45 AM, CNA N stated she was working the afternoon (8/12/2024) of the altercation between Resident #13 and #54. CNA N stated she was in the dining room, assisting the residents with hand hygiene, when she turned around and visualized Resident #13 standing over Resident #54 with his right fist balled up. CNA N stated she immediately went over to Resident #13 to redirect and intervene. CNA N stated Resident #13 and Resident #54 were immediately separated. CNA N stated LPN L assessed Resident #13 and Resident #54 for injuries and none were observed. CNA N stated she was not sure what caused the altercation between Resident #13 and Resident #54. CNA N stated there had no further occurrences between Resident #13 and Resident #54 and felt like this was an isolated event.</p> <p>During an interview on 8/14/2024 at 11:20 AM, the DNS stated she was notified on 7/19/2024 of the altercation between Resident #13 and Resident #54. The DNS stated Resident #13 and Resident #54 were assessed for injuries and none were observed. The DNS stated Resident #13 and Resident #54 were calm after the incident and could not recall the physical altercation. The DNS confirmed a resident-to-resident altercation occurred between Resident #13 and Resident #54 on 8/12/2024 which resulted in Resident #54 being hit in the face by Resident #13.</p> <p>During a telephone interview on 8/15/2024 at 8:55 AM, LPN L stated she was working the afternoon (8/12/2024) of the altercation between Resident #13 and #54. LPN L stated she was in the dining room, assisting the residents with hand hygiene, when she was alerted by Resident #338 that Resident #13 hit Resident #54 twice in the forehead. LPN L stated she saw Resident #13 standing over Resident #54 with his right fist balled up ready to swing and hit Resident #54. LPN L stated she immediately went over to Resident #13 to redirect and intervene. LPN L stated CNA N was present and assisted with redirecting Resident #13 away from Resident #54. LPN L stated she asked Resident #13 why he hit Resident #54 and Resident #13 told her it was because he wanted to and had his reasons. LPN L stated she asked Resident #54 if someone had hit him and Resident #54 told her .yes .somewhere on the face . LPN L stated Resident #13 and Resident #54 was assessed for injuries and none were observed. LPN L confirmed the resident-to-resident altercation between Resident #13 and Resident #54 resulted in physical abuse when Resident #13 hit Resident #54 in the forehead.</p> <p>During a telephone interview on 8/15/2024 at 9:25 AM, the Psych NP stated she was aware of the resident-to-resident altercation that occurred on 8/12/2024 between Resident #13 and #54. The Psych NP stated immediate interventions were initiated and have been successful to prevent reoccurrence. The Psych NP stated it is unknown if Resident #13 was triggered by Resident #54 due to the resident's cognition and considered this resident-to-resident altercation between Resident #13 and #54 an occurrence of physical abuse when Resident #13 hit Resident #54.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49792</p> <p>Based on facility policy review, medical record review, and interviews, the facility failed to ensure professional standards of practice were followed when transportation was not provided to outpatient scheduled appointments for 2 residents (Resident #9 and Resident #83) of 4 residents reviewed for transportation needs.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Resident's Rights and Quality of Life, dated 5/1/2012, revealed .all residents have the right to .services .outside the facility .or of a decision to be transferred .</p> <p>Review of the medical record revealed Resident #9 was admitted to the facility on [DATE] with diagnoses including Difficulty Moving Spine, Chronic Obstructive Pulmonary Disease, Neurogenic Bladder, Hypertension, Depression, and Heart Burn.</p> <p>Review of an annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #9 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact.</p> <p>During an observation and interview on 8/13/2024 at 10:35 AM, Resident #9 was observed dressed, seated in a wheelchair with her purse in her hands, and stated she was scheduled to see the urologist today. The resident stated her appointment was at 11:00 AM and she was waiting for transportation to arrive to take her to the appointment. The resident stated the Administrator had told her the staff would transport her to her appointment today. The resident stated if she was late to the appointment, the urologist would not see her. The resident stated she was unable to see the urologist in the past because of delayed transportation getting her late to the appointment.</p> <p>During an interview on 8/14/2024 at 9:30 AM, Licensed Practical Nurse (LPN) H stated Resident #9 had missed 3 to 4 scheduled urology appointments due to transportation problems. LPN H also stated Resident #9 had been late for one urology appointment, and the urologist would not see the resident because of the resident's late arrival.</p> <p>During a telephone interview on 8/14/2024 at 9:44 AM, the Patient Care Associate at the Urologist Office stated Resident #9 had 3 missed appointments which were scheduled on 6/11/2024, 7/22/2024, and 8/13/2024. She also stated Resident #9 had an appointment on 6/25/2024, but the resident arrived too late for the appointment, and it had to be rescheduled. The appointment which was scheduled for 8/13/2024 was re-scheduled for 8/16/2024 after the resident missed her appointment again yesterday.</p> <p>During an interview on 8/14/2024 at 10:51 AM, the Director of Nursing Services (DNS) stated she was aware of Resident #9 had missed some urology appointments and stated the appointments were rescheduled related to insufficient staff to provide the transportation. The DNS confirmed Resident #9 had an appointment on 6/25/2024, arrived at the appointment late, and the Urology office rescheduled the appointment. The DNS confirmed Resident #9 missed scheduled Urology appointments on 6/11/2024, 7/22/2024, and 8/13/2024. The 8/13/2024 Urology appointment was rescheduled for 8/16/2024.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/15/2024 at 10:28 AM, the Medical Director (MD) stated Resident #9 had Chronic Urinary Retention and required an indwelling urinary catheter. The resident had a long history of recurrent Urinary Tract Infections (UTIs) and took Macrobid (antibiotic medication used to treat UTIs). The MD stated the facility Nurse Practitioner (NP) had evaluated the resident multiple times and had been able to treat Resident #9 at the facility with no complications. The MD further stated the missed Urology appointments did not cause the resident any harm.</p> <p>During an interview on 8/19/2024 at 9:52 AM, Resident #9 stated she was transported to the rescheduled urology appointment on 8/16/2024 by Medical Services and was evaluated by the urologist.</p> <p>50480</p> <p>Review of the medical record revealed Resident #83 was admitted to the facility on [DATE] with diagnoses including Chronic Pain, Liver Disease, Heart Burn, and Abdominal Swelling.</p> <p>Medical record review of the admission MDS assessment dated [DATE], revealed Resident #83 scored an 11 on the BIMS assessment which indicated the resident had moderate cognitive impairment.</p> <p>Review of the Nurse Practitioner's (NP) note dated 7/22/2024, revealed the NP planned to discuss a stomach doctor consultation visit with the resident and resident's representative. The appointment was to establish the resident with a specialist.</p> <p>During an interview on 8/19/2024 at 3:00 PM, Resident #83 stated he had missed an appointment with a stomach doctor sometime this month (unsure of the exact date). The resident stated a staff member had informed him the appointment was rescheduled and he was not informed why the appointment had been rescheduled. The resident also stated the appointment was for him to become established with a different stomach doctor (due to a history of ascites from cirrhosis of the liver).</p> <p>During an interview on 8/20/2024 at 8:30 AM, the Resident Appointment Scheduler stated she was hired at the facility .a couple of weeks ago . Resident #83 had a .stomach doctor . appointment scheduled for 8/13/2024. The Resident Appointment Scheduler stated the day of Resident #83's appointment, she had rescheduled the appointment related to insufficient staff available to transport or assist Resident #83 to the appointment.</p> <p>During an interview on 8/20/2024 at 8:41 AM, the Administrator stated Resident #83 had a doctor appointment scheduled on 8/13/2024, and confirmed the appointment was rescheduled related to insufficient staff available to transport or assist Resident #83 to the appointment.</p> <p>During a telephone interview on 8/21/2024 at 10:19 AM, the Gastroenterology Associates office Appointment Scheduler stated Resident #83 had a consult appointment scheduled for 8/13/2024 and the resident was a . no show . for the appointment. The facility called the Gastroenterology office and rescheduled a new consult appointment for 11/8/2024 at 12:30 PM for Resident #83.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/22/2024 at 11:00 AM, NP W stated she was aware Resident #9 missed multiple urology visits and stated she was aware Resident #83 missed his stomach doctor appointment on 8/13/2024. NP W stated the rescheduled appointments were related to insufficient staff to provide the needed transportation or to assist the residents to their appointments. NP W also stated the missed appointments for Resident #9 and Resident #83 would not have caused harm or adverse effects to the residents.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49568</p> <p>Based on facility policy review, medical record review, observation, and interview, the facility failed to provide Activity of Daily Living (ADL) related to showers for 5 residents (Resident #33, #39, #49, #77, and #84) of 24 residents reviewed for ADL's.</p> <p>The findings include:</p> <p>Review of a facility policy titled, Resident's Right and Quality of Life, dated 5/1/2012, revealed .all residents have the right to a dignified existence, self-determination .services inside .the facility .</p> <p>Review of the medical record revealed Resident #33 was admitted to the facility on [DATE] with diagnoses including Diabetes Type 2, Autism, and Hypertension.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #33 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. The resident required supervision or touching assistance from staff for showers.</p> <p>Review of the facility ADL documentation for Resident #33 dated 5/1/2024-5/31/2024, revealed the resident was scheduled for a shower on Monday and Thursday every week. The resident received 0 scheduled showers for the month of 5/2024.</p> <p>Review of the facility ADL documentation for Resident #33 dated 6/1/2024-6/30/2024, revealed the resident was scheduled for a shower on Monday and Thursday every week. The resident received a shower on 6/6/2024 (Thursday), and 6/14/2024 (Friday). The resident did not receive 6 scheduled showers for the month of 6/2024.</p> <p>Review of the facility ADL documentation for Resident #33 dated 7/1/2024-7/31/2024, revealed the resident was scheduled for a shower on Monday and Thursday of every week. The resident received a partial bath on 7/9/2024 (Tuesday) and did not receive 8 scheduled showers for the month of 7/2024.</p> <p>Review of the facility ADL documentation for Resident #33 dated 8/1/2024-8/16/2024, revealed the resident was scheduled for a shower on Monday and Thursday of every week. The resident received a shower 8/1/2024 (Thursday), 8/17/2024 (Saturday), and did not receive 3 scheduled showers from 8/1/2024-8/16/2024.</p> <p>Review of the facility ADL documentation for Resident #33 revealed the resident received 1 partial bed bath and a total of 4 showers for the time period of 5/1/2024-8/16/2024.</p> <p>During an interview and observation on 8/14/2024 at 10:15 AM, Resident #33 stated he did not receive scheduled showers routinely and wanted to be bathed twice weekly .it makes me feel better . Resident #33 was not unkempt and no odors noted.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 8/14/2024 at 10:21 AM, LPN J stated she was the routine nurse for Resident #33 and the resident did not refuse showers. LPN J further stated scheduled showers were not always completed (unable to give exact dates).</p> <p>During an interview on 8/14/2024 at 10:21 AM, LPN J stated she was the routine nurse for Resident #33 and the resident did not refuse showers.</p> <p>During an interview on 8/14/2024 at 8:20 PM, CNA C revealed Resident #33 did not typically refuse showers and was not always able to complete the scheduled showers. CNA C further stated there was typically 3 or 4 showers scheduled per shift.</p> <p>Review of the medical record revealed Resident #39 was admitted to the facility on [DATE] with diagnoses including Confusion, Contractures of Left Hip, Left Knee, Right Ankle, Left Ankle, Anxiety, Dementia, Depression, Seizures, and Peripheral Vascular Disease.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #39 did not have a BIMS assessment conducted due to the resident was rarely or never understood and was dependent on staff for showers.</p> <p>Review of the facility ADL documentation for Resident #39 dated 5/1/2024-5/31/2024, revealed the resident was scheduled for a shower on Monday and Thursday of every week. The resident received a bed bath on 5/6/2024 (Monday) and received 0 scheduled showers during the month of 5/2024.</p> <p>Review of the facility ADL documentation for Resident #39 dated 6/1/2024-6/30/2024, revealed the resident was scheduled for a shower on Monday and Thursday of every week. The resident received a bed bath on 6/20/2024 (Thursday), 6/27/2024 (Thursday) and did not receive 6 scheduled showers during the month of 6/2024.</p> <p>Review of the facility ADL documentation for Resident #39 dated 7/1/2024-7/31/2024, revealed the resident was scheduled for a shower on Monday and Thursday of every week. The resident received 0 scheduled showers for the month of 7/2024.</p> <p>Review of the facility ADL documentation for Resident #39 dated 8/1/2024-8/16/2024, revealed the resident was scheduled for a shower on Monday and Thursday of every week. The resident received a shower on 8/1/2024 (Thursday) and did not receive 5 of the scheduled showers from 8/1/2024-8/16/2024.</p> <p>Review of the facility ADL documentation for Resident #39 revealed the resident received a total of 1 bed bath and 2 showers for the time period of 5/1/2024-8/16/2024.</p> <p>During an observation on 8/13/2024 at 1:10 PM, Resident #39 was lying in bed in his room. The resident was not unkempt, and no odors were noted.</p> <p>During an interview on 8/14/2024 at 3:49 PM, CNA B stated she was familiar with Resident #39. The resident required total assistance with bathing and the resident did not refuse showers. The CNA stated she worked 4 (four) 12-hour shifts and at least 2 of the days she was not able to complete the scheduled showers. CNA B further stated there was typically 3 or 4 showers scheduled per shift.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the medical record for Resident #49 revealed the resident was admitted to the facility on [DATE] with diagnoses including Stroke, Anxiety, Dementia, and Need for Assistance with Personal Care.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #49 scored a 13 on the BIMS assessment which indicated the resident was cognitively intact and required partial to moderate assistance from staff for showers.</p> <p>Review of the facility ADL documentation for Resident #49 dated 5/1/2024-5/31/2024, revealed the resident was scheduled for a shower on Tuesday and Friday every week. The resident received a scheduled shower 5/3/2024 (Friday), and 5/24/2024 (Friday). The resident did not receive 7 scheduled showers for the month of 5/2024.</p> <p>Review of the facility ADL documentation for Resident #49 dated 6/1/2024-6/30/2024, revealed the resident was scheduled for a shower on Tuesday and Friday every week. The resident received a scheduled shower 6/4/2024 (Tuesday) and did not receive 7 scheduled showers for the month of 6/2024.</p> <p>Review of the facility ADL documentation for Resident #49 dated 7/1/2024-7/31/2024, revealed the resident was scheduled for a shower on Tuesday and Friday every week. The resident received a shower on 7/12/2024 (Friday), 7/16/2024 (Tuesday), 7/20/2024 (Saturday), and 7/30/2024 (Tuesday). The resident did not receive 5 scheduled showers for the month of 7/2024.</p> <p>Review of the facility ADL documentation for Resident #49 dated 8/1/2024-8/16/2024, revealed the resident received 0 of the 5 scheduled showers from 8/1/2024-8/16/2024.</p> <p>Review of the facility ADL documentation for Resident #49 revealed the resident received a total of 7 showers for the time period of 5/1/2024-8/16/2024 .</p> <p>During a telephone interview on 8/13/2024 at 5:30 PM, Resident #49's daughter stated she had never seen the resident unkempt or with odors.</p> <p>During an observation on 8/14/2024 at 3:40 PM, Resident #49 was observed in his room lying in bed. The Resident was not unkempt, and no odors were noted.</p> <p>During an interview on 8/14/2024 at 3:49 PM, CNA B stated she was familiar with Resident #49 and the resident did not refuse showers or bed baths.</p> <p>Review of the medical record revealed Resident #77 was admitted to the facility on [DATE] with diagnoses including Brain Damage, Difficulty Walking, Weakness, Lack of Coordination, Bipolar, Drug Dependence, Restlessness, and Agitation.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #77 scored a 7 on the BIMS assessment which indicated the resident had moderate cognitive impairment and required substantial to maximal assistance from staff for showers.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Summit View of Rocky Top		STREET ADDRESS, CITY, STATE, ZIP CODE 204 Industrial Park Rd Rocky Top, TN 37769	
