

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER Fairpark Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 307 N Fifth St Box 5477 Maryville, TN 37801	

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>38810</p> <p>Based on facility policy review, medical record review, observations, and interviews the facility failed to maintain a safe, clean, homelike environment on 1 of 2 hallways, and 5 resident's (Resident #37, #418, #1, #39, and #15) rooms of 15 rooms observed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Routine Cleaning and Disinfection, revised 2/20/2024, showed .It is the policy of this facility to ensure the provision of routine cleaning .to provide a safe, sanitary environment . Cleaning refers to the removal of visible soil from objects and surfaces .</p> <p>During an observation on 3/18/2024 at 10:28 AM, in Resident #37's bathroom showed a black mat under the sink visibly dirty with dust and debris. A black fan in the room on a base, the base was dusty and dirty. Further observation showed the 2 doors at the sink had chipped missing paint and the baseboard had visible dirt, dust, and dark colored debris in the creases.</p> <p>During an observation on 3/18/2024 at 10:35 AM, in Resident #418's room showed the floor had dark scuff marks, the area under the sink had broken pieces missing from the baseboard, and the baseboard was visibly dirty with dark colored debris in the creases. Further observation showed behind the entrance door to the room was visibly dirty with dust, and debris behind the door.</p> <p>During an observation on 3/18/2024 at 10:40 AM, in Resident #1's room showed the floor had dark scuff marks, the area under the sink had broken pieces missing from the baseboard, and the baseboard was visibly dirty with dark colored debris in the creases. Further observation showed behind the entrance door to the room was visibly dirty with dirt, dust, and debris.</p> <p>During an observation on 3/18/2024 at 10:46 AM, showed the following on the 200-hallway: baseboards down the entire hallway on both sides were visibly dirty with dirt, dust, and dark colored debris. The entrance doors to all the resident rooms (a total of 15 rooms) were visibly dirty with dirt, dust, and dark colored debris at both corners. Floors were dull and scuffed with dark lines down the hallway. A housekeeping cleaning cart had a white crusty debris covering the dustpan, a white dried substance had dripped and dried on the outside of the locked cabinet, and a black tray on the bottom of the cart was visibly dirty with multiple loose particles and a brown substance.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 3/18/2024 at 11:10 AM, in Resident #39's room showed visible dirt, dust, and debris behind the entrance door.</p> <p>During an observation on 3/18/2024 at 11:20 AM, showed in Resident #15's room, the floor at the bedside and under the bed had a brown substance, loose particles behind the headboard of the bed, and loose dirty debris near the chest of drawer.</p> <p>During an observation and interview on 3/19/2024 at 1:55 PM, with the Administrator and Environmental Service Manager (ESM) showed the following on the 200-hallway: baseboards down the entire hallway on both sides were visibly dirty with dirt, dust, and dark colored debris. The entrance doors to all the resident rooms (a total of 15 rooms) were visibly dirty with dirt, dust, and dark colored debris at both corners. Floors were dull and scuffed with dark lines down the hallway. Further observation showed the following:</p> <ol style="list-style-type: none"> 1. Resident #37's bathroom showed a black mat under the sink visibly dirty with dust and debris. A black fan in the room on a base, the base was dusty and dirty. Further observation showed the 2 doors at the sink in had chipped missing paint and the baseboard had visible dirt, dust, and dark colored debris in the creases. 2. Resident #418's room showed the floor had dark scuff marks, the area under the sink in the room had broken pieces missing from the baseboard, and the baseboard was visibly dirty with dark colored debris in the creases. Further observation showed behind the entrance door to the room was visibly dirty with dust, and debris behind the door. 3. Resident #1's room showed the floor had dark scuff marks, the area under the sink had broken pieces missing from the baseboard, and the baseboard was visibly dirty with dark colored debris in the creases. Further observation showed behind the entrance door to the room was visibly dirty with dirt, dust, and debris. 4. Resident #39's room showed visible dirt, dust, and debris behind the entrance door. 5. Resident #15's room, the floor at the bedside and under the bed had a brown substance, loose particles behind the headboard of the bed, and loose dirty debris near the chest of drawer. <p>During an interview on 3/19/2024 at 2:40 PM, the Administrator confirmed the 200-hallway and Resident #37, #418, #1, #39, and #15's rooms had not been not maintained in a clean, sanitary, and homelike environment.</p> <p>During an observation and interview with the ESM on 3/19/2024 at 3:50 PM, showed the 200-hallway housekeeping cart with a white crusty debris covering the dustpan, a white dried substance was on the outside of the locked cabinet, and the black tray on the bottom of the cart was visibly dirty with multiple loose particles and a brown substance. The ESM confirmed the housekeeping cart was not maintained in a clean and sanitary manner.</p>		

