STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445259	A. Building B. Wing	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rocky Top Care Center	204 Industrial Park Rd Po Box 659 Rocky Top, TN 37769

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility documentation, observations, and interviews, the facility failed to ensure 2 of 3 microwaves for resident use were maintained in a clean and sanitary condition. The findings include:Review of the facility Daily/Weekly Cleaning Logs dated 2/1/2026 - 2/28/2026, revealed the Nourishment Rooms which included microwaves were not listed on the Daily/Weekly cleaning schedule. During an observation and interview on 3/2/2026 at 9:45 AM, with Regional Certified Dietary Manager (Regional CDM) L, Certified Dietary Manager (CDM) A, and Regional CDM M revealed, the microwave in Nourishment room [ROOM NUMBER] was observed with brown, tan, and orange substances splattered on the top, sides, and bottom of the interior. Gray and white crusty substances and food debris were observed on the right side of the interior and on the glass plate. [NAME] crumbs and food debris were observed on the bottom of the microwave's interior. CDM A confirmed the microwave was dirty. During an observation and interview on 3/2/2026 at 9:47 AM, with Regional CDM L, CDM A, and Regional CDM M revealed, the microwave in Nourishment room [ROOM NUMBER] was observed with orange, tan, and yellow substances splattered on the top, sides, and bottom of the interior. A brown, sticky substance and orange and tan crumbs were observed on the bottom of the microwave's interior. Regional CDM L confirmed the microwave was dirty. During an interview on 3/2/2026 at 3:37 PM, Regional CDM L, stated, .We don't have cleaning logs for the nourishment rooms .we just wipe down as we go . During an observation on 3/4/2026 at 11:12 AM, with Regional CDM L and Regional CDM M present, the microwave in Nourishment room [ROOM NUMBER] was observed to have brown, tan, and orange substances splattered on the top, sides, and bottom of the interior. Gray and white crusty substances were observed on the right side of the interior and on the glass plate. [NAME] crumbs and food debris were observed on the bottom of the microwave's interior. During a second observation and interview on 3/4/2026 at 11:15 AM, with Regional CDM L and Regional CDM M present, the microwave in Nourishment room [ROOM NUMBER] continued to be observed with orange, tan, and yellow substances splattered on the top, sides, and bottom of the interior. A brown, sticky substance and orange and tan crumbs were continued to be observed on the bottom of the microwave's interior. Regional CDM L confirmed, .the microwaves are dirty . During an interview on 3/4/2026 at 11:16 AM, Licensed Practical Nurse (LPN) F stated, .we [facility staff] would heat the residents' food in there [Nourishment room [ROOM NUMBER] microwave] if we need to . During an interview on 3/4/2026 at 11:18 AM, LPN H stated, .if we [facility staff] need to heat resident meals, we do it in that [Nourishment room [ROOM NUMBER]] microwave . During an interview on 3/4/2026 at 11:19 AM, Certified Nursing Assistant (CNA) I stated, .we heat resident food in the nourishment room microwave . During an interview on 3/4/2026 at 11:19 AM, CNA K stated, .[Nourishment room [ROOM NUMBER] microwave] is where we heat the residents' food if we need to . During an interview on 3/4/2026 at 2:41 PM, Regional CDM L confirmed, .we have no set policy, but dietary should be checking them [microwaves] daily and should be cleaning them as needed .they are an extension of our kitchen .we should be wiping them out .