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility ADL documentation for Resident #77 dated 5/1/2024-5/31/2024, revealed the resident was scheduled for a shower on Tuesday and Friday of every week. The resident received a shower 5/3/2024 (Friday), 5/10/2024 (Friday), 5/14/2024 (Tuesday), and received a bed bath on 5/28/2024 (Tuesday). The resident did not receive 4 scheduled showers for the month of 5/2024.</p> <p>Review of the facility ADL documentation for Resident #77 dated 6/1/2024-6/30/2024, revealed the resident was scheduled for a shower on Tuesday and Friday of every week. The resident received a shower 6/7/2024 (Friday) and the resident did not receive 7 scheduled showers for the month of 6/2024.</p> <p>Review of the facility ADL documentation for Resident #77 dated 7/1/2024-7/30/2024, revealed the resident was scheduled for a shower on Tuesday and Friday of every week. The resident received a bed bath 7/16/2024 (Tuesday), and a partial bath on 7/23/2024 (Tuesday). The resident did not receive 7 scheduled showers for the month of 7/2024.</p> <p>Review of the facility ADL documentation for Resident #77 dated 8/1/2024-8/16/2024, revealed the resident was scheduled for a shower on Tuesday and Friday of every week. The resident received a shower on 8/9/2024 (Friday) and did not receive 4 scheduled showers from 8/1/2024-8/16/2024.</p> <p>Review of the facility ADL documentation for Resident #77 revealed the resident received a total of 1 partial bed bath [washing the face, hands, and genital/perineal area], 2 bed baths [washing the entire body], and 5 showers for the time period of 5/1/2024-8/16/2024. There was no documentation stating the resident refused showers.</p> <p>During an observation on 8/12/2024 at 1:40 PM, Resident #77 was in his room sitting on his bed. The resident was not unkempt, and no odors were noted.</p> <p>During an interview on 8/14/2024 at 3:49 PM, CNA B stated she was assigned to Resident #77 regularly; he required total assistance with ADLs, and she had seen him refuse showers but not often.</p> <p>Review of the medical record revealed Resident #84 was admitted to the facility on [DATE] with diagnoses including Hypothyroidism, Heartburn, Depression, and Acute Kidney Failure.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #84 scored a 14 on the BIMS assessment which indicated the resident was cognitively intact and required supervision or touching assistance from staff for showers.</p> <p>Review of the facility ADL documentation for Resident #84 dated 6/1/2024-6/30/2024, revealed the resident was scheduled for a shower on Wednesday and Saturday every week. The resident received a shower on 6/12/2024 (Wednesday), 6/19/2024 (Wednesday), 6/29/2024 (Saturday), and the resident refused a shower on 6/5/2024 (Wednesday). The resident did not receive 5 scheduled showers for the month of 7/2024.</p> <p>Review of the facility ADL documentation for Resident #84 dated 7/1/2024-7/31/2024, revealed the resident was scheduled for a shower on Wednesday and Saturday every week. The resident received a shower on 7/3/2024 (Wednesday), 7/6/2024 (Saturday), 7/13/2024 (Saturday), 7/20/2024 (Saturday), 7/27/2024 (Saturday), and 7/31/2024 (Wednesday). The resident refused a shower on 7/10/2024 (Wednesday), and 7/24/2024 (Wednesday). The resident did not receive 1 scheduled shower for the month of 7/2024.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility ADL documentation for Resident #84 dated 8/1/2024-8/16/2024, revealed the resident was scheduled for a shower on Wednesday and Saturday every week. The resident received a shower 8/3/2024 (Saturday), 8/10/2024 (Saturday) and refused a shower on 8/7/2024 (Wednesday). The resident did not receive 1 scheduled shower from 8/1/2024-8/16/2024.</p> <p>Review of the facility ADL documentation for Resident #84 revealed the resident refused 4 showers and received a total of 11 showers for the time period of 6/1/2024-8/16/2024.</p> <p>During an observation on 8/12/2024 at 11:00 AM, Resident #84 was lying in bed in her room. The resident was not unkempt and no odors were noted.</p> <p>During an interview on 8/12/2024 at 1:43 PM, CNA K stated she worked the 6:00 AM-6:00 PM shift. The CNA typically cared for 20 residents and showers were scheduled for the 6:00 AM-6:00 PM and the 6:00 PM-6:00 AM shifts. CNA K also stated she was not always able to complete the scheduled showers.</p> <p>During an interview on 8/12/2024 at 2:25 PM, Licensed Practical Nurse (LPN) A stated she worked the 6:00 AM-6:00 PM shift, there was typically 1 Certified Nursing Assistant (CNA) and 1 Nurse on the west hallway, and the current census was 24. LPN A stated there had been times when residents had not received the scheduled showers (unable to give exact dates).</p> <p>During an interview on 8/13/2024 at 6:05 PM, CNA C stated she worked the 6:00 PM-6:00 AM shift. The CNA stated both shifts at the facility were responsible to complete scheduled showers and there were times when she was unable to complete the scheduled showers (unable to give exact dates).</p> <p>During an interview on 8/13/2024 at 6:30 PM, LPN E stated she worked the east hallway form 6:00 PM-6:00 AM. There were typically 50 residents on the hallway with 1 CNA and 2 nurses to care for the residents. Showers were scheduled to be completed on both shifts. LPN E stated there were times when scheduled showers were not completed (unable to give exact dates).</p> <p>During an interview on 8/13/2024 at 6:38 PM, LPN F stated she worked 6:00 PM-6:00 AM, worked the east hallway, there were typically 50 residents on the wing, and 2 nurses with 1 CNA to work the hallway. LPN F stated showers were scheduled to be completed on both shifts and there had been times when the scheduled showers were unable to be completed (unable to give exact dates).</p> <p>During an interview on 8/13/2024 at 6:48 PM CNA G stated she worked 6:00 PM-6:00 AM on the east hallway. CNA E stated she was responsible to complete 4-6 showers on her shift and .lucky to complete 1 . on her shift.</p> <p>During an interview on 8/14/2024 at 8:15 AM, LPN H stated she worked 6:00 AM-6:00 PM on the west hallway. LPN H stated there were times (unable to give exact dates) showers were completed.</p> <p>During an interview on 8/14/2024 at 8:40 AM, LPN I stated she worked 6:00 AM-6:00 PM on the east hallway and there had been times scheduled showers were not able to be completed.</p> <p>During an interview on 8/14/2024 at 8:53 AM, LPN J stated she worked 6:00 AM-6:00 PM on the east hallway and the scheduled showers were not always completed (unable to give exact dates).</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 8/14/2024 at 1:13 PM, the Director of Nursing Services (DNS) stated the facility overall average census was 85-90. The DNS has received voiced concerns from CNAs and nurses regarding CNA staffing and scheduled showers not being completed.</p> <p>During an interview on 8/14/2024 at 3:00 PM, the Administrator stated he was aware the facility had some staffing concerns. The staff had not complained to the Administrator regarding staffing .I do know it [staffing concerns] exist . The Administrator confirmed he was aware some of the residents had not received scheduled showers at times.</p> <p>During an interview on 8/14/2023 at 3:39 PM, CNA B stated she worked 3 (three) 12 hour shifts a week and there were at least 2 days she was unable to complete the scheduled showers for the residents.</p> <p>During an interview on 8/14/2024 at 8:30 PM, CNA O stated CNA stated she was not always able to complete scheduled showers for the residents.</p> <p>During an interview on 8/20/2024 at 10:30 AM, the DNS confirmed baths were not being recorded as being completed or not. Residents were not care planned as refusing bathing or showers and she was not aware of residents being out of the facility and unavailable. DNS confirmed that Resident #33 had only received from May 2024 - August 2024 3 out of 32 showers scheduled for resident.</p> <p>Refer to F-725, F-835</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38810</p> <p>Based on facility assessment review, medical record review, facility ADL (Activities of Daily Living) documentation review, facility staffing schedule review, facility staffing time punch review, observations, and interviews, the facility failed to maintain adequate staffing levels to ensure 2 residents (Residents #9 and #83) were provided transportation to an outside physician appointment of 4 residents reviewed for transportation needs, and failed to meet the ADL needs (scheduled showers) for 5 residents (Residents #33, #39, #49, #77, and #84) of 24 residents reviewed for ADL care.</p> <p>The findings include:</p> <p>Review of the facility assessment dated [DATE] revealed .Staffing Plan .Based on the resident .population and their needs for care and support .there are sufficient team members to meet the needs of the residents . at any given time .The administrator is responsible for assuring .adequate team member coverage is in place to care for residents .</p> <p>Review of the medical record revealed Resident #9 was admitted to the facility on [DATE] with diagnoses including Difficulty Moving Spine, Chronic Obstructive Pulmonary Disease, Neurogenic Bladder, and Depression.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #9 was cognitively intact.</p> <p>During an observation and interview on 8/13/2024 at 10:35 AM, Resident #9 stated she had a urology appointment scheduled at 11:00 AM today and was waiting for the facility to provide transportation to the appointment. The resident stated if she was late to the appointment, the urologist would not see her. The resident stated she was unable to see the urologist in the past because of delayed transportation.</p> <p>During an interview on 8/14/2024 at 9:30 AM, Licensed Practical Nurse (LPN) H stated Resident #9 had missed 3 to 4 scheduled urology appointments due to transportation problems due to not enough staff to transport the resident.</p> <p>During an interview on 8/14/2024 at 10:51 AM, the Director of Nursing Services (DNS) confirmed she was aware Resident #9 had missed urology appointments on 6/11/2024, 7/22/2024, and 8/13/2024 related to insufficient staff to provide the transportation.</p> <p>Review of the medical record revealed Resident #83 was admitted to the facility on [DATE] with diagnoses including Chronic Pain, Liver Disease, Heart Burn, and Abdominal Swelling.</p> <p>Review of the admission MDS assessment dated [DATE], revealed Resident #83 had moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 8/19/2024 at 3:00 PM, Resident #83 stated he had missed an appointment with a stomach doctor sometime this month (unsure of the exact date) to get established with a new doctor. The resident stated a staff member had informed him the appointment was rescheduled and he was not informed why the appointment was rescheduled.</p> <p>During an interview on 8/20/2024 at 8:41 AM, the Administrator stated Resident #83 had an outpatient doctor appointment scheduled on 8/13/2024, and confirmed the appointment was rescheduled related to insufficient staff available to transport or assist Resident #83 to the appointment.</p> <p>Review of the medical record revealed Resident #33 was admitted to the facility on [DATE] with diagnoses including Diabetes Type 2, Autism, and Hypertension.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #33 was cognitively intact. The resident required supervision or touching assistance from staff for showers.</p> <p>Review of the facility ADL documentation for Resident #33 dated 5/1/2024-5/31/2024, revealed the resident was scheduled for a shower twice weekly. The documentation revealed the resident received 0 scheduled showers for the month of 5/2024.</p> <p>Review of the facility ADL documentation for Resident #33 dated 6/1/2024-6/30/2024, revealed the resident was scheduled for a shower twice weekly. The resident received 2 showers for the month of 6/2024.</p> <p>Review of the facility ADL documentation for Resident #33 dated 7/1/2024-7/31/2024, revealed the resident was scheduled for a shower twice weekly. The resident received a partial bath on 7/9/2024 and 0 showers for the month of 7/2024.</p> <p>Review of the facility ADL documentation for Resident #33 dated 8/1/2024-8/16/2024, revealed the resident was scheduled for a shower twice weekly. The resident received 2 showers from 8/1/2024-8/16/2024.</p> <p>During an interview on 8/14/2024 at 10:15 AM, Resident #33 stated he did not receive the scheduled showers routinely and wanted to be bathed twice weekly .it makes me feel better .</p> <p>During an interview on 8/14/2024 at 10:21 AM, LPN J stated she was the routine nurse for Resident #33 and the resident did not refuse showers.</p> <p>During an interview on 8/14/2024 at 8:20 PM, CNA C revealed Resident #33 did not typically refuse showers and she was not always able to complete the scheduled showers due to low staffing.</p> <p>Review of the medical record revealed Resident #39 was admitted to the facility on [DATE] with diagnoses including Confusion, Contractures of Left Hip, Left Knee, Right Ankle, Left Ankle, Anxiety, Dementia, Depression, Seizures, and Peripheral Vascular Disease.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #39 was rarely or never understood and was dependent on staff for showers.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility ADL documentation for Resident #39 dated 5/1/2024-8/31/2024, revealed the resident was scheduled for a shower twice weekly. The resident received a bed bath on 5/6/2024 0 showers during the month of 5/2024.</p> <p>Review of the facility ADL documentation for Resident #39 dated 6/1/2024-6/30/2024, revealed the resident was scheduled for a shower twice weekly. The resident received 2 bed baths and 0 showers during the month of 6/2024.</p> <p>Review of the facility ADL documentation for Resident #39 dated 7/2024, revealed the resident was scheduled for a shower twice weekly. The resident received 0 showers for the month of 7/2024.</p> <p>Review of the facility ADL documentation for Resident #39 dated 8/1/2024-8/16/2024, revealed the resident was scheduled for a shower twice weekly. The resident received 1 shower from 8/1/2024-8/16/2024.</p> <p>During an interview on 8/14/2024 at 3:49 PM, CNA B stated she had provided care for Resident #39. The resident required total assistance with bathing and did not refuse showers. The CNA stated she worked 4 (four) 12-hour shifts and on at least 2 of the days she was not able to complete the scheduled showers due to low staffing.</p> <p>Review of the medical record for Resident #49 revealed the resident was admitted to the facility on [DATE] with diagnoses including Stroke, Anxiety, Dementia, and Need for Assistance with Personal Care.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #49 scored was cognitively intact and required partial to moderate assistance from staff for showers.</p> <p>Review of the facility ADL documentation for Resident #49 dated 5/1/2024-5/31/2024, revealed the resident was scheduled for a shower twice weekly. The resident received 2 showers for the month of 5/2024.</p> <p>Review of the facility ADL documentation for Resident #49 dated 6/1/2024-6/30/2024, revealed the resident was scheduled for a shower twice weekly. The resident received 1 shower for the month of 6/2024.</p> <p>Review of the facility ADL documentation for Resident #49 dated 7/1/2024-7/31/2024, revealed the resident was scheduled for a shower twice weekly. The resident received 4 showers for the month of 7/2024.</p> <p>Review of the facility ADL documentation for Resident #49 dated 8/1/2024-8/16/2024, revealed the resident received 0 showers from 8/1/2024-8/16/2024.</p> <p>During an interview on 8/14/2024 at 3:49 PM, CNA B stated she had provided care for Resident #49 and the resident did not refuse showers or bed baths.</p> <p>Review of the medical record revealed Resident #77 was admitted to the facility on [DATE] with diagnoses including Brain Damage, Difficulty Walking, Weakness, Lack of Coordination, Bipolar, Drug Dependence, Restlessness, and Agitation.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #77 had moderate cognitive impairment and required substantial to maximal assistance from staff for showers.</p> <p>Review of the facility ADL documentation for Resident #77 dated 5/1/2024-5/31/2024, revealed the resident was scheduled for a shower twice weekly. The resident received 3 showers and 1 bed bath for the month of 5/2024.</p> <p>Review of the facility ADL documentation for Resident #77 dated 6/1/2024-6/30/2024, revealed the resident was scheduled for a shower twice weekly. The resident received 1 shower for the month of 6/2024.</p> <p>Review of the facility ADL documentation for Resident #77 dated 7/1/2024-7/30/2024, revealed the resident was scheduled for a shower twice weekly. The resident received 1 bed bath, 1 partial bath, and 0 showers for the month of 7/2024.</p> <p>Review of the facility ADL documentation for Resident #77 dated 8/1/2024-8/16/2024, revealed the resident was scheduled for a shower twice weekly. The resident received 1 shower from 8/1/2024-8/16/2024.</p> <p>Resident #84 was admitted to the facility on [DATE] with diagnoses including Hypothyroidism, Heartburn, Depression, and Acute Kidney Failure.</p> <p>Review of the quarterly MDS assessment dated [DATE], for Resident #84 revealed the resident was cognitively intact and required supervision or touching assistance from staff for showers.</p> <p>Review of the facility ADL documentation for Resident #84 dated 6/1/2024-6/30/2024, revealed the resident was scheduled for a shower twice weekly. The resident received 3 showers and refused 1 shower for the month of 6/2024.</p> <p>Review of the facility ADL documentation for Resident #84 dated 7/1/2024-7/31/2024, revealed the resident was scheduled for a shower twice weekly. The resident received 6 showers and refused 2 showers for the month of 7/2024.</p> <p>Review of the facility ADL documentation for Resident #84 dated 8/1/2024-8/16/2024, revealed the resident was scheduled for a shower twice weekly. The resident received 2 showers and refused 1 shower from 8/1/2024-8/16/2024.</p> <p>During an interview on 8/12/2024 at 1:43 PM, CNA K stated she worked the 6:00 AM-6:00 PM shift. The CNA typically cared for 20 residents and showers were scheduled for the 6:00 AM-6:00 PM and the 6:00 PM-6:00 AM shifts. CNA K also stated she was not always able to complete the scheduled showers due to low staffing.