STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445276	A. Building B. Wing	01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cumberland Village Care	136 Davis Lane Lafollette, TN 37766

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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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48100 Based on facility policy review, medical record review, observations, and interviews, the facility failed to obtain a physician's orders for dialysis site monitoring, failed to document dialysis site assessments for thrill, bruit, and infection, and failed to complete dialysis communications records for 1 resident (Resident #71) of 1 resident reviewed for dialysis. The findings include: Review of the facility's policy titled, Dialysis: Hemodialysis (HD)- Communication and Documentation, dated 6/15/2022, revealed .Center staff will communicate with the certified dialysis facility regarding the ongoing assessment of the patient's condition by monitoring for complications before and after hemodialysis (HD) treatments .Prior to patient leaving the center .licensed nurse will complete the top portion of the Hemodialysis Communication Record .send with patient to .HD facility . Following completion of the HD, the dialysis facility nurse should complete and return the form .to the Center with the patient .Upon return of the patient to the Center, a licensed nurse will: Review the certified dialysis facility communication .Complete the post-hemodialysis treatment section on the Hemodialysis Communication Record .Notify the certified dialysis facility if the form is not returned with the patient .Maintain the Hemodialysis Communication Record .in the patient's medical record . Review of the facility's policy titled, Clinical Record: Charting and Documentation, dated 2/1/2023, revealed . Document .routine observations .Documentation will be .complete . Review of the medical record revealed Resident #71 was admitted to the facility on [DATE] with diagnoses including End Stage Renal Disease, Dependence on Renal Dialysis, and Hypertension. Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #71 scored a 10 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. Further review revealed Resident #71 received dialysis. Review of the comprehensive care plan for Resident #71 revised 12/31/2024, revealed the resident was at risk of impaired renal function with complications related to hemodialysis, received dialysis 3 times per week with interventions to monitor dialysis access site for bruit and thrill every shift and as needed. (continued on next page)

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

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of an Order Summary Report for Resident #71 dated 1/12/2025, revealed an order for hemodialysis treatments 3 times per week. Further review revealed there was no order to assess the dialysis access site (fistula) for bruit, thrill, and signs of infection or bleeding every shift. During an interview on 1/12/2025 at 3:03 PM, Resident #71 stated she received dialysis at an outside dialysis center 3 times per week. Resident #71 stated she had a fistula to her left arm and the nurses at the facility check her dialysis access site every shift and before and after her dialysis treatments. During an observation in Resident #71's room on 1/13/2025 at 8:05 AM, Licensed Practical Nurse (LPN) C assessed Resident #71's fistula to the left arm for signs of bleeding, bruit, and thrill. Resident #71's dialysis site to the left arm had the presence of the bruit and thrill and had no signs of infection or bleeding. During an interview on 1/13/2025 at 8:10 AM, LPN C stated Resident #71 's dialysis access site (left arm fistula) was assessed every shift for bruit, thrill, and signs of infection or bleeding. LPN C stated Resident #71's assessment of her bruit and thrill was documented on the Hemodialysis Communication Record. Review of the Medication Administration Record (MAR) for Resident #71 dated 1/2025, revealed no documentation present for dialysis access site assessment for bruit, thrill, signs of infection or bleeding. During an interview on 1/13/2025 at 8:45 AM, the Assistant Director of Nursing (ADON) stated Resident #71 received dialysis treatments 3 times per week and had a fistula site to her left arm. The ADON stated Resident #71's fistula to left arm was assessed for signs of infection with bleeding and the presence of the bruit and thrill by the licensed nurse before and after each dialysis treatment and every shift. The ADON stated the licensed nurses documented the presence of the bruit and thrill for Resident #71 on the Hemodialysis Communication Record and on the MAR. The ADON confirmed the Physician's Order was not entered into the medical record to trigger on the MAR for the nurses to sign off documentation to acknowledge the assessment of the dialysis access site had been completed. Review of the Hemodialysis Communication Records for Resident #71 dated 12/2/2024 through 1/8/2025, revealed incomplete documentation on the following dates: 12/2/2024, 12/4/2024, 12/6/2024, 12/9/2024, 12/11/2024, 12/13/2024, 12/16/2024, 12/18/2024, 12/23/2024, 12/24/2024, 12/30/2024, 1/1/2025, 1/6/2025, and 1/8/2025. Further review revealed the forms were not completed in the following areas on