STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445286	A. Building B. Wing	07/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairpark Health and Rehabilitation	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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on facility policy review, observations, and interviews, the facility failed to ensure the residents' health information remained private and confidential on 1 medication cart (Back 100 cart) of 4 medication carts observed, which had the potential to allow unauthorized individuals access to the residents' private health information. The findings include: Review of the facility's policy titled, Confidentiality of Personal and Medical Records, dated 1/2/2020, revealed .facility honor the resident's right to secure and confidential personal and medical records . safeguarding the content of information including written documentation .computer information from unauthorized disclosure without the consent of the individual .resident's personal or medical information shall not be left unattended or viewable by unauthorized persons . During an observation on 7/1/2025 at 9:33 AM, on the 100 hall, revealed the residents' sensitive health information was present on the computer screen on the medication cart (back-100 hall). Further observation revealed there was a written shift-to-shift communication sheet which listed the residents' names and various medical conditions stored on top of the medication cart. Continued observation revealed the residents' personal and confidential medical information visible on the medication cart was left unattended by Licensed Practical Nurse (LPN) A. During an observation on 7/1/2025 at 9:35 AM, revealed LPN A returned to the medication cart to retrieve additional items and walked away from the medication cart. LPN A failed to ensure the written shift-to-shift communication sheet and computer screen was secured and covered prior to leaving the medication cart. During an observation and interview with the Assistant Director of Nursing (ADON) on 7/1/2025 at 9:36 AM, on the 100 hall, revealed the residents' sensitive health information was present on the computer screen on the medication cart (back-100 hall) with the written shift-to-shift communication sheet which listed the residents' names and various medical conditions stored on top of the medication cart. The ADON stated the nurse should ensure the residents' personal and confidential medical information was secured and covered prior to leaving the medication cart. The ADON confirmed the residents' personal health information was not protected and was available for the public to review.

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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual review, facility policy review, medical record review, and interviews, the facility failed to ensure MDS assessments were accurate for 1 resident (Resident #68) of 20 residents reviewed for MDS assessments. The findings include: Review of the MDS 3.0 RAI Manual Verson 19.1, dated 10/2024, revealed .Health-related Quality of Life . residents covered by Level II PASRR [Pre-admission Screening and Resident Review] process may require certain care and services provided by the nursing home .Steps for Assessment .Code .yes .if PASRR Level II screening determined that the resident has a serious mental illness . Review of the facility's policy titled, RAI Assessment- MDS 3.0 Completion, revised 6/1/2025, revealed . Residents are assessed .using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan .According to federal regulations, the facility conducts .accurate . assessment of each resident's capacity, using the RAI specified by the state . Review of a PASRR dated 4/5/2024, revealed Resident #68 had a PASRR Level 2 Outcome related to a serious mental illness (Bipolar). Further review revealed the PASRR was completed prior to admission. Review of the medical record revealed Resident #68 admitted to the facility on [DATE] with diagnoses including Bipolar Disorder, Depression, and Anxiety. Review of a significant change Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #68 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact and had active diagnoses of Bipolar Disorder, Anxiety, and Depression. Further review revealed the resident was not coded for a PASRR Level 2 Outcome. Review of a Psychiatric Nurse Practitioner Progress Note for Resident #68 dated 6/18/2025, revealed . PSYCHIATRIC HISTORY & PROBLEMS ADDRESSED THIS VISIT: Anxiety .Bipolar . During a medical record review and interview on 7/1/2025 at 10:45 AM, Registered Nurse (RN) MDS Coordinator reviewed the significant change MDS assessment dated [DATE] and the Level 2 PASRR dated 4/5/2024 for Resident #68. RN MDS Coordinator confirmed the significant change MDS assessment for Resident #68 was inaccurate and did not reflect Resident #68's Level 2 PASRR status. During an interview on 7/1/2025 at 12:28 PM, the Administrator stated it was her expectation for MDS assessments to be coded accurately. The Administrator confirmed the facility failed to ensure the accuracy of the significant change MDS assessment dated [DATE] for Resident #68.