</p> <p>During an interview on 8/12/2024 at 2:25 PM, LPN A stated she worked the 6:00 AM-6:00 PM shift, there was typically 1 CNA and 1 Nurse on the west hallway with a current census of 24 residents. LPN A stated there had been times when residents had not received the scheduled showers (unable to give exact dates) due to low staffing.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 8/13/2024 at 6:05 PM, CNA C stated she worked the 6:00 PM-6:00 AM shift. The CNA typically worked the west hallway, there was currently 24 residents on the hallway, and there was 1 CNA and 1 nurse scheduled to care for the 24 residents. Both shifts at the facility were responsible to complete scheduled showers and there were times when she was not able to complete the scheduled showers (unable to give exact dates) due to low staffing. CNA C stated the west hallway needed 2 CNAs to ensure scheduled showers were completed and there was most always only 1 CNA assigned to the hallway.</p> <p>During an interview on 8/13/2024 at 6:21 PM, CNA D stated she worked the east hallway from 2:00 PM-10:00 PM and she started work at the facility approximately 1 month ago. She stated typically there were 2 CNA's and 2 nurses who worked the east hallway until 10:00 PM for a census 50 residents. After 10:00 PM the hallway usually worked with 1 CNA and 2 nurses.</p> <p>During an interview on 8/13/2024 at 6:30 PM, LPN E stated she worked the east hallway form 6:00 PM-6:00 AM. There were typically 50 residents on the hallway with 1 CNA and 2 nurses to care for the residents. Showers were scheduled to be completed on both shifts. LPN E stated there were times when scheduled showers were not completed (unable to give exact dates) due to not enough staff. On Thursday 8/8/2024 there was 1 nurse and 1 CNA from 6:00 PM-6:00 AM on the hallway.</p> <p>During an interview on 8/13/2024 at 6:38 PM, LPN F stated she worked 6:00 PM-6:00 AM, worked the east hallway with a usual resident census of 50 on the wing, and 2 nurses with 1 CNA to provide care for the 50 residents. LPN F stated showers were scheduled to be completed on both shifts and there were times the scheduled showers were not provided due to not enough staff (unable to give exact dates).</p> <p>During an interview on 8/13/2024 at 6:48 PM CNA G stated she worked 6:00 PM-6:00 AM on the east hallway. There was typically 1 CNA and 2 nurses scheduled to work the hallway with 50 residents. CNA E stated she was responsible to complete 4-6 showers on her shift and was .lucky to complete 1 . on her shift.</p> <p>During an interview on 8/14/2024 at 8:15 AM, LPN H stated she worked 6:00 AM-6:00 PM on the west hallway, the hallway currently had 24 residents, and there was typically 1 CNA and 1 nurse scheduled to work the hallway. LPN H stated there were times (unable to give exact dates) the scheduled showers were not able to be completed due to not enough staff.</p> <p>During an interview on 8/14/2024 at 8:40 AM, LPN I stated she worked 6:00 AM-6:00 PM on the east hallway and there were typically 2 nurses and 2 CNAs scheduled for 50 residents. LPN I stated there had been times the scheduled showers were not able to be provided due to low staffing.</p> <p>During an interview on 8/14/2024 at 8:53 AM, LPN J stated she worked 6:00 AM-6:00 PM on the east hallway, there were typically 50 residents on the hallway, and 2 Nurses and 2 CNAs scheduled on the hallway. LPN J stated scheduled showers were not always completed (unable to give exact dates) due to frequent low staffing.</p> <p>During an interview on 8/14/2024 at 10:21 AM, LPN J stated she was the routine nurse who provided care for Resident #33 and the resident did not refuse showers.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 8/14/2024 at 1:13 PM, the Director of Nursing Services (DNS) stated the facility overall average census was 85-90. The DNS has received voiced concerns from CNAs and nurses regarding CNA staffing and scheduled showers not being provided to the residents. The DNS stated the facility's expectation for staffing was as follows:</p> <ol style="list-style-type: none"> 1.The overall staffing goal for the secure unit on the 6:00 AM-6:00 PM and 6:00 PM-6:00AM was 1 nurse and 2 CNAs. Currently the secure unit had 1 Nurse and 1 CNA scheduled .a lot of days . and the average daily census was 17-18 residents. 2.The overall staffing goal on the east hallway for the 6:00 AM-6:00 PM was 2 nurses and 3-4 CNAs. Currently the east hallway had 2 nurses and 2-3 CNAs scheduled on the 6:00 AM-6:00 PM shift. The overall staffing goal for the 6:00 PM-6:00 AM on the east hallway was 2 nurses and 3 CNAs.Currently the east hallway had 2 nurses and 2 CNAs scheduled and the average daily census was 45. 3.The overall staffing goal on the west hallway for the 6:00 AM-6:00 PM and the 6:00 PM-6:00 AM shift was 1 nurse and 2 CNAs.Currently the west hallway had 1 nurse and 1 CNA scheduled on the 6:00 AM-6:00 PM and 6:00 PM-6:00 AM shift and the average daily was census 24. <p>During an interview and review of the facility assessment on 8/14/2024 at 3:00 PM, the Administrator stated he was aware the facility had some staffing concerns, but the staff had not complained to him regarding staffing .I do know it [staffing concerns] exist . The Administrator confirmed he was aware some of the residents had not received scheduled showers at times. The Administrator stated the facility expectation for staffing was as follows:</p> <ol style="list-style-type: none"> 1.The overall staffing goal on the secure unit for the 6:00 AM-6:00 PM was 1 nurse and 1-2 CNAs scheduled. The overall staffing goal for the 6:00 PM-6:00 AM was 1 nurse and 1 CNA. The average daily census was 16-19. 2.The overall staffing goal on the east hallway for the 6:00 AM-6:00 PM was 2 nurses and 3-4 CNAs scheduled. The overall staffing goal for the 6:00 PM-6:00 AM on the east hallway was 2 nurses and 3 CNAs scheduled. The average daily census was 44. 3.The overall staffing goal for the west hallway for the 6:00 AM-6:00 PM and the 6:00 PM-6:00 AM shift was 1 nurse and 1-2 CNAs (depending on census). The average daily census was 18-22. <p>Review of the facility assessment with the Administrator revealed the facility staffing would include .Total Number Needed or Average .Licensed nurses providing direct care .5 .Nurse aides .6-8 . The Administrator stated this staffing would be .for any given time in the facility .the 5th nurse would be the wound care nurse .</p> <p>During an interview on 8/14/2023 at 3:39 PM, CNA B stated staffing had been an issue, she worked 3 (three) 12 hour shifts a week and there were at least 2 days she was unable to complete the scheduled showers for the residents due to low staffing.</p> <p>During an interview on 8/14/2024 at 8:30 PM, CNA O stated she was not always able to complete scheduled showers for the residents in the facility due to low staffing.</p> <p>During a review of the staffing schedule compared to actual punch times revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Actual hours worked on Thursday 7/4/2024:</p> <p>1.The secure unit 6:00 AM-6:00 PM shift had 1 nurse (5:50 AM-6:13PM) and 1 CNA (6:49 AM-6:48 PM). The 6:00 PM-6:00 AM shift had 1 nurse (6:00 PM-8:00 AM) and 1 CNA (8:04 PM-3:04 AM), which left no CNA from 3:04 AM-6:49 AM.</p> <p>2.The east hallway 6:00 AM-6:00 PM shift had 2 nurses (1 from 6:20 AM-6:10 PM and 1 from 5:47 AM-6:14 PM) and 1 CNA (8:29 AM-4:08 PM) and 1 CNA (1:54 PM-6:00 PM), which left 1 CNA from 8:29 AM until 1:54 PM).</p> <p>The 6:00 PM-6:00 AM shift had 2 nurses (1 from 5:53 PM-6:20 AM and 1 from 6:00 PM to 6:12 AM) and 1 CNA (1 from 5:57 PM-6:12 AM and 1 CNA from 6:10 PM -1:58 AM, which left 1 CNA from 1:58 AM-6:12 AM.</p> <p>3.The west hallway 6:00 AM-6:00 PM shift had 1 nurse (5:46 AM-6:13 PM) and 1 CNA (6:48 AM-5:59 PM). The 6:00 PM-6:00 AM had 1 nurse (6:12 PM-6:08 AM) and 1 CNA (5:53 PM-7:14 PM).</p> <p>Actual hours worked on Sunday 8/4/2024:</p> <p>1.The secure unit 6:00 AM-6:00 PM shift had 1 nurse (6:00 AM-6:28 PM) and 1 CNA (6:35 AM-6:07 PM). The 6:00 PM-6:00 AM shift had 1 nurse (5:44 PM-6:38 AM) and 1 CNA (5:15 PM-6:30 AM).</p> <p>2.The east hallway 6:00 AM-6:00 PM shift had 2 nurses (1 from 5:30 AM-6:00 PM and 1 from 5:45 AM-6:15 PM) and 1 CNA (6:23 AM-2:00 PM). The 6:00 PM-6:00 AM shift had 2 nurses (1 from 5:56 PM-10:00 PM and 1 nurse from 5:57 PM-6:33 AM). 1 CNA (5:51 PM-9:53 PM), 1 CNA (5:47 PM-2:00 AM), 1 CNA (9:46 PM-8:47 AM), which left 1 CNA on the hallway from 2:00 AM-PM-8:47 AM).</p> <p>3.The west hallway 6:00 AM-6:00 PM shift had 1 nurse (5:59 AM-6:32 PM) and 1 CNA (6:05 AM-6:14 PM). The 6:00 PM-6:00 AM had 1 nurse (5:45 PM-6:29 AM) and 1 CNA (5:15 PM-6:30 AM).</p> <p>Actual hours worked on Thursday 8/8/2024:</p> <p>1.The secure unit 6:00 AM-6:00 PM shift had 1 nurse (5:50 AM-6:16PM) and 1 CNA (6:48 AM-6:30 PM). The 6:00 PM-6:00 AM shift had 1 nurse (6:07 PM-6:04 AM) and 1 CNA (6:00 PM-3:04 AM) and 1 CNA (3:00 AM -6:08 AM).</p> <p>2.The east hallway 6:00 AM-6:00 PM shift had 2 nurses (1 from 6:15AM-6:45 PM and 1 from 5:53 AM-6:55 PM) and 3 CNAs (1 CNA from 5:54 AM-6:17 PM, 1 CNA from 2:00PM-6:00 PM, 1 CNA from 6:00 PM-10:00 PM and 1 CNA from 5:18 PM-3:00 AM).</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The 6:00 PM-6:00 AM shift had 1 nurse for a full shift (from 5:59 PM-6:14 AM) and 1 nurse worked over to complete a medication administration pass only (clocked in at 5:53 AM and clocked out at 6:55 PM) and 1 CNA (6:11 PM-6:15 AM).</p> <p>3.The west hallway 6:00 AM-6:00 PM shift had 1 nurse (5:30AM-6:09 PM) and 1 CNA (6:00 AM-2:00 PM).</p> <p>The 6:00 PM-6:00 AM shift had 1 nurse (5:41 PM-6:22 AM) and 1 CNA (6:16 PM-6:47 AM). The hallway was left without a CNA from 2:00 PM until 6:16 PM.</p> <p>Actual hours worked on Thursday 8/17/2024:</p> <p>1.The secure unit 6:00 AM-6:00 PM shift had 1 nurse (6:00 AM-6:00 PM) and 1 CNA (6:47 AM-6:37 PM).</p> <p>The 6:00 PM-6:00 AM shift had 1 nurse (6:00 PM-6:00 AM) and 1 CNA (6:27 PM-10:05 PM) and 1CNA (10:00 PM-6:00 AM).</p> <p>2.The east hallway 6:00 AM-6:00 PM shift had 1 nurse from (9:00 AM-6:30 PM), 1 nurse (worked over until 9:30 AM from the 6:00 AM shift), 1 nurse (6:00 AM- 6:00 PM), 1 CNA (5:21 AM-6:29 PM), 1 CNA (5:58 AM-6:29 PM), 1 CNA (8:10 AM-6:28 PM), and 1 CNA (1:45 PM-6:28 PM).</p> <p>The 6:00 PM-6:00 AM shift had 1 nurse (6:04 PM-6:00 AM), 1 nurse (6:07 PM-12:31 AM), 1 CNA (6:20 PM-6:00 AM), and 1 CNA (2:00 PM-10:00 PM).</p> <p>3.The west hallway 6:00 AM-6:00 PM shift had 1 nurse (6:00 AM-10:00 AM), which left the hallway without a nurse from 10:00 AM-5:52 PM. 1 CNA (6:00 AM-7:00 PM).</p> <p>The 6:00 PM-6:00 AM shift had 1 nurse (5:52 PM-6:47 AM), and 1 CNA (6:04 PM-6:56 AM).</p> <p>During an interview on 8/20/2024 at 6:31 PM, The DNS and Administrator confirmed the facility failed to ensure the expected and appropriate level of staffing was scheduled and staff available in the facility to meet the resident care needs for showers and to provide transportation needs for outpatient physician appointments.</p> <p>Refer to F-584, F-677, and F-842</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50480</p> <p>Based on facility policy review, observation, and interviews the facility failed to ensure expired medications and medical supplies were not available for resident use in 1 of 2 medication rooms observed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Medication Storage, revised 04/2022 revealed .the facility is responsible for maintaining proper storage .Expired .medications are immediately removed from stock and disposed .</p> <p>During an observation and interview on 8/19/2024 at 6:35 PM, in the East medication room with Licensed Practical Nurse (LPN) F revealed the following expired supplies:</p> <p>5 - 3 milliliter (mL) 25 gauge (ga) x (by) 1 inch syringe (device used to deliver medication into the muscle) with an expiration date of 11/8/2023</p> <p>2 - Heparin Lock Flush Solution 5mL syringe with 500 USP (United States Pharmacopeia) units in 0.9% (percent) Normal Saline (medication administered into intravenous lines to prevent blood clots in the line) with an expiration date of 3/2024</p> <p>1 - 3 mL 22 ga x 1 in syringe with an expiration date of 4/30/2024</p> <p>46 - 10 mg (milligram) Bisacodyl suppositories (medication given rectally to promote a bowel movement) with an expiration date of 4/30/2024</p> <p>12 - 3 mL 21 ga x 1 in syringe with an expiration date of 4/30/2024</p> <p>40 - 650 mg Acetaminophen suppositories (medication given rectally to relieve pain or reduce a fever) with an expiration date of 7/2024.</p> <p>LPN F confirmed a total of 18- 3 mL syringes, 86- suppositories, and 2- Heparin Lock Flushes were stored in the East medication room were expired and available for resident use.</p> <p>During an interview on 8/20/2024 at 10:55 AM, The Director of Nursing Services (DNS) stated the expired medications and supplies should have been removed from the East medication storage room, placed into the pharmacy return bin, and discarded by the pharmacy. The DNS also confirmed the total 18- 3 mL syringes, 86- suppositories, and 2- Heparin Lock Flushes were stored in the East medication room, were expired and available for resident use.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48100</p> <p>Based on facility policy review, observation, and interview the facility failed to ensure a dietary aid wore a protective beard covering while working in the kitchen food preparation area which had the potential to affect 90 of 90 residents.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Team Member Sanitary Practices, dated 1/1/2017, revealed .center to promote guidelines for employee sanitary practices .wear hairnets or restraints .all hair including facial hair must be completely covered .</p> <p>During an observation in the food preparation area on 8/12/2024 at 10:48 AM, with the Dietary Manager (DM), revealed 1 dietary aid without the presence of a protective beard covering to ensure all the facial hair was covered and contained.</p> <p>During an interview on 8/12/2024 at 10:50 AM, the DM confirmed the dietary aid's beard was not fully covered in the food preparation area. The DM stated all hair, including facial hair, should be covered while working in the kitchen.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>48100</p> <p>Based on facility policy review, observation, and interview, the facility failed to ensure garbage and refuse were properly contained in 3 of 3 dumpsters (dumpsters A, B, and C).</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Waste Control, dated 1/1/2012, revealed .it is the policy of this facility to store garbage and trash in a sanitary manner .dumpster must be kept closed at all times .</p> <p>During an observation of the outside dumpster area on 8/12/2024 at 10:59 AM, with the Dietary Manager (DM), revealed 3 dumpsters for waste disposal. Further observation revealed dumpsters A, B, and C had no drain plugs intact to the bottom corner of all 3 dumpsters, which left a golf-ball sized opening. The missing dumpster plug to all three dumpsters left dumpster A, B, and C's contents open to the air, elements, and potential exposure to pests.</p> <p>During an interview on 8/12/2024 at 11:00 AM, the DM confirmed the drain plugs for dumpsters A, B, and C were not intact and all three dumpster's contents were not contained properly.</p>

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48100</p> <p>Based on facility policy review, Centers for Disease Control (CDC) recommendations and guidance review, job description review, facility assessment review, Activities of Daily Living (ADL) documentation review, facility staffing schedule review, facility staff time punch records review, medical record review, observations, and interviews, the facility's Administration failed to ensure the residents' personal laundry was handled, stored, processed, and transported in a safe and sanitary manner which had the potential to expose infectious pathogens to 85 of 90 residents whose laundry service was provided by the facility. The facility's Administration failed to provide effective leadership and oversight to ensure COVID-19 positive employees were excluded from work for the required isolation time frame recommended by the CDC. The facility allowed COVID-19 positive staff to work with Non-COVID-19 residents exposing the vulnerable residents to the COVID-19 infection, which had the potential to cause a serious adverse outcome to all 90 residents in the facility. The Administration's failure to maintain effective leadership and oversight related to infection prevention and control practices for the facility, placed the residents in Immediate Jeopardy (IJ), (a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident). The facility's Administration failed to maintain adequate staffing levels to ensure 2 residents (Residents #9 and #83) were provided transportation to scheduled outpatient physician appointments of 4 residents reviewed for transportation needs and failed to ensure there was sufficient staffing to meet the ADL needs of scheduled showers for 5 residents (Residents #33, #39, #49, #77, and #84) of 24 residents reviewed for ADL needs.</p> <p>The Administrator, Director of Nursing Services (DNS), Regional [NAME] President (RVP), Regional Director of Clinical Operations (RDCO) Q were notified of the Immediate Jeopardy for F-835 on 8/20/2024 at 9:27 PM in the Administrator's office.</p> <p>The facility was cited Immediate Jeopardy at F-835 at a scope and severity of L.</p> <p>The facility was cited Immediate Jeopardy at F-837, F-867, F-880 at a scope and severity of L.</p> <p>An Extended survey was conducted onsite from 8/21/2024 through 8/22/2024.</p> <p>The IJ began on 5/1/2024 and continued through 8/21/2024. The IJ ended on 8/21/2024 and was removed on site.</p> <p>An acceptable Removal Plan which removed the immediacy was provided by the facility on 8/21/2024 at 9:48 PM for F-835.</p> <p>The corrective actions were validated on site by the surveyors on 8/22/2024 for F-835.</p> <p>Noncompliance continues at F-835 at a scope and severity of F.</p> <p>The facility is required to submit a Plan of Correction (POC).