the document . To be completed by Center licensed nurse .prior to hemodialysis treatment .AV Shunt only bruit [blank] .thrill [blank] .To be completed by center licensed nurse post hemodialysis treatment .AV shunt only .Bruit [blank] . thrill [blank] . Contiued review revealed there were no Hemodialysis Communication Records available for review on 12/20/2024, 12/27/2024, and 1/3/2025. During an interview on 1/13/2025 at 3:30 PM, the Director of Nursing (DON) stated the Hemodialysis Communication Record for Resident #71 was to be completed to entirety, including sections for pre and post dialysis treatment. The DON confirmed the Hemodialysis Communication Records dated 12/2/2024 through 1/8/2025 were not completed to entirety and did not reflect the dialysis access site assessments completed by the licensed nurses. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/14/2025 at 10:18 AM, LPN E stated she cared for Resident #71 and checked her fistula site to her left arm every shift and before and after her dialysis treatments. LPN E stated Resident #71's dialysis access site was assessed for the presence of bruit and thrill and for any signs of bleeding or infection. LPN E stated the physician would be notified promptly if any abnormalities were present. During an interview on 1/14/2025 at 10:22 AM, Registered Nurse (RN) D stated she cared for Resident #71 and checked her fistula site to her left arm for bruit, thrill, and signs of infection or bleeding. RN D stated Resident #71's dialysis access site was assessed every shift, before and after dialysis, and as needed. RN D stated the physician would be notified promptly if any abnormalities were present.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Post nurse staffing information every day. 49568 Based on facility policy review, observation and interview, the facility failed to post daily staffing information for 1 of 3 days observed. The findings include: Review of the facility document titled Posting Staffing, dated 8/7/2023, revealed .Centers will post the census .shift hours .number of staff .total hours worked by licensed and unlicensed nursing staff .directly responsible for patient care for each shift and on a daily basis .The posting should be .completed on a daily basis at the beginning of each shift . During an observation on 1/12/2025 at 11:30 AM, showed the daily staff posting was dated 1/10/2025. During an interview on 1/12/2025 at 1:30 PM, the Director of Nursing (DON) stated it was her expectation daily staffing was posted. The DON confirmed the daily staffing was not updated and posted as required.

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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** 51371 Based on facility policy review, observations, and interviews, the facility failed to ensure the kitchen cooking and serving equipment was maintained in a sanitary condition and failed to ensure 3 dented cans and 2 containers of expired juice were discarded, which had the potential to affect 148 of 152 residents. The findings include: Review of the facility's policy titled, Equipment, dated ,d+[DATE], revealed .All foodservice equipment will be clean, sanitary, and in proper working order .All food contact equipment will be cleaned and sanitized after every use .All non-food contact equipment will be clean and free of debris . Review of the facility's policy titled, Receiving, dated ,d+[DATE], revealed .Safe food handling . All canned goods will be appropriately inspected for dents .Damaged cans will be segregated and clearly identified for return to vendor or disposal . During an observation of the dry storage area on [DATE] at 11:05 AM, with the Assistant Dietary Account Manager ([NAME]), revealed 3 dented cans (one 6.5-pound can of applesauce, one 3.1-pound can of corned beef hash, and one 6.6-pound can of marinara sauce) with dents present to the side of each can. Further observation revealed the 3 dented cans were stored and available for resident use. During an interview on [DATE] at 11:10 AM, the [NAME] stated the kitchen staff routinely checked for dented cans weekly and if dented cans were observed, the dented cans should be separated and discarded. The [NAME] confirmed the dented cans of applesauce, corned beef hash, and marinara sauce were .missed . during the weekly check and should have been discarded. During an observation of the cooking area and interview on [DATE] at 11:16 AM, with the [NAME], revealed a grease-like, brownish black food debris with multiple splatters of a brown substance present to the top perimeter of the deep fryer, the left side of the hot holding cabinet, and the right side of the griddle. The [NAME] confirmed the deep fryer, left side of hot holding cabinet, and the right side of the griddle needed . deep cleaning . and was not maintained in a sanitary condition. During an observation of the food preparation area and interview on [DATE] at 11:22 AM, with the [NAME], revealed one 4-inch serving pan with crusty, white food debris present to the inner parameter of the pan. The [NAME] confirmed the 4-inch serving pan was not stored in a sanitary condition. During an observation and interview on [DATE] at 11:25 AM, with the [NAME], revealed the reach-in cooler #1 had two 1-quart plastic containers of lemon juice expired on [DATE] available for resident use. The [NAME] confirmed the two 1-quart jugs of lemon juice were expired and should have been discarded.