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interviews, the facility failed to provide resident and resident representative notice of quarterly care plan conferences for 1 resident (Resident #8) of 14 residents and resident representatives interviewed for participation in care plan conferences. The findings include: Review of the facility's policy titled, Care Conference Guideline, dated 11/2017, revealed .involve residents .and their representatives with goals and preferences of care, and to integrate with those of the interdisciplinary team (IDT) .should be completed at the time of admission, regular intervals .Attendees .Resident .Resident/Patient Representative .Pre-Conference .Social Services Director or Designee distributes care conference invitation to resident .and/or their representative prior to the scheduled care conference .During the Conference .Interdisciplinary team, resident, and/or resident representative reviews the current plan of care and if necessary .physical, mental, and psychosocial problems, strengths, goals, life history, preferences, discharge planning .Ask resident .or their representative for any other identified needs of care for potential inclusion on the care plan .The interdisciplinary care plan is reviewed on a quarterly basis and/or with significant changes .to evaluate effectiveness, revise and update and to address needs in accordance with the most current assessment .After the Conference .Document that the care conference occurred and who attended . Review of the medical record revealed Resident #8 was admitted to the facility on [DATE] with diagnoses including Dementia with Psychotic Disturbance, Diabetes Mellitus, and Generalized Anxiety Disorder. Review of the comprehensive care plan initiated on 7/11/2024 and revised on 1/7/2025, revealed .generalized anxiety disorder, dementia with behavioral disturbances . Review of the care plan conference documentation dated 10/14/2024, revealed a care plan conference was held with Resident #8's responsible party via telephone. Review of the medical record revealed no other documented care plan conferences for Resident #8. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #8 scored a 4 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Review of the comprehensive care plan for Resident #8 revised on 3/14/2025, revealed .impaired cognitive function/dementia . Continued review revealed no documentation the resident's representative was involved or notified of the revision. Review of the quarterly MDS assessment dated [DATE], revealed Resident #8 scored a 4 on the BIMS assessment which indicated the resident had severe cognitive impairment. Review of the Social Services note dated 6/9/2025 at 11:18 AM, revealed .Discussed with daughter about resident's exit seeking behavior. Daughter was asked if she would be willing to let resident transfer to [secure unit] for resident's safety, daughter in agreement at this time but does not want this to be a permanent placement. Daughter was told resident would be evaluated quarterly for criteria . Review of the Social Services note dated 6/9/2025 at 2:40 PM, revealed .Follow up with daughter regarding room change daughter would prefer that resident stay in room .until UA [urinalysis] results are back, resident has not shown exit seeking behavior today SS [Social Services]/staff agreed resident is safe at this point and would revisit possible room change if needed . Review of the annual MDS assessment dated [DATE], revealed the Resident #8 scored a 2 on the BIMS assessment which indicated the resident had severe cognitive impairment. During a telephone interview on 3/2/2026 at 11:10 AM, Resident #8's responsible party stated she had not attended or been invited to care plan conferences for Resident #8. During an interview on 3/4/2026 at 2:55 PM, the Administrator stated the Social Services Director (SSD) was responsible for scheduling and inviting residents or resident representatives to care plan meetings. Care plan meetings were to be conducted on admission, quarterly, with any significant changes, and when requested by residents or resident representatives. The Administrator confirmed residents, resident representatives, and members of the Interdisciplinary Team were to be invited to care plan meetings and care plan (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	meetings were to be documented including all attendees of the meeting. The Administrator was unaware if there had been any care plan meetings for Resident #8 or if the family had been invited. During an interview on 3/4/2026 at 3:04 PM, the SSD stated care plan meetings were conducted quarterly and as needed with the IDT team and the resident and/or resident representative. The SSD confirmed care plan meetings were scheduled by the SSD and resident representatives were invited via telephone. The SSD confirmed care plan meetings were to be documented and should include all attendees of the care plan meeting. The SSD stated a care plan meeting was held with Resident #8's representative on 10/14/2024 and 6/9/2025. The care plan meeting held on 6/9/2025 was a conversation with Resident #8's representative documented as a Social Services note and confirmed the note did not include all attendees of the meeting. The SSD confirmed she was unsure if there were any other care plan meetings for Resident #8 other than 10/14/2024 and 6/9/2025 because there was no care plan meeting documentation and no records the resident's representative was invited to a care plan meeting. The SSD stated she was .getting to know the process . and had not been .keeping up with care plan meetings .when they needed to be scheduled .I wasn't keeping a schedule .