</p> <p>The findings include:</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the facility's policy titled, Linen Handling Guidelines, dated 11/1/2017, revealed .The purpose of this procedure is to provide a process for the safe and aseptic handling, processing, transporting, and storage of linen .consider all soiled linen to be potentially infectious .</p> <p>Review of the facility's policy titled, COVID Comprehensive Guide, dated 5/2023, revealed .Team Members Return to Work Criteria for .with COVID Infection .should be restricted from work and follow recommended practices .Contingency and crisis strategies .Work Restrictions for Team Members with COVID Infection . Crisis .No work restrictions .asymptomatic . (outdated guidance the facility was following during the COVID-19 outbreak from 6/2024-8/2024).</p> <p>Review of the CDC Guidelines titled, Environmental Infection Control in Health-Care Facilities, Section G Laundry and Bedding, revised 1/8/2024, revealed .OSHA [Occupational Safety and Health Administration] defines contaminated laundry as .laundry which has been soiled with blood or other potentially infectious materials .Laundering cycles consist of .main wash, bleaching, rinsing .The antimicrobial action of the laundering process results from a combination of mechanical, thermal, and chemical factors .Hot water provides an effective means of destroying microorganisms. A temperature of at least 160 .F [Fahrenheit] .for a minimum of 25 minutes .for hot water washing. The use of chlorine bleach assures an extra margin of safety. Chlorine alternatives .[example] activated oxygen-based laundry detergents .provide added benefits for fabric and color safety in addition to antimicrobial activity .Health-care workers should note the cleaning instructions of textiles, fabrics .Low-temperature laundry cycles rely heavily on the presence of chlorine- or oxygen-activated bleach to reduce the levels of microbial contamination .</p> <p>Review of the CDC's guidance titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 3/18/2024, revealed .Return to Work Criteria for HCP [healthcare personnel] with SARS-CoV-2 [COVID-19] Infection . (The guidance published in this CDC recommendation on 3/18/2024 was the guidance the facility should have followed for the COVID-19 outbreak that occurred from 6/18/2024-6/23/2024.)</p> <p>Review of the Administrator's Job Description signed and dated by the Administrator on 5/1/2024, revealed . Directs, oversees and manages the 24/7 (24 hours per day, 7 days a week) day to day operations of the . post-acute care center .key responsibilities .ensures the safety of all residents .ensure compliance with State and Federal regulations .ensure the quality of care and services is provided to all .residents .lead an effective [QAPI] program .</p> <p>Review of the DNS' Job Description signed and dated by the DNS on 5/1/2024, revealed .manages the department of nursing in accordance with policy and procedure .state and federal regulations .responsibilities .implements policies/procedures with follow-up and supervision to staff to ensure compliance .ensures safe working practices are developed and adhered to .ensures proper infection control techniques are utilized .</p> <p>Review of the CDC's guidance titled, Infection Control Guidance: SARS-CoV-2, dated 6/24/2024, revealed, . The recommendations in this guidance continue to apply after the expiration of the federal COVID-19 Public Health Emergency .To provide the greatest assurance that someone does not have SARS-CoV-2 infection . Establish a Process to Identify and Manage Individuals with Suspected or Confirmed SARS-CoV-2 Infection . Ensure everyone is aware of recommended IPC [infection prevention and control] practices in the facility . (The CDC published this recommendation on 6/24/2024 was the guidance the facility should have followed from 6/24/2024 to present).</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the facility's assessment dated [DATE], revealed .The administrator is responsible for assuring .adequate team member coverage is in place to care for residents .</p> <p>Investigation revealed that a new management company took over the facility management on 5/1/2024 and the facility would no longer have a commercial laundry service to wash the residents' personal laundry. The facility was storing the residents' soiled laundry (in storage bins waiting to be laundered) in a storage building located behind the facility. The residents' personal laundry was stored with dried feces, urine, and was not separated. The facility implemented a new process where the former Housekeeping Supervisor or Housekeeper V was to take the residents' soiled personal laundry to a local laundromat 3 times a week. The items were not separated and were all washed together using a household detergent instead of the sanitizing agents that would ensure the personal items were properly sanitized against microbial contamination. Interviews revealed the water temperatures in the laundromat would only reach 140-142 Fahrenheit (F), and not the required 160 degrees F that would prevent or mitigate the potential spread of infection or communicable disease.</p> <p>During an observation of the laundry storage area (behind the facility) and interview on 8/16/2024 at 9:41 AM, the Administrator and Certified Nursing Assistant (CNA) T placed the residents' dirty clothes in plastic bags from a large green bin. The Administrator and CNA T were asked to remove the plastic bags from the 2 blue plastic containers which stored the residents' personal, for surveyor observation. The observation revealed 12 closed plastic bags with the residents' soiled laundry. The Administrator confirmed residents' personal laundry had not been contained or maintained in a sanitary condition.</p> <p>During a telephone interview on 8/16/2024 at 11:19 AM, the former Housekeeping Supervisor stated the facility had taken the residents' soiled laundry to the local laundromat for laundering but was unsure if the soiled clothing items were being sanitized or properly cleaned because the water was not hot enough to get the clothes clean and certain chemicals were not being used. The former Housekeeping Supervisor stated she had expressed her concerns (date unknown) to the Administrator with no solution to the concern.</p> <p>During an interview on 8/16/2024 at 11:51 AM, the Administrator stated, .we [the facility] did not know there was molded clothes [residents' soiled personal laundry] in the storage shed .</p> <p>During an interview on 8/20/2024 at 11:00 AM, the Administrator stated he was aware certain chemicals and water temperatures were to be used (to ensure proper sanitization) when washing resident's personal laundry and confirmed .I don't know what the temperatures [water] were at the laundromat .</p> <p>During an interview on 8/21/2024 at 12:00 PM, the Administrator stated he was informed on 4/28/2024 the facility would no longer have a commercial linen service to wash the residents' personal laundry, effective 4/30/2024. The facility had to .put something in place . It was decided the residents' personal laundry would be washed at the local laundromat starting 5/1/2024.</p> <p>The facility had a COVID-19 outbreak from 6/18/2024-8/7/2024. During the outbreak 22 residents (Resident #1, #2, #20, #33, #36, #42, #46, #53, #57, #71, #72, #78, #82, #340, #341, #3, #11, #27, #43, #12, #30, and #79) and 13 employees tested positive for COVID-19. The facility allowed 7 of the 13 COVID-19 positive employees to return to work before the required isolation time frame recommended by CDC guidance. The COVID-19 positive symptomatic and sick employees who worked had the potential to spread the COVID-19 infection to all residents in the facility.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview on 8/20/2024 at 12:36 PM, the DNS confirmed the dates Registered Nurse (RN) PP, Licensed Practical Nurse (LPN) BB, LPN CC, LPN DD, LPN FF, CNA G, and CNA W were allowed to return to work following testing positive for COVID-19. Each of the employees returned to work before the recommended quarantine time ended according to the CDC recommended guidelines for COVID-19 positive staff in a long-term care facility. The DNS revealed the facility had reviewed the COVID-19 Comprehensive Guide, dated 5/2023. The DNS stated employees were required to have a negative COVID-19 test (not 2 negative COVID-19 tests 48 hours apart per the CDC guidance) with no symptoms prior to returning to work. The DNS confirmed several COVID-19 positive employee were allowed to work.</p> <p>During a telephone interview on 8/22/2024 at 11:06 AM, the Infection Preventionist Regional Supervisor (IPRS) stated she was the facility's area reporting contact for COVID-19 infections/outbreaks and had been in contact with the facility's Infection Preventionist multiple times regarding the COVID-19 cases in the facility from 6/18/2024 to 8/7/2024. The IPRS stated the facility did not inquire about utilizing COVID-19 positive employees to work in the facility (with positive or negative) residents. Further interview revealed the IPRS was not aware of the facility's practice of utilizing COVID-19 positive employees to provide care to COVID-19 negative residents. The IPRS stated her recommendations to mitigate the COVID-19 spread and outbreak align with the CDC guidelines for quarantine for healthcare workers. The IPRS stated the current guidance did not permit COVID-19 positive healthcare workers to provide care to COVID-19 negative residents. The IPRS stated to her knowledge, there is not any recommendations related to healthcare workers in long-term care facilities that allow COVID-19 positive employees to provide care to COVID-19 negative residents.</p> <p>Refer to F880</p> <p>The facility Administration failed to ensure there was sufficient staff to ensure 2 residents were provided transportation to scheduled outpatient appointments. Resident #9 missed 3 of 4 scheduled outpatient urology appointments on 6/11/2024, 7/22/2024, and 8/13/2024, and Resident #83 missed an outpatient doctor's appointment on 8/13/2024 due to insufficient staff to provide the residents' transportation needs.</p> <p>During an interview on 8/14/2024 at 10:51 AM, the DNS confirmed she was aware Resident #9 had missed the scheduled outpatient urology appointments on 6/11/2024, 7/22/2024, and 8/13/2024 due to having insufficient staffing to provide the resident's transportation needs.</p> <p>During an interview on 8/20/2024 at 8:41 AM, the Administrator stated Resident #83 had an outpatient doctor appointment scheduled on 8/13/2024, and confirmed the appointment had to be rescheduled related to insufficient staff available to transport or assist Resident #83 to the appointment.</p> <p>Refer to F658</p> <p>The facility Administration failed to ensure there was sufficient staff to ensure 5 residents received their scheduled showers. Resident #33 missed 3 scheduled showers, Resident #39 missed 5 scheduled showers, Resident #49 missed 5 scheduled showers, Resident #77 missed 4 scheduled showers, and Resident #84 missed 1 scheduled shower during the time frame of 8/1/2024-8/16/2024.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview on 8/13/2024 at 6:30 PM, Licensed Practical Nurse (LPN) E stated she worked from 6:00 PM-6:00 AM and was typically assigned care for 50 residents on the hallway with 1 CNA and 2 nurses. LPN E stated showers were scheduled to be completed on both shifts and there were times when scheduled showers were not completed (unable to give exact dates) due to not enough staff. On Thursday 8/8/2024 there was 1 nurse and 1 CNA from 6:00 PM-6:00 AM on the hallway. LPN E further stated the Administrator had not asked if needs of the residents were being met or if the staff were able to complete the work assignments.</p> <p>During an interview on 8/13/2024 at 6:38 PM, LPN F stated she worked 6:00 PM-6:00 AM, worked the east hallway, there were typically 50 residents on the wing, and 2 nurses with 1 CNA to work the hallway. LPN F stated showers were scheduled to be completed on both shifts. There had been times when the scheduled showers were unable to be completed due to not enough staff (unable to give exact dates). The Administrator had not asked if needs of the residents were being met or if the staff were able to complete the work assignments.</p> <p>During an interview on 8/14/2024 at 1:13 PM, the DNS stated she received voiced concerns from CNAs and nurses regarding low staffing and scheduled showers not being completed.</p> <p>During an interview on 8/14/2024 at 3:00 PM, the Administrator stated he was aware the facility had some staffing concerns and stated, .I do know it [staffing concerns] exists . The Administrator confirmed he was aware some of the residents had not received scheduled showers at times.</p> <p>During an interview on 8/20/2024 at 6:31 PM, the DNS and the Administrator confirmed the facility failed to ensure the expected and sufficient level of staffing was available in the facility to meet all the resident care needs including the scheduled showers and transportation for scheduled outpatient physician appointments.</p> <p>Refer to F725</p> <p>During an interview on 8/20/2024 at 7:35 PM, the Administrator stated the facility had some areas of improvement to address regarding infection prevention and control practices and sufficient staffing provisions.</p> <p>Validation of the Allegation of Compliance (AOC) Removal Plan to remove the immediacy of the Jeopardy (IJ) was conducted on 8/22/2024 through review of facility documentation, medical record reviews, and interviews.</p> <p>On 8/20/2024, the Administrator and DNS were educated on Infection Control Policies, COVID-19 Guidelines from the Infection Control Manual and CDC Recommendations, Transmission Based Precautions, Enhanced Barrier Precautions, QAPI, and Handling Soiled Linen by Regional [NAME] President, Regional Director of Clinical Operations, and Senior Director of Clinical Quality and Education.</p> <p>On 8/20/2024-8/21/2024, staff education was started by the DNS, or designee, with all staff on duty regarding isolation precautions for infection control including transmission- based precautions, hand hygiene, and enhanced barrier precautions, in-service on COVID-19 testing and guidelines related to safe care and prevention of COVID-19. Employees will not be allowed to work until they have received this training. The Administrator or designee will monitor the schedule to ensure no employee will work until their education has been completed.</p> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 08/20/24, (named commercial laundry service) agreed to a contract revision with the Administrator to provide personal laundry services twice per week (refer to exhibit 5). The personal laundry will be removed from the resident ' s area in bags and placed in labeled bin for (named commercial laundry service) pickup which is located in the laundry storage building. All personal laundry will be returned from (named commercial laundry service) in lined clean bin folded or layered flat and covered with protective sheeting on the south station administrative hall. Housekeeping services will sort, hang, and deliver to residents upon return.</p> <p>Administrator and DNS began educating staff on duty on 8/21/2024 regarding removal of personal laundry, placement in bin for transport to (named commercial laundry service) and return to residents upon return from (named commercial laundry service) on 8/21/24. Employees will not be allowed to work until they have received this training. The Administrator or designee will monitor the schedule to ensure no employee will work until their education has been completed.</p> <p>Facility adopted a policy titled, Handling Soiled Linen, on 8/21/2024. The policy was reviewed and approved in an Ad Hoc QAPI (Quality Assurance and Performance Improvement) meeting held on 8/21/24. Review of the sign in sheet revealed the Administrator, Director of Nursing Services, Medical Director, and Regional Director of Clinical Operations Q were in attendance.</p> <p>Education was started on 8/21/2024, by DNS, or designee, with all staff on duty regarding policy on Handling Soiled Linen. Employees will not be allowed to work until they have received this training. The Administrator or designee will monitor the schedule to ensure no employee will work until their education has been completed.</p> <p>On 8/21/24, the Administrator and DNS conducted environmental rounds audit utilizing the environmental rounds tool and handling of soiled linens with no issues identified.</p> <p>Starting 8/21/2024 the following guidelines, recommended by cdc.gov titled Infection Control Guidelines: SARS-CoV-2 dated 6/24/2024, were initiated. The following steps will be:</p> <p>HCP who were asymptomatic throughout their infection and are not moderately to severely immunocompromised could return to work after the following criteria have been met:</p> <p>At least 7 days have passed since the date of their first positive viral test if a negative viral test is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).</p> <p>HCP with mild to moderate illness who are not moderately to severely immunocompromised could return to work after the following criteria have been met:</p> <p>At least 7 days have passed since symptoms first appeared if a negative viral test is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), and,</p> <p>At least 24 hours have passed since last fever without the use of fever-reducing medications, and</p> <p>Symptoms (e.g., cough, shortness of breath) have improved.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Current employees are required to test twice a week during COVID-19 outbreak and as needed with development of any signs or symptoms (e.g., those with runny nose, cough, sneezing, shortness of breath).</p> <p>If current employee tests positive while at work, employee will notify Administrator, DNS, and/or ADNS (Assistant Director of Nursing Services), and the employee will be sent home immediately and will remain off work according to current CDC guidelines.</p> <p>In the possibility of a staffing crisis, facility will initiate the following:</p> <ul style="list-style-type: none"> Call all off duty staff including cross-trained staff Offer incentives Offer shift swaps or bonus day off Offer split shifts <p>Call all licensed administrative staff that can come in and work under any capacity.</p> <p>If above points unsuccessful involve Corporate Regional Support Team for further guidance.</p> <p>An Ad Hoc QAPI meeting was conducted on 8/21/2024 with the Administrator, Director of Nursing Services, Director of Clinical Operations, Infection Preventionist, Minimum Data Set Coordinator, Director of Care Coordination and Medical Director to discuss, address, and review the deficient practice identified during the survey related to infection control practices and guidance to mitigate the spread of COVID-19 to staff and residents and infection control concerns identified with the handling of residents ' personal laundry.</p> <p>All corrective actions will continue until a Plan of Correction is developed.</p> <p>Refer to F835, F837, F867, and F880</p>