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51371 Based on facility policy review, observation, and interview, the facility failed to ensure garbage and refuse were properly contained in 2 of 3 dumpsters (dumpsters #1 and #2) and the outside dumpster area was not maintained in a sanitary condition. The findings include: Review of the facility's policy titled, Dispose of Garbage and Refuse, dated 8/2017, revealed .all garbage and refuse will be collected and disposed of in a safe and efficient manner .ensure the area surrounding the exterior dumpster area is maintained in a manner free of rubbish or other debris . During an observation of the outside dumpster area and interview on 1/12/2025 at 11:46 AM, with the Assistant Dietary Account Manager ([NAME]), revealed 3 dumpsters present for waste disposal. Further observation revealed dumpsters #1 and #2's top left panels had fallen into both dumpsters and did not properly cover both dumpsters' contents. The large openings from the improper covering to the top left panels of dumpster #1 and #2 resulted in the dumpsters' contents exposure to the elements and pests. Continued observation of the area around dumpster #2 revealed the open, left side of the dumpster was overfilled with garbage and resulted in 1 cardboard box, 2 foam boxes, and one plastic drinking cup on the ground behind the dumpster. The [NAME] confirmed dumpsters #1 and #2's contents were not properly contained and the area surrounding dumpster #2 was not maintained in a sanitary condition.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41782 Based on facility policy review, observation, and interview, the facility failed to offer hand hygiene assistance to residents prior to meals for 6 residents (Residents #88, #57, #105, #94, #99, and #302), of 6 residents observed on 1 of 3 hallways observed for meal tray distribution and failed to ensure staff donned appropriate Personal Protective Equipment for 1 resident (Resident #35) of 4 residents observed on Enhanced Barrier Precautions (EBP). The findings include: Review of the facility's policy titled, Patient Hand Hygiene, dated 5/1/2024, revealed .Staff should assist patients/residents .with hand hygiene after toileting and before meals .Wash hands with soap and water when hands are visibly soiled .Use alcohol based hand rubs for routine decontamination .when hands are not visibly dirty, alcohol-based hand rubs are preferred method for hand hygiene . Review of the facility's policy titled, Enhanced Barrier Precautions, dated 12/16/2024, revealed .In addition to Standard Precautions, Enhanced Barrier Precautions (EBP) will be used .(EBP) are an infection control intervention designed to reduce the transmission of novel or multidrug resistant organisms. It employs targeted personal protective equipment (PPE) use during high contact patient/resident .activities . Review of the medical record revealed Resident #88 was admitted to the facility on [DATE], and readmitted on [DATE] and 8/26/2024 with diagnoses including Dementia, Polyosteoarthritis, and Anxiety. Review of the comprehensive care plan for Resident #88 dated 4/13/2022, revealed .Provide resident/patient with limited to extensive assist of staff for personal hygiene . Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #88 scored a 00 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Resident #88 required supervision or touching assistance for eating and was dependent on staff for personal hygiene. During an observation on 1/12/2025 at 12:18 PM, Resident #88 was lying in bed resting. Certified Nursing Assistant (CNA) A entered the room to deliver the lunch meal tray. CNA A repositioned Resident #88 in bed, set up the lunch tray, and exited the room without offering hand hygiene assistance to Resident #88. Review of the medical record revealed Resident #57 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Alzheimer's Disease, Dementia, and Cognitive Communication Deficit. Review of the comprehensive care plan for Resident #57 dated 6/29/2017, revealed .requires assistance for ADL [Activities of Daily Living] care in .personal hygiene .extensive assist of staff for personal hygiene . (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the quarterly MDS assessment dated [DATE], revealed Resident #57 scored a 3 on the BIMS assessment which indicated the resident had severe cognitive impairment. Resident #57 required Setup or clean-up assistance for eating and substantia/maximal assistance for personal hygiene. During an observation on 1/12/2025 at 12:19 PM, CNA A delivered the lunch meal tray to Resident #57. CNA A set up the meal tray and exited the room without offering hand hygiene assistance to Resident #57. Review of the medical record revealed Resident #105 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Dementia, Major Depressive Disorder, and Anxiety. Review of the comprehensive care plan for Resident #105 dated 1/13/2022, revealed .requires assistance .in ADL care .assist for personal hygiene . Review of the quarterly MDS assessment dated [DATE], revealed Resident #105 scored a 00 on the BIMS assessment which indicated the resident had severe cognitive impairment. Resident #105 required setup or clean-up assistance for eating and