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49786</p> <p>Based on review of the Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual, medical record review and interview, the facility failed to complete a significant change assessment for 1 resident (Resident #36) of 20 residents reviewed.</p> <p>The findings include,</p> <p>Review of CMS's RAI Version 3.0 Manual Chapter 2 dated 10/2023 revealed .Guidelines to Assist in Deciding If a Change Is Significant or Not .When a .Resident enrolls in a hospice program .must be within 14 days from the effective date of the hospice election .</p> <p>Resident #36 was admitted to the facility on [DATE] with diagnosis including Diabetes, End Stage Renal Disease, Hypertension, and Anemia.</p> <p>Review of Resident #36's current physician orders showed hospice care was ordered on 8/21/2023.</p> <p>Review of an annual Minimum Data Set (MDS) assessment dated [DATE], showed Resident #36 had a Brief Interview for Mental Status (BIMS) score of 12 which indicated the resident had moderate cognitive impairment. Further review showed the MDS assessment did not indicate Resident #36 was receiving hospice services.</p> <p>During an interview on 3/20/2024 at 1:35 PM, MDS (Registered Nurse) RN #1 stated Resident #36 had an order for hospice services effective 8/21/2023 and confirmed a significant change assessment had not been completed within 14 days.</p>

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49786</p> <p>Based on review of the Centers for Medicare and Medicaid Services (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 3 residents (Resident #39, #36 and #33) related to the use of anticoagulants, hospice, and restraints of 20 residents reviewed.</p> <p>The findings include:</p> <p>Review of the RAI Version 3.0 Manual, Chapter 3, dated 10/2023 showed .Anticoagulant [medication used to prevent blood clotting] .Do not code antiplatelet medications such as .clopidogrel [also called Plavix is an antiplatelet medication used to prevent blood clotting] .Code residents identified .in a hospice program . Identify all physical restraints that were used at any time .during the 7-day look-back period .code 0, not used .if the item was not used .</p> <p>Resident #39 was admitted to the facility on [DATE] with diagnoses including Diabetes, End Stage Renal Disease with Dialysis, Peripheral Vascular Disease, Amputation of Left Great Toe, and Congestive Heart Failure.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], showed Resident #39 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. Further review showed the resident was taking an anticoagulant medication.</p> <p>Review of Resident #39's current physician orders showed, .12/15/2023 .Clopidogrel 75 MG [milligram] tablet oral Once A Day . Further review showed an anticoagulant had not been ordered.</p> <p>During an interview on 3/19/2024 at 12:56 PM, MDS Registered Nurse (RN) #1 stated Resident #39 had not received an anticoagulant and confirmed the MDS assessment dated [DATE] was inaccurate.</p> <p>Resident #36 was admitted to the facility on [DATE] with diagnoses including Diabetes, End Stage Renal Disease, Hypertension, and Anemia.</p> <p>Review of Resident #36's current physician orders showed hospice care was ordered on 8/21/2023.</p> <p>Review of an annual MDS assessment dated [DATE], showed Resident #36 had a BIMS score of 12 which indicated the resident had moderate cognitive impairment. Further review showed the MDS had not been coded to indicate Resident #36 was receiving hospice services.</p> <p>Review of a quarterly MDS assessment dated [DATE], showed Resident #36 had a BIMS score of 14 which indicated the resident was cognitively intact. Further review showed the MDS had not been coded to indicate Resident #36 was receiving hospice services.</p> <p>During an interview on 3/20/2024 at 1:35 PM, MDS RN #1 stated Resident #36 had an order for hospice services effective 8/21/2023. MDS RN #1 confirmed hospice services was not captured on the annual MDS assessment dated [DATE], the quarterly MDS assessment dated [DATE], and the assessments were inaccurate.</p> <p>(continued on next page)</p>		