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<p>F 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>48100</p> <p>Based on facility policy review, job description review, facility documentation review, and interview, the facility's Governing Body failed to address the facility's widespread problem of unsafe and unsanitary handling, storing, and processing of the residents' contaminated and potentially hazardous personal laundry, which had the potential to expose infectious pathogens to 85 of 90 residents that utilized the facility provided laundry service. The facility's Governing Body failed to provide effective leadership and oversight of the facility's Administration to ensure COVID-19 positive employees were excluded from work for the required isolation time frame recommended by the Centers of Disease Control (CDC) to control the exposure and spread of COVID-19. The facility allowed COVID-19 positive staff to work with Non-COVID-19 residents which exposed vulnerable residents to the COVID-19 infection, leaving the potential to cause a serious adverse outcome to 90 of 90 residents in the facility. The Governing Body's failure to provide adequate leadership to oversee and maintain safe and effective infection control practices had the potential or likelihood to impact all the residents in the facility, which placed the residents in Immediate Jeopardy (IJ), (a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident).</p> <p>The Administrator, Director of Nursing Services (DNS), Regional [NAME] President (RVP), Regional Director of Clinical Operations (RDCO) Q were notified of the IJ for F-837 on 8/20/2024 at 9:27 PM, in the Administrator's office.</p> <p>The facility was cited Immediate Jeopardy at F-837 at a scope and severity of L.</p> <p>The facility was cited Immediate Jeopardy at F-835, F-867, and F-880 at a scope and severity of L.</p> <p>An Extended survey was conducted onsite from 8/21/2024 through 8/22/2024.</p> <p>The IJ began on 5/1/2024 and continued through 8/21/2024. The IJ ended on 8/21/2024 and was removed on site.</p> <p>An acceptable Removal Plan which removed the immediacy was provided by the facility on 8/21/2024 at 9:48 PM for F-837.</p> <p>The corrective actions were validated on site by the surveyors on 8/22/2024 for F-837.</p> <p>Noncompliance continues at F-837 at a scope and severity of F.</p> <p>The facility is required to submit a Plan of Correction (POC).</p> <p>The findings include:</p> <p>(continued on next page)</p>		

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<p>F 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the facility's policy titled, Quality Assurance and Performance Improvement (QAPI) Plan, revised on 2/2017, revealed .The activities of QAPI involve team members at all levels of the organization to identify opportunities for improvement .address gaps in systems or processes .develop and implement an improvement or corrective action plan .</p> <p>Review of the facility's policy titled, Governing Body, dated 2023 (exact date unknown), revealed .The Governing Body is responsible for identifying and prioritizing problems .ensuring that corrective actions address gaps in the system and are evaluated for effectiveness .setting clear expectations for safety, quality, rights, choice, and respect .ensuring adequate resources exist .ensuring contingency plans for program sustainability during times of leadership transition . Further review revealed the Governing Body members are the RVP, Administrator, and the DNS.</p> <p>Review of the Administrator's Job Description signed and dated by the Administrator on 5/1/2024, revealed . Directs, oversees and manages the 24/7 (24 hours per day, 7 days a week) day to day operations of the . post-acute care center .key responsibilities .ensure compliance with State and Federal regulations .ensure the quality of care and services is provided to all .residents .lead an effective [QAPI] program .</p> <p>Review of the DNS' Job Description signed and dated by the DNS on 5/1/2024, revealed .manages the department of nursing in accordance with policy and procedure .state and federal regulations .responsibilities .implements policies/procedures with follow-up and supervision to staff to ensure compliance .ensures safe working practices are developed and adhered to .ensures proper infection control techniques are utilized .</p> <p>Review of the RVP's Job Description signed and dated by the RVP on 5/3/2024, revealed .Directs, oversees and manages the 24/7 day to day operations .essential job duties .ensures compliance with State and Federal regulations .ensure the quality of care and services is provided to all .residents .leads an effective [QAPI] program .supports, provides guidance and manages the administrators .collaborates with team members on risk mitigation and event management .</p> <p>During an interview on 8/16/2024 at 3:05 PM, the RVP stated the new management company started managing the facility on 5/1/2024. The new management company was unable to reach an agreement with the contracted commercial linen service used by the facility to launder the residents' personal clothing items. The new management company contracted with another commercial linen service, but the linen service was unable to wash the residents' personal laundry. Further interview revealed an architect was hired to remodel or build an area at the facility to provide laundry services. RVP stated until the area was completed, the facility laundered the residents' personal laundry at a local laundromat. The RVP stated the Governing Body (also members of the QAPI committee) consisted of the Administrator, the DNS, and himself (RVP) and met routinely. The RVP stated the facility was following the CDC's guidelines (outdated) for COVID-19 to address the spread of COVID-19.</p> <p>The facility had a COVID-19 outbreak from 6/18/2024-8/7/2024. During the outbreak 22 residents (Resident #1, #2, #20, #33, #36, #42, #46, #53, #57, #71, #72, #78, #82, #340, #341, #3, #11, #27, #43, #12, #30, and #79) and 13 employees tested positive for COVID-19.</p> <p>During an interview on 8/20/2024 at 12:36 PM, the DNS confirmed (7) employees returned to work before their quarantine time was complete per the CDC recommended guidelines for COVID-19 positive staff in a long-term care facility.</p> <p>(continued on next page)</p>		

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<p>F 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Refer to F880</p> <p>Review of the QAPI meeting minutes dated 6/25/2024, revealed the facility's QAPI program failed to identify quality deficiencies, report, perform a root cause analysis to identify serious outcomes, develop and implement processes or corrective plans related to the facility ' s infection control program and laundry services.</p> <p>Refer to F867</p> <p>Review of the QAPI meeting minutes dated 6/25/2024 and 7/23/2024, revealed no documentation the facility's QAPI program identified or reported quality deficiencies, performed a root cause analysis which identified serious outcomes, developed or implemented processes or corrective action plans related to the facility's infection control program and practices with the recent COVID-19 outbreak (6/18/2024-8/7/2024), and laundry services. Continued review of the meeting minutes revealed no documentation or root cause analysis which identified, addressed, or discussed, the repeated deficiencies related to abuse.</p> <p>The facility Administration and Governing Body failed to address in QAPI the facility's widespread problem of unsafe and unsanitary handling, storing, and processing of the residents' contaminated and potentially hazardous personal laundry and ensuring COVID-19 positive employees were excluded from work for the required isolation time frame recommended by the Centers of Disease Control (CDC) to control the exposure and spread of COVID-19.</p> <p>During an interview on 8/20/2024 at 7:35 PM, the Administrator stated the facility had some areas of improvement to address regarding infection prevention and control practices.</p> <p>Refer to F-835</p> <p>Validation of the Allegation of Compliance (AOC) Removal Plan to remove the immediacy of the Jeopardy (IJ) was conducted on 8/22/2024 through review of facility documentation, medical record reviews, and interviews.</p> <p>On 8/20/2024, the Administrator and DNS were educated on Infection Control Policies, COVID-19 Guidelines from the Infection Control Manual and CDC Recommendations, Transmission Based Precautions, Enhanced Barrier Precautions, QAPI, and Handling Soiled Linen by RVP, Regional Director of Clinical Operations, and Senior Director of Clinical Quality and Education.</p> <p>On 8/20/2024-8/21/2024, staff education was started by the DNS, or designee, with all staff on duty regarding isolation precautions for infection control including transmission- based precautions, hand hygiene, and enhanced barrier precautions, in-service on COVID-19 testing and guidelines related to safe care and prevention of COVID-19. Employees will not be allowed to work until they have received this training. The Administrator or designee will monitor the schedule to ensure no employee will work until their education has been completed.</p> <p>(continued on next page)</p>		

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<p>F 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 08/20/24, (named commercial laundry service) agreed to a contract revision with Administrator to provide personal laundry services twice per week (refer to exhibit 5). The personal laundry will be removed from the resident ' s area in bags and placed in labeled bin for (named commercial laundry service) pickup which is located in the laundry storage building. All personal laundry will be returned from (named commercial laundry service) in lined clean bin folded or layered flat and covered with protective sheeting on the south station administrative hall. Housekeeping services will sort, hang, and deliver to residents upon return.</p> <p>Administrator and DNS began educating staff on duty on 8/21/2024 regarding removal of personal laundry, placement in bin for transport to (named commercial laundry service) and return to residents upon return from (named commercial laundry service) on 8/21/24. Employees will not be allowed to work until they have received this training. The Administrator or designee will monitor the schedule to ensure no employee will work until their education has been completed.</p> <p>Facility adopted a new policy titled, Handling Soiled Linen, on 8/21/2024. The policy was reviewed and approved in an Ad Hoc QAPI meeting held on 8/21/24. Review of the sign in sheet revealed the Administrator, Director of Nursing Services, Medical Director, and Regional Director of Clinical Operations Q were in attendance.</p> <p>Education was started on 8/21/2024, by DNS, or designee, with all staff on duty regarding policy on Handling Soiled Linen. Employees will not be allowed to work until they have received this training. The Administrator or designee will monitor the schedule to ensure no employee will work until their education has been completed.</p> <p>On 8/21/24, Administrator and DNS conducted environmental rounds audit utilizing the environmental rounds tool and handling of soiled linens with no issues identified.</p> <p>Starting 8/21/2024 the following guidelines, recommended by cdc.gov titled Infection Control Guidelines: SARS-CoV-2 dated 6/24/2024, were initiated. The following steps will be:</p> <p>Healthcare Providers (HCP) who were asymptomatic throughout their infection and are not moderately to severely immunocompromised could return to work after the following criteria have been met:</p> <p>At least 7 days have passed since the date of their first positive viral test if a negative viral test is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).</p> <p>HCP with mild to moderate illness who are not moderately to severely immunocompromised could return to work after the following criteria have been met:</p> <p>At least 7 days have passed since symptoms first appeared if a negative viral test is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), and,</p> <p>At least 24 hours have passed since last fever without the use of fever-reducing medications, and</p> <p>Symptoms (e.g., cough, shortness of breath) have improved.</p> <p>(continued on next page)</p>		

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<p>F 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Current employees are required to test twice a week during COVID-19 outbreak and as needed with development of any signs or symptoms (e.g., those with runny nose, cough, sneezing, shortness of breath).</p> <p>If current employee tests positive while at work, employee will notify Administrator, DNS, and/or ADNS (Assistant Director of Nursing Services), and the employee will be sent home immediately and will remain off work according to current CDC guidelines.</p> <p>In the possibility of a staffing crisis, facility will initiate the following:</p> <p>Call all off duty staff including cross-trained staff</p> <p>Offer incentives</p> <p>Offer shift swaps or bonus day off</p> <p>Offer split shifts</p> <p>Call all licensed administrative staff that can come in and work under any capacity.</p> <p>If above points unsuccessful involve Corporate Regional Support Team for further guidance.</p> <p>An Ad Hoc QAPI meeting was conducted on 8/21/2024 with the Administrator, Director of Nursing Services, Director of Clinical Operations, Infection Preventionist, Minimum Data Set Coordinator, Director of Care Coordination and Medical Director to discuss, address, and review the deficient practice identified during the survey related to infection control practices and guidance to mitigate the spread of COVID-19 to staff and residents and infection control concerns identified with the handling of residents ' personal laundry.</p> <p>All corrective actions will continue until a Plan of Correction is developed</p> <p>Refer to F835, F837, F867, and F880</p>		

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<p>F 0838</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48100</p> <p>Based on facility documentation review and interview, the facility failed to complete the facility assessment to accurately reflect the needs and services provided by the facility, which had the potential to affect 90 of 90 residents.</p> <p>The findings include:</p> <p>Review of the Facility Assessment Tool dated 7/28/2024, revealed the facility did not include the staffing parameters for the secure unit and contingency staffing protocol in response to emergency and crisis situations. Further review revealed on 5/1/2024, the facility's laundry service had changed with new building modification plans to add an in-house laundry room which was not reflected in the facility's assessment. Continued review revealed no documentation in the facility assessment that the facility allowed input from the direct-care staff, residents, or resident families regarding the needs and services provided by the facility.</p> <p>During an interview on 8/20/2024 at 7:45 PM, the Administrator confirmed the secure unit staffing parameters, contingency staffing protocol in response emergency/crisis situations, building modification plans to add an in-house laundry room, change in the facility's laundry service, and documentation regarding the input from direct-care staff, residents, or resident families regarding the needs and services provided by the facility had not been reflected on the facility assessment dated [DATE].</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49568</p> <p>Based on facility policy review, medical record review, and interviews the facility failed to ensure the medical record was accurate and complete for 4 residents (Resident #33, #39, #49, and #77) of 24 resident Activities of Daily Living (ADL) records reviewed.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, Purpose of the Patient Record, revealed .records are maintained to provide complete .accurate .documentation .</p> <p>Review of the medical record revealed Resident #33 was admitted to the facility on [DATE] with diagnoses including Type 2 Diabetes Mellitus, Autistic Disorder, and Hypertension.</p> <p>Review of a comprehensive care plan for Resident #33 dated 6/25/2024, revealed .resident has an ADL self-care performance deficit .BATHING/SHOWERING .Setup and assist as needed .</p> <p>Review of a quarterly [NAME] Data Set (MDS) assessment dated [DATE], revealed Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #33 was cognitively intact and required supervision or touching assistance with bathing.</p> <p>Review of the facility ADL documentation for Resident #33 dated 5/1/2024-5/31/2024, revealed the resident received 0 of the 9 scheduled showers during the month of 5/2024. Continued review of the ADL documentation revealed several days which were left blank, documented as Resident Not Available (RNA), or Not Applicable (N/A).</p> <p>Review of the facility ADL documentation for Resident #33 dated 6/1/2024-6/30/2024, revealed the resident received a shower on 6/6/2024 and 6/14/2024 of 8 scheduled showers during the month of 6/2024. Continued review of the ADL documentation revealed several days which were left blank or was documented as RNA or N/A.