

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2025
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Jefferson City		STREET ADDRESS, CITY, STATE, ZIP CODE  336 West Old Andrew Johnson Hwy Jefferson City, TN 37760	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility policy review, observation and interview, the facility failed to provide a clean and sanitary environment to ensure cleanliness of a stand-up personal fan for 1 resident (Resident #46) of 89 residents reviewed for a clean and sanitary environment.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Daily Room Cleaning, reviewed 5/16/2025, revealed .The cleanliness of each resident's room is maintained on a daily basis by the housekeeping staff to provide a fresh, clean, and sanitary environment and reduce the potential for nosocomial infections .</p> <p>Review of the medical record revealed Resident #46 was admitted to the facility on [DATE] with diagnoses including Parkinson's Disease, Diabetes Mellitus, Acquired Absence of Left Leg Above Knee, and Peripheral Vascular Disease.</p> <p>During observations on 6/16/2025 at 3:03 PM and on 6/17/2025 at 3:15 PM, Resident #46's room revealed a portable stand-up fan between resident's bed and window area. The fan blades had a large amount of gray dust and thick debris resembling clumped gray fibers which had accumulated on the protective grille.</p> <p>During an observation and interview on 6/17/2025 at 3:30 PM, the Assistant Director of Nursing (ADON) confirmed Resident #46's fan had a large amount of gray dust on the blades and thick debris resembling clumped gray fibers accumulated on the protective grille, and confirmed the debris should not be present with routine cleaning.</p> <p>During an interview on 6/18/2025 at 11:50 AM, the Environmental Service Director confirmed housekeeping was responsible for ensuring the rooms and contents were cleaned routinely.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of the Centers for Medicare and Medicaid (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual, medical record review, and interview, the facility failed to accurately complete a Minimum Data Set (MDS) assessment for 2 Residents (Resident #50 and #75) of 9 residents reviewed for anticoagulant use.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Certification of Accuracy of the MDS, revised 4/22/2025, revealed .each person completing a portion of the MDS is required to sign attestation certifying they have used the Centers for Medicare and Medicaid Long-Term Care Facility Resident Assessment Instrument User's Manual to complete the MDS .Definition-Accuracy of Assessment-means that the appropriate health professionals correctly document the resident's medical, functional, and psychosocial problems .using the appropriate Resident Assessment Instrument (RAI) .</p> <p>Review of the RAI Version 3.0 Manual, Chapter 3, dated 10/2024, revealed instructions .High-Risk Drug Classes: Use and Indication (cont.) .Do not code antiplatelet medications such as aspirin/extended release, dipyridamole [antiplatelet-helps with clotting of blood], or clopidogrel [antiplatelet] as [anticoagulant] [blood thinner] .</p> <p>Review of the medical record revealed Resident #50 was admitted to the facility on [DATE] with diagnoses including Cerebral Palsy, Epilepsy, Congestive Heart Failure, Muscle Weakness, and Diabetes Mellitus.</p> <p>Review of the Physician's Orders dated 4/1/2025, revealed Resident #50 had an active Physician's Order for .Aspirin EC [enteric coated] Tablet Delayed Release 81 MG [milligram] PO [by mouth] one time a day . and . clopidogrel F/C [film coated] 75 mg tablet PO one time a day . There were no orders documented for anticoagulant medication.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #50 was coded on the MDS as being on an anticoagulant medication.</p> <p>Review of the medical record revealed Resident #75 was admitted to the facility on [DATE] with diagnoses including Displaced Intertrochanteric Fracture of Left Femur, Other Abnormalities of Gait and Mobility, and Acute Cystitis with Hematuria.</p> <p>Review of the Physician's Orders dated 4/11/2025, revealed Resident #75 had an active Physician's Order for .Aspirin EC Tablet Delayed Release 325 MG PO one time a day . There were no orders documented for anticoagulant medication.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #75 was coded on the MDS as being on an anticoagulant medication.</p> <p>During an interview on 6/18/2025 at 8:45 AM, the MDS Coordinator confirmed the MDS assessments for Residents #46 and #75 were inaccurately marked for use of anticoagulant medication, in contradiction to the RAI manual's definition of anticoagulant medication.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility policy review, medical record review, observation, and interview, the facility failed to provide appropriate treatment to restore continence of bowel and bladder for 1 resident (Resident #50) of 4 residents reviewed for bowel and bladder.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Urinary Incontinence Management, reviewed 9/10/2024, revealed .each resident who is incontinent of urine is identified, assessed and provided appropriate treatment and services to achieve or maintain as much normal bladder function as possible .Procedure: This facility will utilize the [NAME] [renowned medical and nursing journal] procedures .