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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. Based on facility policy review, observations, and interview, the facility failed to ensure an employee's personal food items were not stored in the kitchen reach-in cooler and failed to ensure frozen food items were stored properly, which had the potential to affect 70 of 71 residents residing in the facility. The findings include: Review of the facility's policy titled, Food Storage: Cold, dated 10/2019, revealed .frozen and refrigerated food items, will be appropriately stored in accordance with guidelines of the FDA [Food and Drug Administration] Food Code .all food items are to be stored properly in covered containers . During an observation and interview with the Dietary Manager (DM), on 6/29/2025 at 10:18 AM, of the back reach-in cooler, revealed one purple lunch box and (one) 20-ounce carbonated beverage stored beside the residents' food items for meal service. The DM confirmed the purple lunch box and the carbonated beverage belonged to a dietary employee and should not be stored with the residents' food items. During an observation of the reach-in freezer on 6/29/2025 at 10:20 AM, with the DM, revealed the following items: (one) 30-pound box of frozen peas (¾ full) not sealed properly which resulted in the frozen peas exposure to air and possible contamination. (one) 30-pound box of frozen california blend vegetables (½ full) not sealed properly which resulted in the frozen vegetables exposure to air and possible contamination. (one) 30-pound box of frozen sliced carrots (1/2 full) not sealed properly which resulted in the frozen carrots exposure to air and possible contamination. Further observation revealed the frozen box of peas, california blend vegetables, and carrots had visible signs of discoloration on the food's surface from direct exposure to the air inside the freezer. During an interview on 6/29/2025 at 11:24 AM, the DM stated all frozen food should be sealed and stored appropriately in the freezer. The DM confirmed the frozen peas, california vegetable blend, and carrots were not sealed and stored appropriately.

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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** Based on facility policy review, medical record review, observations, and interviews, the facility failed to perform appropriate hand hygiene when serving residents' meal trays for 3 residents (Resident #55, #11, and #38), the facility failed to wear appropriate Personal Protective Equipment (PPE) when delivering the meal tray for 1 resident (Resident #69), and the facility failed to offer hand hygiene assistance prior to meals for 1 resident (Resident #50) of 18 residents observed for meal tray distribution. The findings include: Review of the facility's policy titled, Hand Hygiene, dated 6/9/2025, revealed .All staff will perform proper hand hygiene procedures to prevent the spread of infection .Hand hygiene is a general term for cleaning your hands by handwashing .or antiseptic hand rub .hand hygiene is indicated and will be performed . Between resident contacts . Review of the facility's policy titled, Transmission-Based Precautions, dated 5/21/2025, revealed .take appropriate precautions to prevent transmission of infectious agents .group of infection prevention and control practices that are used in addition to standard precautions for residents who may be infected or colonized .Contact Precautions .prevent transmission .which are spread by direct or indirect contact with the resident .or resident's environment .Healthcare personnel .wear a gown and gloves for all interactions . Donning personal protective equipment (PPE) upon room entry . Review of the facility's policy titled, Infection Prevention and Control Program, reviewed 2/2/2025, revealed . facility has established and maintains .infection prevention .to provide .safe .sanitary .to .prevent . development and transmission .diseases and infection .caregivers .provide care .to residents . Review of the medical record revealed Resident #55 was admitted to the facility on [DATE] with diagnoses including Dementia, Hypertension, and Diabetes. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #55 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed Resident #55 required setup or clean-up assistance with eating and was independent with personal hygiene. Review of the comprehensive care plan for Resident #55 dated 4/26/2025, revealed .ADLs [Activities of Daily Living] Functional .has an ADL self-care performance deficit r/t [related to] dementia .osteoarthritis .personal hygiene .requires .assist . During an observation on 6/29/2025 at 12:13 PM, the Assistant Director of Nursing (ADON) delivered the lunch meal tray to Resident #55. The ADON set up the meal tray for Resident #55. The ADON exited the room and failed to perform hand hygiene. Review of the medical record revealed Resident #11 was admitted to the facility on [DATE] with diagnoses including Postpolio Syndrome, Diabetes, and Hypertension. (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 #11 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Further record review revealed Resident #11 was independent with eating and personal hygiene. Review of the comprehensive care plan for Resident #11 dated 4/26/2025, revealed .ADLs Functional . resident has .ADL self-care performance deficit r/t .polio syndrome .eating .set up assist .personal hygiene . set up assist . During an observation on 6/29/2025 at 12:16 PM, the ADON delivered the lunch meal tray to Resident #11. The ADON set up the meal tray for Resident #11. The ADON exited the room and failed to perform hand hygiene. Review of the medical record revealed Resident #38 was admitted to the facility on [DATE] with diagnoses including Insomnia, Hypertension, and Cirrhosis. Review of the comprehensive care plan for Resident #38 dated 6/6/2025, revealed .ADLs Functional . resident has an ADL self-care performance r/t limited mobility .weakness .Eating .requires set-up assistance . Personal hygiene .independent . Review of the quarterly MDS assessment dated [DATE], revealed Resident #38 scored an 11 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Further record review revealed Resident #38 required setup or clean-up assistance with eating and was independent with personal hygiene. During an observation on 6/29/2025 at 12:21 PM, the ADON delivered the lunch meal tray to Resident #38. The ADON set up the tray for Resident #38 and exited the room and failed to perform hand hygiene. During an interview on 6/29/2025 at 12:24 PM, the ADON stated staff were to perform hand hygiene after serving each resident's tray. The ADON confirmed she had not performed hand hygiene after serving Resident #55, #11, and #38's lunch meal trays. Review of the medical record revealed Resident #69 was admitted to the facility on [DATE] with diagnoses including Chronic Pain, Hypertension, and Diabetes. Review of the quarterly MDS assessment dated [DATE], revealed Resident #69 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Further record review revealed Resident #69 required setup or clean-up assistance with eating and dependent with personal hygiene . Review of the comprehensive care plan for Resident #69 revised 6/28/2025, revealed .ADLs Functional . resident has an ADL self-care performance deficit r/t osteoarthritis .eating .requires setup assistance . personal hygiene .requires partial/moderate assistance .contact isolation . During an observation on 6/29/2025 at 12:19 PM, the ADON delivered the lunch meal tray to Resident #69 without donning appropriate PPE. The resident was in contact isolation. (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 6/29/2025 at 12:24 PM, the ADON stated .Yes he [Resident #69] is on contact isolation . The ADON confirmed that she had not donned the appropriate PPE before delivering the lunch tray to Resident #69. Review of the medical record revealed Resident #50 was admitted to the facility on [DATE] with diagnoses including Cerebral Infarction, Dysphagia, and Muscle Weakness Review of the comprehensive care plan for Resident #50 revised 6/13/2025, revealed .self-care performance deficit .EATING: set up assist .PERSONAL HYGIENE .requires total assistance . Review of an annual MDS assessment dated [DATE], revealed Resident #50 scored a 7 on the BIMS assessment which indicated the resident had severe cognitive impairment. Further review revealed the resident was dependent upon staff assistance with personal hygiene. During an observation on 6/29/2025 at 12:33 PM, in Resident #50's room, revealed Licensed Practical Nurse (LPN) B delivered Resident #50's meal tray and placed the meal tray in front of the resident. Further observation revealed LPN B set up the resident's meal tray and failed to offer Resident #50 hand hygiene assistance prior to the resident eating the lunch meal. During an interview on 6/29/2025 at 12:36 PM, LPN B confirmed she failed to offer hand hygiene assistance to Resident #50 prior to serving the lunch meal. During an interview on 6/30/2025 at 1:23 PM, the Infection Preventionist (IP) confirmed staff should perform hand hygiene prior to and after delivering residents' meal trays. The IP also confirmed appropriate PPE should be donned before entering the room of a resident on contact isolation, and hand hygiene should be offered to all residents prior to meals. During an interview on 7/1/2025 at 12:00 PM, the Director of Nursing (DON) confirmed all staff should perform hand hygiene after serving each resident's meal tray, appropriate PPE should be donned before entering the room of any resident that is on contact isolation, and all residents are offered hand hygiene assistance prior to meals.