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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>49568</p> <p>Resident #33 was admitted to the facility on [DATE] with diagnoses including Cerebral Infarction, Diabetes Mellitus, Functional Quadriplegia, and Hypertension.</p> <p>Review of a quarterly MDS assessment dated [DATE], showed .physical restraints .used in chair or out of bed (limb restraints) .1 (indicated used less than daily) .</p> <p>During an observation on 3/18/2024 at 11:30 AM, showed Resident #33 lying in bed without a restraint in use.</p> <p>During an observation on 03/19/2024 at 8:40 AM, showed Resident #33 lying in bed without a restraint in use.</p> <p>During an observation on 3/20/2024 at 8:20 AM, showed Resident #33 lying in bed without a restraint in use.</p> <p>During an interview on 3/19/2024 at 12:58 PM, RN MDS #1 confirmed Resident #33 did not have a restraint and the MDS assessment dated [DATE] was inaccurate.</p>

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41291</p> <p>Based on facility policy review, medical record review, and interview the facility failed to develop a baseline care plan for 1 resident (Resident #3) of 20 residents reviewed.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Baseline Care Plan, dated 3/22/2022, showed .The facility will develop .a baseline care plan for each resident that includes the instructions needed to provide effective . person-centered care of the resident .The baseline care plan will .Be developed within 48 hours of a resident's admission .</p> <p>Review of the facility policy titled, Admission of a Resident, dated 3/22/2022, showed .initial/baseline plan of care will be developed during admission process .</p> <p>Resident #3 was admitted to the facility on [DATE] with diagnoses including Right Hip Fracture, Dementia, Dislocation of Right Hip, Depression, and Adult Failure to Thrive.</p> <p>Review of the medical record showed a baseline care plan had not been developed within 48 hours of admission. The initial care plan was developed on 1/2/2023 (4 days/96 hours after admission).</p> <p>During an interview on 3/20/2024 at 1:34 PM, the Area Nurse Director confirmed the facility failed to develop a baseline care plan for Resident #3 within 48 hours of admission to the facility.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49568</p> <p>Based on medical record review, observation, and interview, the facility failed to follow a physician's order for 2 residents (Residents #61 and #418) of 3 residents reviewed for wounds.</p> <p>The findings include:</p> <p>Resident #61 was admitted to the facility on [DATE] with diagnoses including Hypertension, Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, and Pressure Ulcer to Buttocks.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], showed Resident #61 had a BIMS score of 12 which indicated the resident had moderate cognitive impairment, and had a Stage 1 and Stage 2 pressure ulcer upon admission.</p> <p>Review of a Diet Order & Communication document dated 1/25/2024, showed Resident #61 .Diet Order . Double protein portions at all meals . The document was signed by the Registered Dietician (RD).</p> <p>Review of a dietary Progress Note dated 1/25/2024, showed .Will add double protein portions at meals as resident had good appetite to promote wound healing . Further review showed the document was electronically signed by the RD.</p> <p>Review of the Physician Order Report dated 2/20/2024 - 3/20/2024, showed Resident #61 .Consistent CHO (Consistent Carbohydrate Diet) Special Instructions Double Protein Portions .</p> <p>During an interview on 3/19/2024 at 3:22 PM, Resident #61 stated he was not receiving double protein portions and wasn't sure how long he had not received them.</p> <p>During an observation on 3/20/2024 at 8:10 AM, showed the resident was served scrambled eggs and 1 slice of bacon and the portions were not doubled.</p> <p>Review of Resident #61's wound documentation showed the resident had 1 Stage 2 pressure ulcer on the sacrum, the wound was stable, and had not deteriorated.</p> <p>Resident #418 was admitted to the facility on [DATE] with diagnoses including Cellulitis of Left Lower Limb, Type 2 Diabetes with Hypoglycemia, Hypertension and Peripheral Vascular Disease.</p> <p>Review of a dietary progress note dated 1/25/2024, showed .double protein portions at meals . Further review showed the document was electronically signed by the RD.</p> <p>Review of Resident #418's wound documentation showed the resident had a surgical wound to the left foot, the wound was stable, and had not deteriorated.</p> <p>Review of a quarterly MDS assessment dated [DATE], showed Resident #418 had a BIMS score of 15 which indicated the resident was cognitively intact and had a surgical wound.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Physician's Order dated 3/7/2024, showed .Special Instructions .Double Protein/meat at all meals .