</p> <p>Review of the facility's policy titled, Bowel and Bladder Program, dated 9/24/2024, revealed .the facility will ensure that a resident who is admitted with incontinence of bladder receives appropriate treatment and services .to restore as much normal bladder function as possible .Procedure: This facility will utilize the Lippincott procedures .</p> <p>Review of the medical record revealed Resident #50 was admitted to the facility on [DATE] with diagnoses including Cerebral Palsy, Epilepsy, Congestive Heart Failure, Muscle Weakness, and Diabetes Mellitus.</p> <p>Review of the Comprehensive Care Plan dated 3/28/2025, revealed Resident #50's Care Plan included the focus .bowel incontinence ., with goal .Resident will have no skin breakdown r/t [related to] bowel incontinence ., and interventions including .Assist with toileting as needed .Peri [perineal]care as needed . Remind resident to call for assistance with toileting as soon as need arises . Further review revealed focus . Urinary Incontinence ., with goal .Will have no skin breakdown r/t urinary incontinence ., and interventions including .Assist with toileting as needed .Peri care as needed .Remind resident to call for assistance with toileting as soon as need arises .</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #50 scored an 8 on the Brief Interview for Mental Status (BIMS) assessment which indicated moderate cognitive impairment. Further review revealed Resident #50 was always incontinent of bowel and bladder with no toileting program, and dependent on staff and a mechanical lift for transfers.</p> <p>Review of the medical record document titled, NRSG [Nursing]: Evaluation for Bowel and Bladder Training, dated 3/28/2025, revealed Resident #50 scored a 12 on the evaluation which indicated the resident was a candidate for toileting, timed, or scheduled voiding, and to proceed to the Urinary Incontinence Tool. Continued review revealed the document titled, NRSG: Urinary Incontinence Tool dated 3/28/2025, revealed Resident #50 has .stress incontinence, can comprehend and follow instructions, can recognize urinary urge sensation, can learn to control the urge to void, can contract pelvic floor muscles (Kegels) . and document revealed no comments for referral or additional comments.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the medical record document titled, NRSG: Evaluation for Bowel and Bladder Training V2, dated 4/1/2025, revealed Resident #50 scored a 13 which indicated the resident was a candidate for toileting, timed, or scheduled voiding, and to proceed to Urinary Incontinence Tool. Continued review revealed the document titled, NRSG: Urinary Incontinence Tool dated 3/28/2025, revealed Resident #50 has .stress incontinence, can comprehend and follow instructions, can recognize urinary urge sensation, can learn to control the urge to void ., and document revealed no comments for referral or additional comments.</p> <p>Review of the medical record document titled, B&amp;B - Bowel and Bladder Elimination ., for the 30 day look-back period dated 5/19/2025 to 6/17/2025, revealed Resident #50 was incontinent of urine and bowel on 100% of documentation reviewed.</p> <p>During an interview on 6/17/2025 at 2:06 PM, Licensed Practical Nurse (LPN) E, confirmed Resident #50 was incontinent of bowel and bladder, and no toileting, timed, or scheduled voiding had been placed to her knowledge.</p> <p>During an interview on 6/17/2025 at 2:10 PM, Certified Nurse Assistant (CNA) F confirmed Resident #50 was incontinent of bowel and bladder.</p> <p>During an interview on 6/18/2025 at 12:15 PM, the Director of Nursing (DON) confirmed Resident #50 was a candidate for a toileting, timed, or scheduled voiding schedule, and confirmed the Urinary Incontinence Tool indicated Resident #50 should have been placed on a toileting program.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility policy review, medical record review, observation and interview, the facility failed to ensure oxygen therapy was administered as ordered for 1 Resident (Resident #50) of 6 residents reviewed for oxygen therapy.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Oxygen Administration (Infection Control, Safety, &amp; Storage), revised 10/11/2024, revealed .the facility must ensure that a resident who needs respiratory care .is provided such care, consistent with professional standards of practice .</p> <p>Review of the medical record revealed Resident #50 was admitted to the facility on [DATE] with diagnoses including Cerebral Palsy, Epilepsy, Congestive Heart Failure, Muscle Weakness, and Diabetes Mellitus.</p> <p>Review of the Comprehensive Care Plan dated 3/28/2025, revealed Resident #50's Care Plan included .the resident has oxygen therapy r/t [related to] CHF [Congestive Heart Failure] .The resident will have no s/sx [signs/symptoms] of poor oxygen absorption .oxygen settings: O2 [oxygen] via [by] nasal prongs @ [at] 3L [liters] continuously .observe for s/sx of respiratory distress and report to MD [medical doctor] PRN [as needed]: Respirations, Pulse oximetry .</p> <p>Review of the Physician's Order for Resident #50 dated 3/31/2025, revealed .oxygen at 3 liters/minute continuously per nasal cannula .