</p> <p>Review of the facility ADL documentation for Resident #33 dated 7/1/2024-7/31/2024, revealed the resident received a shower on 7/9/2024 of 9 scheduled showers during the month of 7/2024. Continued review of the ADL documentation revealed several days which were left blank or was documented as RNA or N/A.</p> <p>Review of the facility ADL documentation for Resident #33 dated 8/1/2024-8/20/2024, revealed the resident received 0 of the 6 scheduled showers during the month of 8/2024. Continued review of the ADL documentation revealed several days which were left blank or was documented as RNA or N/A.</p> <p>During an interview on 8/14/2024 at 3:49 PM with Certified Nursing Assistant (CNA) B stated she works the resident's hall regularly. She stated the resident required minimum assistance with ADLs. She stated low staffing had been an issue and out of her 3 12-hour shifts there were at least 2 days she was not able to provide the scheduled showers or complete the documentation of care or showers provided.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 8/14/2024 at 8:20 PM, CNA C revealed Resident #33 usually did not refuse showers. CNA C stated she was not always able to complete the scheduled showers or document the care or showers provided.</p> <p>During an interview on 8/14/2024 at 8:30 PM, CNA O revealed Resident #33 refused showers at times. CNA O stated she provided Resident #33 a bath on Tuesday, 8/13/2024, but did not document the shower on the ADL record. CNA stated she was not always able to complete the scheduled showers or document the care or showers provided.</p> <p>41291</p> <p>Review of the medical record revealed Resident #39 was admitted to the facility on [DATE] with diagnoses including Wernicke's Encephalopathy, Contractures of Left Hip, Left Knee, Right Ankle, Left Ankle, Anxiety Disorder, Dementia, Major Depressive Disorder, Epilepsy, and Peripheral Vascular Disease.</p> <p>Review of a quarterly [NAME] Data Set (MDS) assessment dated [DATE], revealed a BIMS assessment score of 00, which indicated Resident #39 had severe cognitive impairment and was dependent with all ADLS.</p> <p>Review of a comprehensive care plan for Resident #39 dated 7/31/2024, revealed .requires total assistance with ADL self-care performance deficit .</p> <p>Review of the facility ADL documentation for Resident #39 dated 5/1/2024-5/31/2024, revealed the resident received 1 bed bath and 0 showers of 8 scheduled showers during the month of 5/2024. Continued review of the ADL documentation revealed several days which were left blank or was documented as RNA or N/A.</p> <p>Review of the facility ADL documentation for Resident #39 dated 6/1/2024-6/30/2024, revealed the resident received a shower on 6/20/2024 of 9 scheduled showers during the month of 6/2024. Continued review of the ADL documentation revealed several days which were left blank or was documented as RNA or N/A.</p> <p>Review of the facility ADL documentation for Resident #39 dated 7/1/2024-7/31/2024, revealed the resident received 0 of the 8 scheduled showers during the month of 7/2024. Continued review of the ADL documentation revealed several days which were left blank or was documented as RNA or N/A.</p> <p>Review of the facility ADL documentation for Resident #39 dated 8/1/2024-8/20/2024, revealed the resident received a shower on 8/12/2024 of 6 scheduled showers during the month of 8/2024. Continued review of the ADL documentation revealed several days which were left blank or was documented as RNA or N/A.</p> <p>During an interview on 8/14/2024 at 3:49 PM, CNA B stated that she did not recall Resident #39 ever refusing baths or showers and stated the resident was available on the scheduled shower days.</p> <p>Review of the medical record revealed Resident #49 was admitted to the facility on [DATE] with diagnoses including Cerebral Infarction, Anxiety Disorder, Dementia, and Need for Assistance with Personal Care.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a comprehensive care plan for Resident #49 dated 5/15/2024, revealed .has an ADL self-care performance deficit .</p> <p>Review of a quarterly [NAME] Data Set (MDS) assessment dated [DATE], revealed Resident #49 scored a 13 on the BIMS which indicated Resident #49 was cognitively intact and required staff assistance with ADLS.</p> <p>Review of the facility ADL documentation for Resident #49 dated 5/1/2024-5/31/2024, revealed the resident received showers on 5/3/2024 and 5/24/2024 of 10 scheduled showers during the month of 5/2024. Continued review of the ADL documentation revealed several days which were left blank or was documented as RNA or N/A.</p> <p>Review of the facility ADL documentation for Resident #49 dated 6/1/2024-6/30/2024, revealed the resident received showers on 6/4/2024 and 6/21/2024 of 9 scheduled showers during the month of 6/2024. Continued review of the ADL documentation revealed several days which were left blank or was documented as RNA or N/A.</p> <p>Review of the facility ADL documentation for Resident #49 dated 7/1/2024-7/31/2024, revealed the resident received a shower on 7/12/2024, 7/16/2024, 7/19/2024, and 7/30/2024 of 9 scheduled showers during the month of 7/2024. Continued review of the ADL documentation revealed several days which were left blank or was documented as RNA or N/A.</p> <p>Review of the facility ADL documentation for Resident #49 dated 8/1/2024-8/20/2024, revealed the resident received a shower on 8/9/2024 of 5 scheduled showers during the month of 8/2024. Continued review of the ADL documentation revealed several days which were left blank or was documented as RNA or N/A.</p> <p>During an interview on 8/14/2024 at 3:49 PM, CNA B did not recall Resident #49 ever refusing shower or baths. CNA B stated there were times showers/bed baths were not provided or documented as completed during the shift, .did not have time to do it . CNA B stated at times would stay over (work overtime) to catch up documentation up, but not always.</p> <p>49786</p> <p>Review of the medical record revealed Resident #77 was admitted to the facility on [DATE] with diagnoses including Anoxic Brain Damage, Difficulty Walking, Weakness, Lack of Coordination, Bipolar Disorder, Stimulant Dependence, Restlessness, and Agitation.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #77 scored a 7 on the BIMS assessment which indicated the resident has a severe cognitive impairment.</p> <p>Review of a comprehensive care plan for Resident #77 dated 8/15/2024, revealed the resident had an ADL self-care deficit related to Weakness, Anoxic brain, functional quadriplegic, Malnutrition and required substantial/maximal assistance with bathing/showering.</p> <p>Review of the facility ADL documentation for Resident #77, dated 5/1/2024-5/31/2024, revealed the resident receive a shower on 5/7/2024, 5/14/2024, 5/21/2024, and 5/24/2024 of 8 scheduled showers during 5/2024.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility ADL documentation for Resident #77, dated 6/1/2024-6/30/2024, revealed the resident received a shower on 6/7/2024 of 8 scheduled showers during 6/2024. Continued review of the ADL documentation revealed several days which were left blank or was documented as RNA or N/A.</p> <p>Review of the facility ADL documentation for Resident #77, dated 7/1/2024-6/31/2024, revealed the resident received a shower on 7/9/2024, 7/16/2024, and 7/23/2024 of 9 scheduled showers during 7/2024. Continued review of the ADL documentation revealed several days which were left blank or was documented as RNA or N/A.</p> <p>Review of the facility ADL documentation for Resident #77, dated 8/1/2024-8/19/2024, revealed the resident received a shower on 8/9/2024 of 5 scheduled showers during 8/2024. Continued review of the ADL documentation revealed several days which were left blank or was documented as RNA or N/A.</p> <p>During an interview on 8/14/2024 at 3:39 PM CNA B stated she provided care for Resident #77, regularly. She stated the resident required total assistance with ADLs. CNA B stated she has seen him refuse showers but not often. She stated low staffing had been an issue and out of her 3 12-hour shifts there were at least 2 days she was unable to provide the scheduled showers. CNA B further stated there were times the showers were completed but she did not have time to document them on the ADL record.</p> <p>During an interview on 8/20/2024 at 10:18 AM, the DNS stated it was her expectation for residents to receive 2 scheduled showers per week. The DNS reviewed Resident #33, #39, #49, and #77's ADL bathing records and confirmed the residents had not received the scheduled showers. DNS stated that some baths had not been documented in the medical record and felt like some holes were failure to chart which resulted in inaccurate medical record.</p>		

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<p>F 0867</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>48100</p> <p>Based on facility policy review, job description review, facility assessment review, Quality Assurance and Performance Improvement (QAPI) Plan review, QAPI Meeting Minutes review, facility documentation review, and interviews, the facility's QAPI program failed to ensure an effective QAPI program that identified quality deficiencies, implement performance improvement activities to address quality concerns, and perform a root cause analysis related to poor infection control practices. The facility's QAPI committee failed to develop and implement effective processes or initiate action plans for performance improvement, when the committee failed to recognize the facility's poor infection control practices and to have an effective infection control program to mitigate the spread of disease when the residents' personal laundry was not handled, stored, processed, or transported in a safe and sanitary manner which had the potential to expose infectious pathogens to residents whose laundry service was provided by the facility. The facility's QAPI program failed to recognize and provide to the staff the updated Centers for Disease Control (CDC) Guidelines for the isolation and quarantine time of COVID-19 positive employees which allowed COVID-19 positive employees to work and provide care for vulnerable and COVID-19 negative residents of the facility exposing the residents to the COVID-19 infection. The facility census was 90.</p> <p>The facility's failure to have an effective QAPI program, implement proper infection control practices and ensure the proper handling of soiled and contaminated laundry resulted in an Immediate Jeopardy (IJ), (a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) which had the potential or likelihood to impact all 90 residents of the facility.</p> <p>The facility's QAPI committee failed to develop and maintain an effective QAPI program, which resulted in continued non-compliance and a repeated deficiency of F-600 related to abuse after the facility had previously been cited abuse on the last recertification survey conducted on 6/23/2021; a complaint survey conducted on 5/18/2022, which resulted in a harm level deficiency; a revisit and complaint survey conducted on 8/4/2022; and a complaint survey conducted on 5/1/2024. The facility census was 90.</p> <p>The Administrator, Director of Nursing Services (DNS), Regional [NAME] President (RVP), Regional Director of Clinical Operations (RDCO) Q were notified of the Immediate Jeopardy (IJ) for F-867 on 8/20/2024 at 9:27 PM, in the Administrator's office.</p> <p>The facility was cited Immediate Jeopardy at F-867 at a scope and severity of L.</p> <p>The facility was cited Immediate Jeopardy at F-835, F-837, and F-880 at a scope and severity of L.</p> <p>An Extended survey was conducted onsite from 8/21/2024 through 8/22/2024.</p> <p>The IJ began on 5/1/2024 and continued through 8/21/2024. The IJ ended on 8/21/2024 and was removed on site.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>An acceptable Removal Plan which removed the immediacy was provided by the facility on 8/21/2024 at 9:48 PM for F-867.</p> <p>The corrective actions were validated on site by the surveyors on 8/22/2024 for F-867.</p> <p>Noncompliance continues at F-867 at a scope and severity of F.</p> <p>The facility is required to submit a Plan of Correction (POC).</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Quality Assurance and Performance Improvement (QAPI) Plan, revised on 2/2017, revealed .The activities of QAPI involve team members at all levels of the organization to identify opportunities for improvement .address gaps in systems or processes .develop and implement an improvement or corrective action plan .</p> <p>Review of the Administrator's Job Description signed and dated by the Administrator on 5/1/2024, revealed . Directs, oversees and manages the 24/7 [24 hours per day, 7 days a week] day to day operations of the . post-acute care center .key responsibilities .ensure compliance with State and Federal regulations .ensure the quality of care and services is provided to all .residents .lead an effective [QAPI] program .</p> <p>Review of the Director of Nursing's (DNS') Job Description signed and dated by the DNS on 5/1/2024, revealed .manages the department of nursing in accordance with policy and procedure .state and federal regulations .responsibilities .implements policies/procedures with follow-up and supervision to staff to ensure compliance .ensures safe working practices are developed and adhered to .ensures proper infection control techniques are utilized .</p> <p>Review of the RVP's Job Description signed and dated by the RVP on 5/3/2024, revealed .Directs, oversees and manages the 24/7 day to day operations .essential job duties .ensures compliance with State and Federal regulations .ensure the quality of care and services is provided to all .residents .leads an effective [QAPI] program .supports, provides guidance and manages the administrators .collaborates with team members on risk mitigation and event management .</p> <p>During an interview on 8/16/2024 at 3:05 PM, the RVP stated the new management company started managing the facility on 5/1/2024. The new management company was unable to reach an agreement with the contracted commercial linen service used by the facility. The new management company contracted with another commercial linen service, but the linen service was unable to wash the residents' personal laundry. Further interview revealed an architect was hired to remodel or build an area at the facility to provide laundry services. RVP stated until the area was completed, the facility laundered the residents' personal laundry at a local laundromat.</p> <p>During an interview on 8/20/2024 at 11:00 AM, the Administrator stated he was aware the facility laundered the residents' personal laundry at the local laundromat. The Administrator stated he was also aware certain chemicals and water temperatures were to be used when washing residents' personal laundry and confirmed .I don't know what the temperatures [water] were at the laundromat .</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>The facility had a COVID-19 outbreak from 6/18/2024-8/7/2024. During the outbreak 22 residents and 13 employees tested positive for COVID-19. The facility allowed 7 of the 13 COVID-19 positive employees to return to work before the required isolation time frame recommended by the CDC guidelines.</p> <p>During an interview on 8/20/2024 at 12:36 PM, the DNS confirmed (7) employees returned to work before their quarantine time was complete per the CDC recommended guidelines for COVID-19 positive staff in a long-term care facility.</p> <p>Refer to F880</p> <p>Review of the QAPI meeting minutes dated 6/25/2024 and 7/23/2024, revealed no documentation the facility's QAPI program identified or reported quality deficiencies, performed a root cause analysis which identified serious outcomes, developed or implemented processes or corrective action plans related to the facility's infection control program and practices with the recent COVID-19 outbreak (6/18/2024-8/7/2024), and laundry services. Continued review of the meeting minutes revealed no documentation or root cause analysis which identified, addressed, or discussed, the repeated deficiencies related to abuse.</p> <p>The facility Administration failed to address in QAPI the facility's widespread problem of unsafe and unsanitary handling, storing, and processing of the residents' contaminated and potentially hazardous personal laundry and ensuring COVID-19 positive employees were excluded from work for the required isolation time frame recommended by the Centers of Disease Control (CDC) to control the exposure and spread of COVID-19.</p> <p>During an interview on 8/20/2024 at 7:35 PM, the Administrator stated the facility had some areas of improvement to address regarding infection prevention and control practices. When the Administrator was asked by the surveyor if he felt the QAPI Program was effective, the Administrator replied, Yes.</p> <p>Refer to F-835</p> <p>Review of a recertification survey statement of deficiencies (SOD) conducted on 6/23/2021, revealed the facility was cited F-600 for abuse related to a resident-to-resident altercation.</p> <p>Review of a complaint survey SOD conducted on 5/18/2022, revealed the facility was cited F-600 for abuse related to a resident-to-resident altercation and had an occurrence of staff to resident abuse which was cited at a harm level.</p> <p>Review of a revisit and complaint survey SOD conducted on 8/24/2022, revealed the facility was cited F-600 for abuse related to a resident-to-resident altercation.</p> <p>Review of a complaint survey SOD conducted on 5/15/2024, revealed the facility was cited F-600 for abuse related to multiple resident-to-resident altercations and had an occurrence of staff to resident abuse which was at a harm level.</p> <p>During the current recertification and complaint survey conducted on 8/12/2024-8/22/2024, revealed abuse was identified regarding multiple resident-to-resident altercations and F-600 was again cited.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>The QAPI committee failed to maintain oversight and implement policies and procedures to address patterns of continued abuse.