</p> <p>During an interview on 3/19/2024 at 3:22 PM, Resident #418 stated he did not receive double protein portions with all meals. He was unaware of how long he had not received the double protein portions.</p> <p>During an interview on 3/20/2024 at 8:43 AM, Dietary Aide #1 stated she prepared resident meals and utilized dietary meal tickets for specific diet orders. She also stated she was not aware Residents #66 and #418 had not been receiving double protein portions at all meals. She also stated the residents received the double protein portions prior to the new computer system (changed approximately 3 weeks ago).</p> <p>During an interview on 3/20/2024 at 8:45 AM, the Dietary Manager (DM) stated the facility's computer system was changed and the residents' diet orders .may not have transferred to the new system .</p> <p>During an interview on 3/20/2024 at 8:50 AM, the Regional Dietary Manager stated the computer system was changed .about 3 weeks ago .</p> <p>During an interview on 3/20/2024 at 10:20 AM, the Area Nurse Director stated the facility recently changed the electronic medical record system and the old system did not communicate the dietary orders into the new system and dietary meal tickets were inaccurate for Resident #61 and #418. The facility had to initiate a meal tracker system (initiated on 3/7/2024) to ensure the dietary orders would be crossed over into the new system. She also stated when the meal tracker was initiated all the diet order dates changed to 3/7/2024.</p> <p>During an interview on 3/20/2024 at 10:50 AM, the RD stated she evaluated Resident #61 and #418 on 1/25/2024. The residents were ordered double protein portions to help promote wound healing. The residents also had other protein supplements in place, the double protein was an added intervention. The RD also stated if the residents had not received the double protein portions for approximately 3 weeks it would not be a problem because the residents were on other protein supplements.</p> <p>During an interview on 3/20/2024 at 11:07 AM, the Nurse Practitioner (NP) stated when Residents #61 and #418 did not receive double protein portions with all meals for approximately 3 weeks, it had not affected the wound healing because the residents were on other protein supplements and the residents wounds were stable.</p> <p>During an interview on 3/20/2024 at 3:25 PM, the Dietary Manager confirmed the dietary tickets for Residents #61 and #418 did not identify the residents were to receive double protein portions with all meals . there was a glitch in the system .</p> <p>49792</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38810</p> <p>Based on facility policy review, safety data sheet review, medical record review, observations, and interviews the facility failed to ensure chemicals were secured in resident (Resident #37, #8, and #41's) bathroom.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, Handwashing, Chemical Use, and PPE [Personal Protective Equipment], showed .Chemical Use .chemicals should be locked at all times .</p> <p>Review of a Safety Data Sheet, revised 6/12/2015, showed .Product Name Clorox .Regular-Bleach . Information on toxicological effects .May cause redness and tearing of eyes .May cause redness or burns to skin .Inhalation may cause coughing .</p> <p>Review of a Safety Data Sheet, revised 1/18/2019, showed .Ingredient Name .Benzisothiazolin-3-One [antimicrobial agent and preservative in products like multi-purpose cleaning agents, stain removers, and is used in water- based solutions] .Toxicological Information .Expected to be a low ingestion hazard .</p> <p>Resident #37 was admitted to the facility on [DATE] with diagnoses including Type 2 Diabetes, Gastrointestinal Hemorrhage, Congestive Heart Failure, and Obesity.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], showed Resident #37 had a Brief Interview for Mental Status (BIMS) score of 14 which indicated the resident was cognitively intact.</p> <p>Resident #8 was admitted to the facility on [DATE] with diagnoses including Adult Failure to Thrive, Repeated Falls Diabetes, and Hypertension.</p> <p>Review of an admission MDS assessment dated [DATE], showed Resident #8 had a BIMS score of 14 which indicated the resident was cognitively intact.</p> <p>Resident #41 was admitted to the facility on [DATE] with diagnoses including Hypertension, Hyperlipidemia, and Vascular Dementia.</p> <p>Review of a quarterly MDS assessment dated [DATE], showed Resident #41 had a BIMS score of 11 which indicated the resident had moderate cognitive impairment.</p> <p>During an observation on 3/18/2024 at 10:28 AM, in Resident #37, #8, and #41's bathroom showed a 32-ounce bottle with a manufacturer label which identified the contents as glass cleaner 3/4 full. Further observation showed the bottle had a handwritten label with a black marker which identified the contents as bleach. Continued observation showed a 32-ounce bottle with a manufacturer label which identified the contents as odor control (a Benzisothiazolin) 3/4 full and both bottles were on the sink unsecured.</p> <p>(continued on next page)</p>		