substantial/maximal assistance for personal hygiene. During an observation on 1/12/2025 at 12:20 PM, CNA F delivered the lunch meal tray to Resident #105. CNA F repositioned the resident in bed, set up the resident's tray, and exited the room without offering hand hygiene assistance to Resident #105. Review of the medical record revealed Resident #94 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Alzheimer's Disease, Dementia, and Major Depressive Disorder Review of the comprehensive care plan for Resident #94 dated 6/16/2021, revealed .requires assistance for ADL care in .personal hygiene .extensive assist of staff for personal hygiene . Review of the quarterly MDS assessment dated [DATE], revealed Resident #94 scored a 00 on the BIMS assessment which indicated the resident had severe cognitive impairment. Resident #94 required setup or clean-up assistance for eating and substantial/maximal assistance for personal hygiene. During an observation on 1/12/2025 at 12:23 PM, CNA A delivered the lunch meal tray to Resident #94. CNA A repositioned Resident #94 in bed, set up the lunch tray, and exited the room without offering hand hygiene assistance to the resident. Review of the medical record revealed Resident #99 was admitted to the facility on [DATE] with diagnoses including Dementia, Delusional Disorders, and Osteoarthritis. Review of the comprehensive care plan for Resident #99 dated 12/27/2024, revealed .decreased ability to perform ADL(s) in .personal hygiene .limited to extensive assist of staff for personal hygiene . Review of the admission MDS assessment dated [DATE], revealed Resident #99 scored a 10 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Resident #99 required setup or clean-up assistance for eating and supervision or touching assistance for personal hygiene. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 1/12/2025 at 12:24 PM, CNA F delivered the lunch meal tray to Resident #99. CNA F repositioned Resident #99 in bed, set up the tray, and exited the room without offering hand hygiene assistance to the resident. Review of the medical record revealed Resident #302 was admitted to the facility on [DATE] with diagnoses including Dementia, Traumatic Subarachnoid Hemorrhage (bleeding in the space between the brain and tissues that cover the brain), and Major Depressive Disorder. Review of the comprehensive care plan dated 1/9/2025, revealed .decreased ability to perform ADL(s) in . personal hygiene .Provide .set-up assist of 1 for personal hygiene . During an observation on 1/12/2025 at 12:25 PM, CNA F delivered the lunch meal tray to Resident #302. CNA F set up the meal tray and exited the room without offering hand hygiene assistance to the Resident #302. During an interview on 1/12/2025 at 12:26 PM, CNA F stated residents were to be taken to the bathroom to wash their hands prior to meals. CNA F confirmed she had not offered hand hygiene assistance to Residents #105, #99, and #302 prior to their lunch meal on 1/12/2025. During an interview on 1/12/2025 at 12:28 PM, CNA A stated residents were to be offered hand hygiene prior to meals using either a wipe or rag with soap. CNA A confirmed she had not offered Residents #88, #57, and #94 hand hygiene assistance prior to their lunch meal on 1/12/2025. During an interview on 1/12/2025 at 4:04 PM, the Director of Nursing (DON) confirmed staff were to offer hand hygiene assistance to all residents prior to meals using either sanitizer or wipes. Review of the medical record revealed Resident #35 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Alzheimer's Disease, Bipolar Disorder, Stage 2 Pressure Ulcer of the Right and Left buttock, and Unstageable Pressure Ulcer of the Left Heel. Review of the comprehensive care plan initiated on 7/1/2024, revealed .Enhanced Barrier Precautions: Use gown and gloves when performing high-contact activities .providing hygiene .changing linens, changing briefs or assisting with toileting . Review of the Order Recapitulation (Recap) Report revealed an order clarification dated 1/14/2024 for . Requires Enhanced barriers precautions .open wounds . During an observation on 1/14/2025 at 10:50 AM, there was a sign posted on Resident #35's door that read . ENHANCED BARRIER PRECAUTIONS .Wear Gown and Gloves prior to these activities .During high-contact resident care activities .Providing hygiene .Changing linens .Changing briefs or assisting with toileting . CNA A and CNA B were observed in Resident #35's room providing incontinence care. The CNAs did not don or wear gowns during the incontinence activity. During an interview on 1/14/2025 at 11:11 AM, CNA A stated Resident #35 was in EBP due to wounds and required a gown and gloves for patient care activities. CNA A confirmed she and CNA B had been in Resident #35's room providing incontinence care and had not worn a gown during the patient care encounter. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/14/2025 at 11:23 AM, CNA B stated Resident #35 had wounds and was in EBP. Residents in EBP require a gown and gloves when providing incontinence care. CNA B confirmed she had not worn a gown while providing incontinence care to Resident #35. During an interview on 1/14/2025 at 11:24 AM, the DON stated Resident #35 required EBP due to wounds. The DON confirmed staff were to don gown and gloves for incontinence care.