</p> <p>Refer to F-600</p> <p>Validation of the Allegation of Compliance (AOC) Removal Plan to remove the immediacy of the Jeopardy (IJ) was conducted on 8/22/2024 through review of facility documentation, medical record reviews, and interviews.</p> <p>On 8/20/2024, the Administrator and DNS were educated on Infection Control Policies, COVID-19 Guidelines from the Infection Control Manual and CDC Recommendations, Transmission Based Precautions, Enhanced Barrier Precautions, QAPI, and Handling Soiled Linen by Regional [NAME] President, Regional Director of Clinical Operations, and Senior Director of Clinical Quality and Education.</p> <p>On 8/20/2024-8/21/2024, staff education was started by the DNS, or designee, with all staff on duty regarding isolation precautions for infection control including transmission- based precautions, hand hygiene, and enhanced barrier precautions, in-service on COVID-19 testing and guidelines related to safe care and prevention of COVID-19. Employees will not be allowed to work until they have received this training. The Administrator or designee will monitor the schedule to ensure no employee will work until their education has been completed.</p> <p>On 08/20/24, [named commercial laundry service] agreed to a contract revision with Administrator to provide personal laundry services twice per week (refer to exhibit 5). The personal laundry will be removed from the resident's area in bags and placed in labeled bin for [named commercial laundry service] pickup which is located in the laundry storage building. All personal laundry will be returned from [named commercial laundry service] in lined clean bin folded or layered flat and covered with protective sheeting on the south station administrative hall. Housekeeping services will sort, hang, and deliver to residents upon return.</p> <p>Administrator and DNS began educating staff on duty on 8/21/2024 regarding removal of personal laundry, placement in bin for transport to [named commercial laundry service] and return to residents upon return from [named commercial laundry service] on 8/21/24. Employees will not be allowed to work until they have received this training. The Administrator or designee will monitor the schedule to ensure no employee will work until their education has been completed.</p> <p>Facility adopted a new policy titled, Handling Soiled Linen, on 8/21/2024. The policy was reviewed and approved in an Ad Hoc QAPI meeting held on 8/21/24. Review of the sign in sheet revealed the Administrator, Director of Nursing Services, Medical Director, and Regional Director of Clinical Operations Q were in attendance.</p> <p>Education was started on 8/21/2024, by DNS, or designee, with all staff on duty regarding policy on Handling Soiled Linen. Employees will not be allowed to work until they have received this training. The Administrator or designee will monitor the schedule to ensure no employee will work until their education has been completed.</p> <p>On 8/21/24, Administrator and DNS conducted environmental rounds audit utilizing the environmental rounds tool and handling of soiled linens with no issues identified.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Starting 8/21/2024 the following guidelines, recommended by cdc.gov titled Infection Control Guidelines: SARS-CoV-2 dated 6/24/2024, were initiated. The following steps will be:</p> <p>HCP who were asymptomatic throughout their infection and are not moderately to severely immunocompromised could return to work after the following criteria have been met:</p> <p>At least 7 days have passed since the date of their first positive viral test if a negative viral test is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).</p> <p>HCP with mild to moderate illness who are not moderately to severely immunocompromised could return to work after the following criteria have been met:</p> <p>At least 7 days have passed since symptoms first appeared if a negative viral test is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), and,</p> <p>At least 24 hours have passed since last fever without the use of fever-reducing medications, and</p> <p>Symptoms (e.g., cough, shortness of breath) have improved.</p> <p>Current employees are required to test twice a week during COVID-19 outbreak and as needed with development of any signs or symptoms (e.g., those with runny nose, cough, sneezing, shortness of breath).</p> <p>If current employee tests positive while at work, employee will notify Administrator, DNS, and/or ADNS (Assistant Director of Nursing Services), and the employee will be sent home immediately and will remain off work according to current CDC guidelines.</p> <p>In the possibility of a staffing crisis, facility will initiate the following:</p> <p>Call all off duty staff including cross-trained staff</p> <p>Offer incentives</p> <p>Offer shift swaps or bonus day off</p> <p>Offer split shifts</p> <p>Call all licensed administrative staff that can come in and work under any capacity.</p> <p>If above points unsuccessful involve Corporate Regional Support Team for further guidance.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>An Ad Hoc QAPI meeting was conducted on 8/21/2024 with the Administrator, DNS, Director of Clinical Operations, Infection Preventionist, Minimum Data Set Coordinator, Director of Care Coordination, and Medical Director to discuss, address, and review the deficient practice identified during the survey related to infection control practices and guidance to mitigate the spread of COVID-19 to staff and residents and infection control concerns identified with the handling of residents' personal laundry.</p> <p>All corrective actions will continue until a Plan of Correction is developed.</p> <p>Refer to F835, F837, F867, and F880</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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** 41291</p> <p>Based on facility policy review, facility assessment review, Centers for Disease (CDC) recommendations and guidance review, facility documentation review, medical record review, observations, and interviews, the facility failed to ensure residents' personal laundry was stored in a sanitary condition, and failed to ensure practices to prevent or mitigate the potential spread of infection and communicable disease were maintained through the process of handling, storing, processing, and transporting residents' personal laundry. The facility's non-compliance had the potential to affect 85 of 90 residents who resided in and whose laundry service was provided by the facility. The facility failed to ensure COVID-19 positive employees were excluded from work for the required isolation time frame recommended by the CDC to control the exposure and spread of the COVID-19 virus during the facility's COVID-19 outbreak from 6/18/2024-8/7/2024 placing 22 residents (Resident #1, #2, #20, #33, #36, #42, #46, #53, #57, #71, #72, #78, #82, #340, #341, #3, #11, #27, #43, #12, #30, and #79) in an Immediate Jeopardy (IJ) situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. The facility's failure to exclude COVID-19 positive employees from work had the potential to cause a serious adverse outcome for all 90 residents in the facility. The facility failed to ensure 3 resident rooms (Resident #8, #39, and #60) had Enhanced Barrier Precautions (EBP) signage posted on the doors. The facility census was 90.</p> <p>The Administrator, Director of Nursing Services, Regional [NAME] President, and Regional Director of Clinical Operations Q were informed of the Immediate Jeopardy for F-880 on 8/20/2024 at 9:27 PM, in the Administrator's office.</p> <p>The facility was cited IJ at F-880 at a scope and severity of L.</p> <p>An Extended survey was conducted onsite from 8/20/2024 through 8/21/2024.</p> <p>The IJ began on 5/1/2024 and continued through 8/21/2024. The IJ ended on 8/21/2024 and was removed on site.</p> <p>An acceptable removal plan, which removed the immediacy of the jeopardy, was provided by the facility on 8/21/2024 at 9:48 PM for F-880.</p> <p>The corrective actions were validated onsite by the surveyors on 8/22/2024 for F-880.</p> <p>Noncompliance continues at F-880 at a scope and severity of F.</p> <p>The facility is required to submit a Plan of Correction (POC).</p> <p>The findings include:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>1. Review of the facility policy titled, Linen Handling Guidelines, effective date 11/1/2017, revealed .the purpose of this procedure is to provide a process for the safe and aseptic handling, processing, transporting, and storage of linen .consider all soiled linen to be potentially infectious .anyone who handles soiled laundry must wear protective gloves .and other .protective equipment .staff will bag contaminated laundry .to be picked up and processed by commercial means .</p> <p>Review of the CDC Guidelines titled, Environmental Infection Control in Health-Care Facilities, Section G Laundry and Bedding, revised 1/8/2024, revealed .OSHA [Occupational Safety and Health Administration] defines contaminated laundry as .laundry which has been soiled with blood or other potentially infectious materials .The laundry facility in a health-care setting should be designed for efficiency in providing hygienically clean textiles [a type of cloth or woven fabric], fabrics, and apparel for patients .Guidelines for laundry .for health-care facilities, including nursing facilities .Laundry workers should wear appropriate personal protective equipment ([example] gloves and protective garments) while sorting soiled fabrics and textiles .Fabrics .textiles, and clothing used in health-care settings are disinfected during laundering and generally rendered free of .pathogens .Laundering cycles consist of .main wash, bleaching, rinsing .The antimicrobial action of the laundering process results from a combination of mechanical, thermal, and chemical factors .Hot water provides an effective means of destroying microorganisms. A temperature of at least 160 .F [Fahrenheit] .for a minimum of 25 minutes .for hot water washing. The use of chlorine bleach assures an extra margin of safety. Chlorine alternatives .[example] activated oxygen-based laundry detergents .provide added benefits for fabric and color safety in addition to antimicrobial activity . Health-care workers should note the cleaning instructions of textiles, fabrics .Low-temperature laundry cycles rely heavily on the presence of chlorine- or oxygen-activated bleach to reduce the levels of microbial contamination .</p> <p>Review of a facility document titled, [Named] Management Services Position Descriptions, dated 5/1/2024, revealed Position Title .Laundry Aide .Facility .[name of facility] .Accountability Objective .Loads and unloads washers/dryers, sorts clothing .distributes throughout the facility .Key Responsibilities .Washes linens/personal clothing using proper chemicals .follows proper infection control techniques .Handles chemicals .and follows instructions for type and amount .</p> <p>Review of the facility assessment, titled Center Assessment Tool, updated 7/28/2024, revealed .Infection prevention and control .Identification and containment of infections, prevention of infections .PPE [Personal Protective Equipment] utilization .services .Laundry .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an observation and interview with Housekeeper R and the Regional Director of Clinical Operations P in a building behind the facility on 8/16/2024 at 9:03 AM, a large green bin was observed filled with a large stack of residents' uncontained soiled clothing items. Multiple clothing items had a dried brown substance on the clothing, smelled of urine, was stiff/rigid, and difficult to unfold. Other clothing items had a white and greenish/black unidentified substance on them and had a musty smell. Housekeeper R stated she had not observed residents' personal clothes in the large green bin prior to 8/16/2024. She stated the clothes might have gotten mixed with the facility linen and sent back to the facility from the linen company who provided the facility's linen laundry service. Housekeeper R stated the linen company did not provide cleaning of the residents' personal clothing. She also stated the former Housekeeping Supervisor was responsible to ensure the residents' personal laundry was taken off-site to be laundered, and she no longer worked at the facility (Housekeeping Supervisor's last date of employment was 8/8/2024). Housekeeper R stated the former Housekeeping Supervisor (or designee) loaded the laundry in the facility van, took it to a local laundromat and washed it but was unsure how often the laundry had been taken to be washed. After the Housekeeping Supervisor quit, Housekeeper V was responsible for taking the residents' personal laundry to the laundromat. The Regional Director of Clinical Operations P stated the residents' personal clothing in the large green bin was in .horrible condition .</p> <p>During an observation on 8/16/2024 at 9:22 AM, in a building behind the facility where dirty clothes were stored, revealed Certified Nursing Assistant (CNA) T drove the facility van and parked the van near the storage area. CNA T stated she was asked by the Administrator to bring the van around so it could be loaded with the residents' personal laundry. CNA T stated she had not been asked by the Administrator to bring the van to the back of the facility prior to 8/16/2024 for the soiled laundry.</p> <p>During an interview and observation on 8/16/2024 at 9:30 AM, CNA U stated the process of the residents' personal laundry was as follows:</p> <p>1a) After a resident's clothing was changed, the dirty clothes were placed in a white plastic top community rolling hamper, and a disposable plastic bag could be attached and detached as need. The rolling hamper was labeled Personal Laundry.</p> <p>1b) At the end of the shift, the bag with residents' personal clothes was removed, taken to a building at the back of the facility, and placed in a blue plastic container. There was a sign over the blue containers which identified the residents' personal laundry.</p> <p>CNA U stated the residents did not have personal laundry containers in their individual rooms and all the residents' personal clothing was placed in the same white community linen container together. Observation with CNA U of the outside building laundry storage area revealed 2 large blue plastic containers with several plastic bags stored in them. The observation revealed a sign over the blue containers which identified the containers as the residents' personal laundry.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an observation of the laundry storage area (located behind the facility) and interview on 8/16/2024 at 9:41 AM, the Administrator and CNA T removed the soiled clothes from the large green bin and placed them in plastic bags. The Administrator stated he had called Housekeeper V to see if she could work today (8/16/2024) and take the clothes to be washed at the local laundromat. The Administrator further stated, if Housekeeper V was unable to come to work, he would contact the sales manager of the contracted commercial linen service (the linen service who laundered the facility's linens) to inquire if the linen company could wash the residents' personal laundry today. The Administrator and CNA T was asked to remove the plastic bags from the 2 blue plastic containers which had the residents' personal laundry stored for surveyor observation. The observation revealed 12 closed plastic bags which contained the residents' soiled laundry. The Administrator confirmed the residents' personal laundry had not been contained or maintained in a sanitary condition.</p> <p>During a telephone interview on 8/16/2024 at 11:19 AM, the former Housekeeping Supervisor stated she worked at the facility for 3 years and had resigned from her position on 8/8/2024. The former Housekeeping Supervisor stated Housekeeper V and herself were responsible for taking the residents' personal laundry to a local laundromat. The former Housekeeping Supervisor stated the facility initiated a new laundry process approximately 1 week prior to 5/1/2024 [date unknown], after the new management company had taken over. She stated the new process for residents' personal laundry was as follows:</p> <p>1c) After the CNAs bathed the residents, the residents' soiled clothes were changed, placed in a white plastic top community rolling hamper, and the container was marked personal laundry.</p> <p>1d) At the end of the shift, the soiled clothes were bagged, taken to an outside storage building, and placed in a blue plastic container. There was a sign posted on the wall hanging over the containers which identified the containers as the residents' personal laundry.</p> <p>1e) Housekeeper V took the soiled laundry to the local laundromat .Coin Laundry . 3 times a week. The laundry was not separated, and the residents' laundry was washed together. Sometimes the laundry would be brought back to the facility .smelling like urine and stained with poop [feces] . after it had been washed. The former Housekeeping Supervisor also stated if Housekeeper V was unable to get the laundry clean, the laundry was placed separately from the clean clothes, brought back to the facility in plastic bags, placed back in the blue plastic containers to rewash. If a resident was on isolation precautions, the personal clothing items were placed in a yellow biohazard bag identified as .infectious . and washed at the local laundromat.</p> <p>The former Housekeeping Supervisor stated washing the residents' clothes at the laundromat was not .a good idea . because the water was not hot enough to get the clothes clean and certain chemicals had to be used. The facility purchased [named household laundry detergent] and no bleach, bleach alternatives, or chemicals were used (to ensure proper sanitization). Former Housekeeping Supervisor had expressed her concern to the Administrator with no solution to the concern. The former Housekeeping Supervisor stated she had educated Housekeeper V on the proper handling of the residents' contaminated personal laundry to include the process of handling, storing, processing, and transporting residents' personal laundry, which included wearing gloves and a gown to cover her clothing when handling the soiled laundry to mitigate the spread of infection and communicable diseases.