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility failed to ensure safety requirements were met for food storage for 2 residents (Resident #40 and Resident #17) of 10 resident refrigerators observed. The findings include: Review of the facility's policy titled, Use & Storage of Food from Outside Sources, dated 11/1/2016, revealed .due to the potential for foodborne illness or interference with nutritional treatment, family members and/or visitors who bring food in from the outside will be educated on safe food handling practices .Food .brought in from the outside will be monitored by nursing staff for spoilage, contamination and safety .Food .items may be stored in .resident's personal room refrigerators .Foods that do not require refrigeration may be stored in a resident's room .Food .in the original container that is past the manufacturer's expiration date will be discarded by nursing staff .All cooked or prepared food brought in for a resident and stored in the .personal room refrigerator will be dated when accepted for storage and discarded after 24 hours .Nursing staff will monitor resident's room .and refrigeration units for food .disposal . Review of the medical record revealed Resident #40 was admitted to the facility on [DATE] with diagnoses including Neurocognitive Disorder with Lewy Bodies, Bipolar Disorder, Dementia with Agitation, and Diabetes. Review of an annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #40 scored a 9 on the Brief Interview for Mental Status (BIMS) assessment which indicated moderate cognitive impairment. During an observation and interview on 3/2/2026 at 11:14 AM and on 3/3/2026 at 2:48 PM, 2 black plastic food containers with transparent lids were observed inside Resident #40's personal refrigerator. Neither container had a label or indication of the discard or expiration date. Resident #40 stated he did not know what was in the containers or how long the containers had been in the refrigerator. During an interview on 3/3/2026 at 2:50 PM, Certified Nursing Assistant (CNA) J stated, .we have to check their refrigerators every day, and everything in them has to be dated . During an interview on 3/3/2026 at 2:52 PM, Licensed Practical Nurse (LPN) G stated, .Resident #40's family brought those containers in on Sunday .we check the dates daily . During an interview on 3/4/2026 at 2:35 pm, the Regional Director of Clinical Services stated, .our expectation would be that the food would be dated . Review of the medical record revealed Resident #17 was admitted to the facility on [DATE] with diagnoses including Schizoaffective Disorder, Diabetes Mellitus, Muscle Weakness, and Vascular Dementia. Review of Resident #17's comprehensive care plan revised on 11/14/2024, revealed .impaired cognitive function/dementia or impaired thought processes . Review of the annual MDS assessment dated [DATE], revealed Resident #17 scored a 7 on the BIMS (continued on next page)

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	assessment which indicated the resident had severe cognitive impairment. During an observation on 3/2/2026 at 11:49 AM, in Resident #17's room, the resident's personal refrigerator contained a whole sandwich and 2 half sandwiches in unsealed plastic bags that were unlabeled and undated. During an observation on 3/3/2026 at 2:32 PM, in Resident #17's room, revealed a loaf of white bread on top of Resident #17's personal refrigerator with a .BEST IF USED BY .JAN [January] 19 26 [2026] . Inside Resident #17's personal refrigerator there was 1 whole sandwich and 2 half sandwiches in unsealed plastic bags that were unlabeled and undated. During an observation and interview on 3/3/2026 at 2:40 PM, in Resident #17's room, with CNA E, revealed a loaf of white bread on top of Resident #17's personal refrigerator with a .BEST IF USED BY .JAN [January] 19 26 [2026] . Inside Resident #17's personal refrigerator there was 1 whole sandwich and 2 half sandwiches in unsealed plastic bags that were unlabeled and undated. CNA E confirmed the loaf of white bread was expired and available for resident use and the sandwiches in the refrigerator were unsealed, unlabeled, undated, and available for resident use. CNA E stated the sandwiches were the sandwiches provided by the facility for snacks. CNA E confirmed she was unaware when the sandwiches needed to be discarded because they were not dated. CNA E stated CNAs were responsible to check resident personal refrigerators .I would say like once a week . for expired items. Items placed in the refrigerator were to be labeled and dated and discarded within .2 days . of being placed in the refrigerator and items with an expiration date were to be discarded by the expiration date. CNA E was unaware when Resident #17's personal refrigerator was last checked. During an interview on 3/4/2026 at 9:53 AM, the Infection Preventionist revealed the facility had not had any cases of food borne illness in the past year. During an interview on 3/4/2026 at 2:59 PM, the Administrator stated resident personal refrigerators were checked .daily . by nursing for temperatures and spot checked for cleanliness and dated/expired items. The Administrator confirmed that outside food items brought in by a resident's family were to be labeled, dated, and discarded within .3 days . and foods with an expiration date were to be discarded by the expiration date.