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<p>F 0689</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 3/18/2024 at 11:34 AM, in Resident #37, #8, and #41's bathroom with Licensed Practical Nurse (LPN) #2 showed a 32-ounce bottle with a manufacturer label which identified the contents as glass cleaner 3/4 full. Further observation showed the bottle had a handwritten label with a black marker which identified the contents as bleach. Continued observation showed a 32-ounce bottle with a manufacturer label which identified the contents as odor control (a Benzisothiazolin) 3/4 full and both bottles were on the sink unsecured. LPN #2 sprayed the contents of the 32-ounce bottle with a handwritten label of bleach and confirmed the contents in the bottle was bleach and not glass cleaner. LPN #2 confirmed both 32-ounce bottles were left unsecured.</p> <p>During an observation and interview on 3/18/2024 at 11:38 AM, in Resident #37, #8, and #41's bathroom with the Environmental Service Manager (ESM) showed a 32-ounce bottle with a manufacturer label which identified the contents as glass cleaner 3/4 full. Further observation showed the bottle had a handwritten label with a black marker which identified the contents as bleach. Continued observation showed a 32-ounce bottle with a manufacturer label which identified the contents as odor control (a Benzisothiazolin) 3/4 full and both bottles were on the sink unsecured. The ESM sprayed the contents of the 32-ounce bottle with a handwritten label of bleach and confirmed the contents in the bottle was bleach and not glass cleaner. The ESM confirmed both 32-ounce bottles were left unsecured and removed the bottles immediately.</p> <p>During an observation on 3/18/2024 at 11:45 AM, showed Resident #41 was independent with wheelchair (W/C) mobility.</p> <p>During an observation on 3/18/2024 at 11:51 AM, showed Resident #8 walked independently with the walker.</p> <p>During an observation on 3/18/2024 at 11:55 AM, showed Resident #37 was lying in the bed.</p> <p>During an interview on 3/19/2024 at 9:20 AM, Housekeeper #1 stated she was cleaning the bathroom in Resident #37, #8, and #41's room on 3/18/2024 and was called away. The housekeeper also stated she had left the bottles in the room briefly that morning when the bottles were found. She also stated there were no wandering residents on the 200-hallway.</p> <p>During an interview on 3/19/2024 at 9:45 AM, MDS Registered Nurse (RN) #1 stated Resident #37 was dependent on staff for W/C mobility.</p> <p>During an interview on 3/19/2024 at 9:53 AM, Certified Nursing Assistant (CNA) #4 stated Resident #37 was dependent on staff for transfers, W/C mobility and the resident was incontinent of bowel and bladder. The CNA also stated there were no residents on the 200-hallway who wandered into other resident rooms, and she had not observed chemicals left unattended in resident's rooms.</p> <p>During an interview on 3/19/2024 at 10:10 AM, Resident #8 was asked if she saw a bottle labeled bleach would she drink it. The resident stated NO!!! The resident also stated she had not observed bottles of chemicals in her bathroom.</p> <p>During an interview on 3/19/2024 at 10:13 AM, Resident #37 was asked if she saw a bottle labeled bleach would she drink it and she stated .I can see good and still have my senses so no I would not .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER Fairpark Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 307 N Fifth St Box 5477 Maryville, TN 37801	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/19/2024 at 10:20 AM, Resident #41 was asked if she saw a bottle labeled bleach would she drink it. The resident stated .I might be crazy but not that crazy .</p> <p>During observations from 3/18/2024-3/20/2024 at various times of the day showed no wandering residents on the 200-hallway.</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27405</p> <p>Based on record review, facility policy review, and interview, the facility failed to ensure 1 resident (Resident # 54) of 20 sampled residents received trauma-informed care in accordance with professional standards of practice and accounting for a resident's experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.</p> <p>The findings include:</p> <p>Resident #54 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, fracture of Right Femur, Muscle Weakness, and Post Traumatic Stress Disorder.