</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #50 scored an 8 on the Brief Interview for Mental Status (BIMS) assessment which indicated moderate cognitive impairment. Further review revealed Resident #50 had shortness of breath during exertion, shortness of breath while lying flat, and oxygen in use while in the facility.</p> <p>Review of the Medication Administration Record (MAR) for Resident #50 dated 6/1/2025-6/17/2025 revealed, .oxygen at 3 liters/minute [l/m] continuously per nasal cannula . The MAR was signed by nursing staff for each shift on 6/16/2025 and 6/17/2025, which indicated the physician's order for the oxygen therapy was administered as ordered.</p> <p>During an observation on 6/16/2025 at 12:15 PM, revealed Resident #50 was in the dining room with a nasal cannula in use via portable oxygen cannister which was set at 2 l/m.</p> <p>During an observation on 6/17/2025 at 9:40 AM, revealed Resident #50 was in his room with a nasal cannula in use via oxygen concentrator which was set at 2 l/m.</p> <p>During an observation and interview with Licensed Practical Nurse (LPN) E on 6/17/2025 at 9:45 AM, in Resident #50's room, LPN E confirmed Resident #50's oxygen was set to deliver at 2 l/m and Resident #50 received oxygen at 2 l/m. LPN E confirmed Resident #50's oxygen order was for 3 l/m and the 2 l/m was incorrect.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/18/2025 at 8:00 AM, the Director of Nursing (DON) confirmed oxygen was expected to be administered as ordered by the physician or practitioner.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility policy review, manufacturer guidelines review, observation, and interview, the facility failed to discard an expired multi-dose vial of Tuberculin (TB) purified protein derivative (ppd) (an injectable medication used to detect the bacteria that causes Mycobacterium tuberculosis) and failed to date an opened multi-dose vial of TB ppd stored in 1 of 2 medication refrigerators observed.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Storage and Expiration Dating of Medications and Biologicals, dated [DATE], revealed .Once any medication or biological package is opened, facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the primary medication container .vial, bottle .If a multi-dose vial of an injectable medication has been opened or accessed .needle-punctured .the vial should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial .</p> <p>Review of manufacturer guidelines titled, APLISOL - tuberculin purified protein derivative [TB ppd] injection, dated 8/2024, revealed .Storage .This product should be stored between .36* [degrees] and 46* F [degrees Fahrenheit] .Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency .</p> <p>During an observation of the Unit 2 Medication Storage Room and interview with Registered Nurse (RN) A on [DATE] at 8:10 AM, revealed in the medication refrigerator, 1 of the 30 milliliter (ml) multi-dose vials of TB ppd was 1/4 full with an opened date of 5/6, with no year noted. RN A stated the vial of TB ppd was opened on [DATE], was not discarded after 30 days of opening, and was available for resident use. Continued observation revealed a 2nd 30 ml opened multi-dose vial of TB ppd was 3/4 full and did not contain a date the vial had been opened. RN A confirmed the opened vial of TB ppd did not contain an opened date, was unable to provide a date the vial was opened, and was available for resident use.</p> <p>During an interview on [DATE] at 12:05 PM, the Director of Nursing (DON) stated the 30 ml vial of TB ppd dated 5/6 was not discarded after 30 days of opening and the 2nd 30 ml vial of TB ppd did not include a date the vial had been opened. The DON confirmed the 2 vials of TB ppd which was stored in the Unit 2 medication refrigerator, was available for resident use, and should have been discarded.</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>Based on review of the facility policy, review of kitchen equipment cleaning documentation, observation, and interview, the facility failed to ensure kitchen equipment was maintained in a clean and sanitary condition.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Sanitation and Maintenance, dated 4/26/2023, revealed .cleaning fixed equipment .cleaned with detergent and hot water, rinsed, air-dried, and sprayed with a sanitizing solution .</p> <p>During an observation of the kitchen with the Dietary Manager (DM) and Registered Dietitian (RD) on 6/16/2025 from 11:05 AM-11:55 AM, revealed the following:</p> <ul style="list-style-type: none"> <li>- The 6-burner gas stove had dried dark brown food debris present on the handles to the oven compartments.</li> <li>- The steamer had light brown food debris present on the bottom front of the door and the operational control panel of the unit.</li> <li>- The deep fryer had copious amounts of granular food debris present on the top drip tray of the unit. The sides of the deep fryer had food debris granules present with a dried tan fluid streaked on both sides of the unit.</li> <li>- An electrical box mounted to a pillar beside the deep fryer was observed with the dirty and debris and was sticky to the touch.</li> </ul> <p>During an interview on 6/16/2025 at 11:55 AM, the RD stated the kitchen was to be cleaned daily and deep cleaned each week. The RD acknowledged the food debris and build up on the kitchen equipment and confirmed the kitchen equipment was not maintained in a clean and sanitary condition.</p>		