

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/17/2025
NAME OF PROVIDER OR SUPPLIER Creekview Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 Broadway NE Knoxville, TN 37917	

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 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, and interview, the facility failed to ensure 1 resident (Resident #19) was treated with dignity during feeding assistance of 7 residents observed for dining. The findings include: Review of the facility's policy titled, Resident Rights, undated, revealed .You have the right to be treated with dignity and respect in a manner that promotes or enhances your quality of life .Resident #19 was admitted to the facility on [DATE] with diagnoses including Parkinsonism, Spastic Quadriplegic Cerebral Palsy, and Dementia. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #19 scored a 12 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. Further review revealed Resident #19 was dependent on staff for eating. Review of the comprehensive care plan for Resident #19 revised 6/30/2025, revealed .ADL [Activities of Daily Living] Self Care Performance Deficit r/t [related to] cerebral palsy, parkinson's disease .Eating .Requires total assistance to eat .During an observation on 9/28/2025 at 12:47 PM, Certified Nursing Assistant (CNA) B was standing over Resident #19 assisting the resident with the lunch meal. During an interview on 9/28/2025 at 12:56 PM, the Director of Nursing (DON) confirmed CNA B failed to promote dignity for Resident #19 when the CNA stood over the resident while assisting the resident with the lunch meal.</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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, review of medical record, and interview, the facility failed to resubmit a Pre-admission Screening and Resident Review (PASRR) after the resident was admitted to the facility with a mental health diagnosis for 1 resident (Resident #11) of 8 residents reviewed for PASRR. The findings include: Review of the facility's policy titled, PASRR Policy and Procedure Program, undated, revealed .To ensure compliance with federal and state regulations regarding the .PASRR process for individuals seeking admission .particularly those with serious mental illness (SMI), Intellectual disability (ID), or related conditions (RC) .policy applies to all admissions to the SNF [Skilled Nursing Facility] .Resident Review .conducted when there is a .change in the resident's condition .may trigger a new PASRR evaluation.Review of a PASRR Level I Screen for Resident #11 dated 3/3/2020 (submitted prior to admission to the facility), revealed the resident had .Anxiety Disorder .Psychotropic Medications .Buspar 10 MG [milligram] daily for Anxiety Disorder . Further review revealed Resident #11's PASRR did not include diagnoses of PTSD (Post-Traumatic Stress Disorder) and Schizoaffective Disorder.Review of the medical record revealed Resident #11 was admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction, Schizoaffective Disorder, Anxiety Disorder, and PTSD.Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #11 scored a 5 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Further review revealed Resident #11 had active diagnoses of Anxiety Disorder, Schizophrenia, and PTSD.Review of the comprehensive care plan for Resident #11 revised 9/26/2025, revealed .Antidepressant medication use r/t [related to] Depression, Schizoaffective disorder .Antipsychotic medication use r/t Schizophrenia .At risk for Re-Traumatization r/t Post-Traumatic Stress Disorder (PTSD) r/t gang violence .Potential for mood problem r/t dx [diagnosis] depression, anxiety, schizoaffective disorder .During an interview on 9/30/2025 at 9:46 AM, the Admissions/Licensed Practical Nurse (LPN) Nurse Case Manager confirmed Resident #19's PASSR had not been resubmitted to include PTSD and Schizoaffective Disorder until 9/29/2025. During a record review and interview on 9/30/2025 at 9:51 AM, the Director of Nursing (DON) confirmed a new PASRR had not been submitted to include diagnoses of PTSD and Schizoaffective Disorder after the resident was admitted to the facility on [DATE].</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, record review, observations and interviews, the facility failed to develop a comprehensive person-centered care plan for 1 resident (Resident #82) of 19 residents reviewed for care plans. The findings include: Review of the facility policy titled, Comprehensive Person-Centered Care Planning, dated 12/2023, revealed .facility.shall develop a comprehensive person-centered care plan for each resident that includes.information necessary to properly care for each resident. Review of the medical record revealed Resident #82 was admitted to the facility on [DATE] with diagnoses including Pressure Ulcer of Sacral Region Stage 4, Chronic Hepatitis C, and Herpes Viral Infection of Urogenital System. Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #82 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed the resident had a pressure ulcer and viral hepatitis. Review of the Physician Orders dated 9/26/2025 for Resident #82 revealed the resident had Transmission-Based Precautions for Wound Organism. Further review revealed an order dated 9/27/2025 to paint lesions to inner vulva (external female genitalia) with betadine daily. Review of the comprehensive care plan for Resident #82 dated 7/15/2025, revealed the resident had pressure ulcers with enhanced barrier precautions. Further review revealed the resident did not have a care plan for transmission-based precautions. During an observation on 9/28/2025 at 10:45 AM, revealed transmission-based precautions were in place with a sign and appropriate personal protective equipment (PPE) located on Resident #82's door. During an interview on 9/30/2025 at 11:05 AM, the Infection Preventionist (IP) confirmed Resident #82 was on transmission-based precautions due to the resident's wounds had copious (large) amounts of drainage and a diagnosis of Viral Hepatitis C. During an interview on 9/30/2025 at 4:54 PM, the Director of Nursing (DON) confirmed Resident #82's care plan had not been developed to include transmission-based precautions.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, review of manufacturer guidelines, medical record review, observations, and interviews the facility failed to ensure insulin medication was labeled appropriately to include an open date for 2 residents (Resident #46 and Resident #23) and failed to ensure eye medication was labeled appropriately to include an open date for 1 resident (Resident #67) of 3 residents reviewed for medication administration on 1 medication cart of 2 medication carts observed. The findings include: Review of the facility's policy titled, Medication Labeling and Storage, dated 2001, revealed. The nursing staff is responsible for maintaining medication storage .in a .safe .manner .Medications are stored .and are labeled accordingly .Review of the manufacturer guidelines, undated, revealed .HOW SUPPLIED/STORAGE AND HANDLING .Storage Conditions for TRESIBA FlexTouch [Degludec] [medication used to treat diabetes] .In-use (opened) .Room Temperature .56 days .Storage conditions for .NovoLog [Insulin Aspart] [medication used to treat diabetes] .In-use (opened) .28 days .Review of the manufacturer guidelines, undated, revealed .Storage and Handling .Xalatan [Latanoprost] [medication used to lower elevated eye pressure] .Once a bottle is opened for use, it may be stored at room temperature .for 6 weeks .Review of the medical record revealed Resident #46 was admitted to the facility on [DATE] with diagnoses including Type 2 Diabetes, Chronic Pain Syndrome, and Hypertension. Review of a Physician's Order for Resident #46 dated 7/4/2025, revealed .Tresiba FlexTouch .100 UNIT/ML [milliliter] .(Insulin Degludec) .Inject 15 unit .at bedtime .Review of the medical record revealed Resident #23 was admitted to the facility on [DATE] with diagnoses including Type 2 Diabetes, Chronic Obstructive Pulmonary Disease, and Hypertension. Review of a Physician's Order for Resident #23 dated 9/15/2025, revealed .Insulin Aspart .Pen-Injector 100 UNIT/ML .Inject .sliding scale [a method for administering insulin that relies on pre-meal blood sugar measurements] before meals and at bedtime .Review of the medical record revealed Resident #67 was admitted to the facility on [DATE] with diagnoses including Unspecified Glaucoma, Major Depressive Disorder, and Hypertension. Review of a Physician's Order for Resident #67 dated 9/3/2025, revealed .Latanoprost Ophthalmic Solution .Instill 1 drop in both eyes at bedtime .During an observation of medication cart 3 on 9/29/2025 at 8:29 AM, revealed an opened Degludec Insulin 100 UNIT/ML Flexpen at room temperature for Resident #46. The insulin was undated and had a label which read to discard after 56 days. Further observation revealed an opened Novolog Insulin 100 UNIT/ML Flexpen at room temperature for Resident #23. The insulin was undated and had a label which read to discard after 28 days. Continued observation revealed an opened 2.5 ml bottle of Latanoprost Ophthalmic solution for Resident #67. The bottle was undated and had a label which read to discard after 42 days. During an interview on 9/29/2025 at 8:58 AM, Licensed Practical Nurse A confirmed medications were not stored properly for Residents #46, #23, and #67. During an interview on 9/30/2025 at 4:41 PM, the Director of Nursing confirmed medications were not stored properly for Residents #46, #23, and #67.