</p> <p>Review of the facility policy titled, Trauma Informed Care, revised 3/15/2023, showed .Trauma is defined as an event, a series of events, or set of circumstances experienced by an individual as physically or emotional . common sources of trauma may include .physical emotional .abuse at any age .each resident will be screened for a history of trauma upon admission .the facility will account for residents' experiences, preferences, and culture differences in order to eliminate or mitigate triggers that may cause re-traumatization .potential causes of re-traumatization by staff may include, but are not limited to .being unaware of the residents traumatic history .</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], showed Resident #54 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. Further review showed a diagnosis of Post Traumatic Stress Disorder (PTSD) and resident mood interview should be conducted.</p> <p>Review of Resident #54's comprehensive care plan initiated 1/6/2023, showed there was no identified problems or triggers listed for PTSD.</p> <p>Review of a Trauma- Informed Care screening dated 1/4/2023, showed .have you ever experienced, witnessed, learned about a life-threatening illness .(witnessed) .have you ever experienced, witnessed, learned about combat or war zone combat .(no) .did any of these events bother you .(no) .</p> <p>Review of a Psychiatric Note dated 2/21/2024, showed .following up on history of anxiety and depression . per assigned staff no change in mood status .patient appears at baseline with no acute mood issues today and appears at baseline .</p> <p>During an interview on 3/20/2024 at 7:15 AM, Resident #54 stated she has had PTSD for many years from being abused as a child from her mother. The resident stated her last triggered episode was prior to admission to the facility. She stated her medications had been adjusted in the past, and the current regimen had her stable. The facility did not ask the resident about the PTSD upon admission or interview her on what triggered the PTSD. Resident #54 stated there had been no triggered episodes at the facility since admission.</p> <p>During an interview on 3/20/2024 at 7:22 AM, Certified Nursing Assistant (CNA) #1 stated she was unaware Resident #54 had a diagnosis of PTSD and what would trigger a behavioral episode.</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/20/2024 at 7:55 AM, Licensed Practical Nurse (LPN) #1 stated she was unaware Resident #54 had a diagnosis of PTSD and what would trigger a behavioral episode.</p> <p>During an interview on 3/20/2024 at 9:32 AM, Psychiatric Nurse Practitioner (NP) stated she was unaware of Resident #54's diagnosis of PTSD and what would trigger a behavioral episode. Interview showed the NP had followed Resident #54 since admission with the resident never mentioning history of PTSD or any childhood abuse. Further interview showed the NP stated she would not have changed the treatment plan if knowledge of the PTSD was known.</p> <p>During an Interview on 3/20/2024 at 10:04 AM, CNA #2 stated she was unaware Resident #54 had a diagnosis of PTSD and what would trigger a behavioral episode.</p> <p>During an Interview on 3/20/2024 at 10:08 AM, CNA #3 stated she was unaware Resident #54 had a diagnosis of PTSD and what would trigger a behavioral episode.</p> <p>During an interview on 3/20/2024 at 11:04 AM, the Social Services Director (SSD) stated she had completed a Trauma- Informed Screening for Resident #54 after her admission to the facility. The SSD confirmed she had knowledge of the Resident #54 had a diagnosis of PTSD but did not screen the resident for triggers or add to the resident plan of care what triggers could cause her to have an episode.</p> <p>During an interview on 3/20/2024 at 2:37 PM, the Administrator, Administrator in Training (AIT), and the Area Nurse Director confirmed the facility policy for trauma informed care had not been followed.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>41291</p> <p>Based on facility policy review, observation, and interview the facility failed to maintain mechanical equipment in a safe operating condition in 2 of 2 dryers observed in the laundry room.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, Next Level Hospitality Services Chapter 2 Linen Operations and Management, showed .All lint screens must be cleaned and brushed every hour and after every single load .</p> <p>During an observation of the laundry room on 3/20/2024 at 3:20 PM, showed the dryer lint screens of both dryers with thick layer of lint build up on the screens and lint accumulation lying on the floor under the dryers. Further observation showed the Lint Trap Clean Out Log had not been completed for 3/20/2024.</p> <p>During an interview on 3/20/2024 at 3:20 PM, the Environmental Services Manager (ESM) confirmed the 2 dryers had a thick layer of lint build up on the screens and lint accumulation lying on the floor under the dryers. She confirmed the cleaning of the dryer screens had not been documented for 3/20/2024. The ESM stated the person responsible for documenting the cleaning of the dryer screens had left for the day, and she could not state when they had last been cleaned.</p>