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview on 8/16/2024 at 11:51 AM, the Administrator stated the contracted commercial linen services was contacted by the facility on 8/16/2024 and had agreed to wash the residents' personal laundry effective Monday, 8/19/2024. The Administrator also stated, .we did not know there was molded clothes [residents'] in the storage shed .this has never happened before .</p> <p>During an interview on 8/16/2024 at 3:05 PM, the Regional [NAME] President (RVP) stated the new management company started managing the facility on 5/1/2024.</p> <p>During a telephone interview on 8/16/2024 at 8:22 PM, Housekeeper V stated she was responsible for washing the residents' personal laundry at the local laundromat and she had taken the first load on 5/1/2024. The housekeeper stated the clothes were not being cleaned sufficiently because the water was not hot enough to clean the laundry. The residents' soiled personal laundry was bagged together and placed in blue plastic containers in a storage building at the back of the facility. When she transported the residents' personal laundry to the laundromat, the 2 blue plastic containers were placed in the back of the facility van and transported to the laundromat. Housekeeper V stated she donned gloves prior to placing the residents' clothing in the washer but did not wear an apron or gown to protect her clothing. The laundry detergent used was [named household laundry detergent] and there were no other chemical products, bleach, or bleach alternatives used. Housekeeper V stated the laundry was not separated by individual residents, was washed all together, and she was unsure of what temperature the water was or needed to be [to ensure proper sanitization]. Housekeeper V further stated after she emptied the blue plastic containers, she sanitized the containers with sanitizing wipes before she placed the clean clothes back in the plastic containers. When the laundry was dried, some of the clothing still smelled of urine and had .poop stains . She stated isolation laundry was to be placed in red or yellow bags but did not remember washing any personal clothing that was in red or yellow bags. Housekeeper V stated .not sure where the isolation laundry went . (The facility had a COVID-19 outbreak from 6/2024-8/2024). Housekeeper V denied receiving formal education by the former Housekeeping Supervisor on how to process and handle residents' personal or soiled laundry to mitigate the spread of communicable or infectious diseases.</p> <p>Review of an email dated 8/16/2024, authored by the Infection Prevention Specialist 2 with the Tennessee Department of Health revealed .If heavily soiled/contaminated laundry was taken to a laundromat, there is a concern that temperatures and chemicals would not be sufficient to kill bacteria, viruses, fungi, or even parasites and could lead to exposure .to organisms .One of the concerns that come to mind is C [clostridium] difficile [a highly contagious bacteria that causes diarrhea] and could be spread through this avenue .If offsite laundry services are used, the laundry should be safely transported and taken to a commercial laundry facility that is knowledgeable on proper healthcare laundry processes to include temperatures and chemicals to ensure the laundry is rendered safe and sanitary .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During a telephone interview on 8/19/2024 at 10:33 AM, the owner of a local Coin Laundry (another area laundromat, not the one used by the facility) stated he previously worked for a (Named) commercial company with expertise in infection prevention services prior to purchasing his own laundromat. He also stated laundromat water did not get hot enough for nursing home residents' personal clothing (temperature should be at least 160 degrees Fahrenheit), and there were certain chemicals needed to ensure the clothes were clean and to reduce contamination. The hot water for washing machines at the laundromats were typically set between 140-142 degrees Fahrenheit. Nursing home residents' personal clothing would need to be washed at a higher temperature with pre-oxygenated bleach. The laundromat owner also stated if a long-term care facility reached out to him to provide laundry services, he would decline because the laundromat washers were not equipped to process this type of clothing to mitigate the spread of infection.</p> <p>During an interview on 8/19/2024 at 4:17 PM, the Administrator stated he was in charge of laundry and housekeeping services in the absence of the housekeeping supervisor.</p> <p>During an interview on 8/19/2024 at 7:13 PM, CNA G stated residents did not have personal laundry containers in their rooms. The residents' personal laundry was placed in a white community linen container and the container was marked personal laundry. At the end of the shift, the soiled clothes were bagged together, taken to a building at the back of the facility, and placed in a blue plastic container.</p> <p>During a telephone interview on 8/20/2024 at 9:04 AM, the Production Manager (PM) at the facility's contracted commercial linen service stated the company laundered the facility's linens and if resident's personal clothing was found mixed in with the linen, the clothes were tossed in a bin and sent back to facility on the next delivery date (deliveries were made twice a week to the facility). The PM stated the company would not have waited until the large bin was filled with the residents' clothing before sending it back to the facility. The PM stated the linen company was TRSA certified (the certification verifies that processes used in the facility meet appropriate hygienically clean standards). The linen service had been contacted by the facility's Administrator to provide laundry services for the facility residents' personal laundry, the first .batch . would be completed today [8/20/2024]. The PM stated, .I was shocked to learn the facility was taking items to a laundromat to wash .certain chemicals have to be used .</p> <p>During an interview on 8/20/2024 at 11:00 AM, the Administrator stated he was aware certain chemicals and water temperatures were to be used when washing resident's personal laundry .I don't know what the temperatures were at the laundromat .</p> <p>During an interview on 8/20/2024 at 4:46 PM, the Business Office Manager (BOM) stated the facility purchased laundry detergent to wash the residents' personal laundry. The laundry detergent purchased was (named household laundry detergent) and there were no bleach products purchased.</p> <p>During an interview on 8/21/2024 at 12:00 PM, the Administrator stated he was informed on 4/28/2024 the facility would no longer have a linen service to wash the residents' personal laundry effective 4/30/2024. The facility had to .put something in place . It was decided the residents' personal laundry would be washed at the local laundromat and the process started 5/1/2024.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>2. Review of the facility policy titled, COVID [COVID-19] Comprehensive Guide, dated 5/2023, revealed . Team Members Return to Work Criteria .with COVID Infection .should be restricted from work and follow recommended practices .Team members with mild to moderate symptoms .not .immunocompromised [weakened immune system] .At least 7 days have passed since symptoms first appeared .or 10 days if testing is not performed .At least 24 hours have passed since last fever without the use of .medications and symptoms .have improved .HCP [Healthcare Personnel] should have a negative test obtained on day 5 and again 48 hours later .Team members .asymptomatic .not .immunocompromised .At least 7 days have passed since the date of their first positive viral test .negative viral test is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7) .HCP should follow all recommended infection prevention and control practices including wearing well-fitting source control .not reporting to work when ill or if testing positive for SARS-CoV-2 [COVID-19] infection .Contingency and crisis strategies .Work Restrictions for Team Members with COVID Infection .Crisis .No work restrictions . asymptomatic . (outdated guidance (5/2023) the facility was following during the COVID-19 outbreak).</p> <p>Review of the CDC's guidance titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 [COVID-19] Pandemic, updated 3/18/2024, revealed .Return to Work Criteria for HCP [healthcare personnel] with SARS-CoV-2 Infection [COVID-19] . HCP with mild to moderate illness [fever, cough, sore throat, malaise, headache, muscle pain without shortness of breath, dyspnea, or abnormal chest imaging] could return to work after the following criteria have been met: At least 7 days have passed since symptoms first appeared if a negative viral test is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), and At least 24 hours have passed since last fever without the use of fever-reducing medications, and Symptoms (e.g.,[example] cough, shortness of breath) have improved .HCP who were asymptomatic throughout their infection .could return to work after the following criteria have been met: At least 7 days have passed since the date of their first positive viral test if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7) .HCP with severe to critical illness [respiratory failure, septic shock, and/or multiple organ dysfunction] .could return to work after the following criteria have been met: At least 10 days and up to 20 days have passed since symptoms first appeared, and At least 24 hours have passed since last fever without the use of fever-reducing medications, and Symptoms (e.g., cough, shortness of breath) have improved .HCP who are moderately to severely immunocompromised may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test . HCP who are not symptomatic could return to work after the following criteria are met: Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT [Nucleic Acid Amplification Test] . (This CDC guidance was published 3/18/2024 and this was the guidance the facility should have followed for the 6/18/2024-6/23/2024 outbreak).</p> <p>Review of the CDC ' s guidance titled, Viral Respiratory Pathogens Toolkit for Nursing Homes, dated 3/28/2024, revealed .When an acute respiratory infection is identified in a resident or HCP, it is important to take rapid action to prevent the spread to others in the facility .Implement universal masking for source control on affected units or facility-wide, including for residents around others (e.g., out of their room) and for HCP when in the facility . Consult with the local or state public health department about additional interventions .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the CDC's guidance titled, Infection Control Guidance: SARS-CoV-2, dated 6/24/2024, revealed, . The recommendations in this guidance continue to apply after the expiration of the federal COVID-19 Public Health Emergency [5/11/2023] .To provide the greatest assurance that someone does not have SARS-CoV-2 infection, if using an antigen test .facilities should use 3 tests, spaced 48 hours apart .testing should be repeated every 3-7 days until no new cases are identified for at least 14 days .Establish a Process to Identify and Manage Individuals with Suspected or Confirmed SARS-CoV-2 Infection .Ensure everyone is aware of recommended IPC [infection prevention and control] practices in the facility .Source control is recommended for individuals in healthcare settings who: Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure .Anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test for SARS-CoV-2 as soon as possible .Perform testing for all residents and HCP identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5 . (The CDC published this recommendation on 6/24/2024 and this was the guidance the facility should have followed from 6/24/2024 to present).</p> <p>The following residents who resided on the 300 and 500 Hallways tested positive for COVID-19 during the COVID-19 outbreak in the facility from 6/18/2024-8/7/2024. (The last resident to test positive was on 7/24/2024, the outbreak ended on 8/7/2024).</p> <p>2a) Review of the medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease, Chronic Obstructive Pulmonary Disease, and Schizoaffective Disorder.</p> <p>Review of the medical record revealed Resident #1 resided in room [ROOM NUMBER]B on the 500 Hallway at the time of the COVID-19 outbreak.</p> <p>Review of an annual [NAME] Data Set (MDS) assessment dated [DATE], revealed Resident #1 scored a 9 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment.</p> <p>Review of the Nurse's Notes for Resident #1 dated 6/26/2024, revealed .Covid [COVID-19] test positive. Resident congested with cough .Notified .resident daughter .</p> <p>Review of the Physician's Orders for Resident #1 dated 6/26/2024, revealed .Molnupiravir [an antiviral medication used to treat mild to moderate COVID-19 in adults who are at high risk of developing severe COVID-19 symptoms] .200 mg [milligrams] .Give 4 capsule [capsules] by mouth two times a day for COVID until 7/02/2024 .</p> <p>2b) Review of the medical record revealed Resident #2 was admitted to the facility on [DATE] with diagnoses including Dementia, Muscle Weakness, and Seizures.</p> <p>Review of the medical record revealed Resident #2 resided in room [ROOM NUMBER]B on the 300 Hallway at the time of the COVID-19 outbreak.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of an annual MDS assessment dated [DATE], revealed Resident #2 scored a 9 on the BIMS assessment which indicated the resident had moderate cognitive impairment.</p> <p>Review of the Nurse's Notes for Resident #2 dated 6/24/2024, revealed .Resident tested for Covid due to high fever .headache .tested positive .</p> <p>Review of the Physician's Orders for Resident #2 dated 6/24/2024, revealed .Molnupiravir .200 mg .Give 4 capsule by mouth two times a day for COVID until 6/29/2024 .</p> <p>2c) Review of the medical record revealed Resident #20 was admitted to the facility on [DATE] with diagnoses including Chronic Atrial Fibrillation, Depression, and Weakness.</p> <p>Review of the medical record revealed Resident #20 resided in room [ROOM NUMBER]B on the 300 Hallway at the time of the COVID-19 outbreak.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #20 scored a 6 on the BIMS assessment which indicated the resident had severe cognitive impairment.</p> <p>Review of the Nurse's Notes for Resident #20 dated 6/26/2024, revealed .Resident tested positive COVID . notified resident and left message for son .denies .distress .</p> <p>Review of the Physician's Orders for Resident #20 dated 6/26/2024, revealed .Molnupiravir .200 mg .Give 4 capsule by mouth two times a day for COVID for 5 days .</p> <p>2d) Review of the medical record revealed Resident #33 was admitted to the facility on [DATE] with diagnoses including Autistic Disorder, Adult Failure to Thrive, Dementia, Transient Ischemic Attack, and Cerebral Infarction.</p> <p>Review of the medical record revealed Resident #33 resided in room [ROOM NUMBER]B on the 300 Hallway at the time of the COVID-19 outbreak.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #33 scored a 10 on the BIMS assessment which indicated the resident had moderate cognitive impairment.</p> <p>Review of the Nurse's Notes for Resident #33 dated 6/19/2024, revealed .resident notified of testing positive for COVID .denies symptoms at this time except for slightly 'not feeling well' .residents [resident's] brother/POA [Power of Attorney] notified .</p> <p>Review of the Physician's Orders for Resident #33 dated 6/19/2024, revealed .Molnupiravir .800 mg .two times a day for COVID for 5 days .</p> <p>2e) Review of the medical record revealed Resident #36 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, History of Falling and Dementia.</p> <p>Review of the medical record revealed Resident #36 resided in room [ROOM NUMBER]A on the 300 Hallway at the time of the COVID-19 outbreak.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of an annual MDS assessment dated [DATE], revealed Resident #36 scored an 11 on the BIMS assessment which indicated the resident had moderate cognitive impairment.</p> <p>Review of the Nurse's Notes for Resident #36 dated 6/26/2024, revealed .Resident tested positive for Covid [COVID-19] .Resident notified as well as son .Resident denies .distress .</p> <p>Review of the Physician's Orders for Resident #36 dated 6/26/2024, revealed .Molnupiravir .200 mg .Give 4 capsule by mouth two times a day for COVID for 5 days .</p> <p>2f) Review of the medical record revealed Resident #42 was admitted to the facility on [DATE] with diagnoses including Dementia, Muscle Weakness, Need for Assistance with Personal Care, and Difficulty Walking.</p> <p>Review of the medical record revealed Resident #42 resided in room [ROOM NUMBER]A on the 300 Hallway at the time of the COVID-19 outbreak.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #42 scored a 4 on the BIMS assessment which indicated the resident had severe cognitive impairment.</p> <p>Review of the Nurse's Notes for Resident #42 dated 6/22/2024, revealed .Spoke with family .notified of positive C0vid 19 [COVID-19] test today .Resident Complains [complains] of feeling tired .</p> <p>Review of the Physician's Orders for Resident #42 dated 6/24/2024, revealed .Molnupiravir .Give 4 capsule by mouth two times a day for COVID 19 for 5 Days .</p> <p>2g) Review of the medical record revealed Resident #46 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Dependence on Supplemental Oxygen, and Chronic Respiratory Failure.</p> <p>Review of the medical record revealed Resident #46 resided in room [ROOM NUMBER]B on the 300 Hallway at the time of the COVID-19 outbreak.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #46 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact.</p> <p>Review of the Nurse's Notes for Resident #46 dated 6/26/2024, revealed .Resident tested positive for COVID this shift .Resident is self responsible and notified of results .resident denies any distress .has some sinus drainage .</p> <p>Review of the Physician's Orders for Resident #46 dated 6/26/ [TRUNCATED]</p>		