</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 facility policy review, observations, and interviews, the facility failed to ensure two dietary aides had a protective facial hair covering while working in the kitchen, failed to ensure food items were properly labeled (name, date opened, or expiration date), failed to ensure frozen food items were stored at a temperature for frozen food items to remain frozen solid which had the potential to affect 71 of 72 residents, and failed to ensure an expired nutritional supplement was discarded and unavailable for resident use on 1 of 2 medication carts observed. The findings include: Review of the facility's policy titled, Sanitary Standards-Dietary Personnel, revised 7/2016, revealed .It is the policy of this facility .dietary personnel will be required to follow additional sanitary standards .Hair restraints .beard restraint .must be worn at all times while in the kitchen .Review of the facility's policy titled, Food Storage, revised 8/2019, revealed .It is the policy of this facility .Foods shall be labeled, dated .Dates used may be a date prepared/opened and/or used by date .Review of the facility's policy titled, Food Safety, revised 5/2020, revealed .All local, state and federal standards and regulations are followed in order to assure a safe and sanitary food service department .Food .stored is protected from .growth of any pathogenic organisms .Foods are frozen and stored at a temperature that keeps them frozen solid .Foods with expiration dates are used prior to the use by date on the package .During an observation and interview on 9/28/2025 at 10:00 AM, with the Certified Dietary Manager (CDM) revealed visible facial hair for Dietary Aide (DA) E and DA F and did not have a facial hair covering in place. The CDM stated it was her expectation for all dietary staff with visible facial hair to have a facial hair covering in place while in the kitchen. The CDM confirmed DA E and DA F had visible facial hair and were not wearing a facial hair covering while in the kitchen. During an observation and interview in the dry food storage area on 9/28/2025 at 10:04 AM with the CDM, revealed a 6 quart clear plastic container which contained a 1/3 of dry cereal, was not labeled with the name of the item, and did not have an open date, discard date, or expiration date. The CDM confirmed the 6 quart clear plastic container which contained 1/3 dry cereal was not labeled with the name of the food item and did not include an open date, discard date, or expiration date. During an observation and interview in the walk-in refrigerator on 9/28/2025 at 10:08 AM with the CDM, revealed 14 packages of meat stored in the walk cooler with no label to identify the meat and no expiration date. The CDM confirmed the 14 packages of meat were not labeled to identify the meat and did not have an expiration date. During an observation and interview on 9/28/2025 at 12:56 PM with the CDM, revealed the thermometer in the walk-in freezer read 30 degrees. Further observation revealed the following freezer food items including 27 salisbury steaks, 40 porkchops, a 3 pound bag of sweet potato puffs, 94 cinnamon rolls, 5 boneless pork chops, (2) 10 pound cases of fully cooked rib- shaped pork patties, 8 bone in pork chops, 10 pound case of uncooked chicken tender fritters, (2) cases of (48) 4 ounce vanilla ice cream cups, 5 pound case of chicken breast tenders, 10 pound case of (80 count) pork franks, (2) 5 pound bags of smile fry potatoes, and 32 hamburger patties were not frozen solid. The CDM confirmed the thermometer reading in the walk-in freezer was 30 degrees and confirmed the food items were not frozen solid, were available for resident use, and should have been discarded. During an interview on 9/28/2025 at 2:55 PM, the Infection Preventionist (IP) stated no residents in the facility had shown any signs of foodborne illness. During an interview and observation of medication cart 3 on 9/29/2025 at 9:00 AM, revealed a 32-ounce carton of nutritional supplement 1/2 full with an expiration date of 7/4/2025. Licensed Practical Nurse (LPN) A confirmed the nutritional supplement was expired and available for resident use.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, medical record review, observations and interviews the facility failed to ensure staff followed infection control guidelines during wound care for 1 resident (Resident #44) of 3 residents reviewed for wounds. The findings include:Review of the undated facility policy titled, Wound Care, revealed .Put on exam glove. remove dressing .Pull glove over dressing and discard.sanitize hands.put on gloves .Review of the medical record revealed Resident #44 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Dementia, and Hypertension. Review of the Physician's Orders for Resident #44 dated 4/26/2025, revealed .cleanse sacrum with normal saline, pat dry, apply calcium alginate and collagen particles to wound bed and cover with foam dressing three times per week and as needed.Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #44 scored 00 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment.Review of the comprehensive care plan dated 9/4/2025, revealed .hospice services .potential for further pressure ulcer development.stage 4 pressure ulcer . During an observation on 9/30/2025 at 8:55 AM, in Resident #44's room, the Wound Care Nurse donned gloves and gown, removed a soiled dressing, did not change gloves or sanitize the hands, and cleansed the resident's wounds. During an interview on 9/30/2025 at 9:10 AM, the Wound Care Nurse confirmed he failed to remove gloves or sanitize the hands after he removed a soiled dressing and proceeded to cleanse Resident #44's wound. During an interview on 9/30/2025 at 4:48 PM, the Director of Nursing (DON) confirmed Wound Care Nurse failed to follow infection control practices when he provided wound care to Resident #44.</p>		