

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445314	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER Life Care Center of Morristown		STREET ADDRESS, CITY, STATE, ZIP CODE 501 West Economy Road Morristown, TN 37814	

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 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>(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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Centers for Medicare and Medicaid (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual, facility policy review, medical record review, and interview, the facility failed to accurately complete a Minimum Data Set (MDS) assessment for 2 Residents (Resident #36 and #7) of 19 residents reviewed. The findings include: Review of the RAI Version 3.0 Manual dated 10/2024, revealed instructions, .Weight Loss . Code 2, yes, not on physician-prescribed weight-loss regimen: if the resident has experienced a weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight loss was not planned and prescribed by a physician .Weight Gain .Code 2, yes, not on physician-prescribed weight-gain regimen: if the resident has experienced a weight gain of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight gain was not planned and prescribed by a physician . Further review revealed Section N instructions .Review the resident's medical record for documentation that any of these medications were received by the resident .during the 7-day look-back period .Code all high-risk drug class medications according to their pharmacological classification, not how they are being used .Antidepressant .Anticoagulant .Antibiotic .Anticonvulsant . Review of the facility's policy titled, Certification of Accuracy of the MDS, revised 4/22/2025, revealed .each person completing a portion of the MDS is required to sign attestation certifying they have used the Centers for Medicare and Medicaid Long-Term Care Facility Resident Assessment Instrument User's Manual to complete the MDS .Definition-Accuracy of Assessment-means that the appropriate health professionals correctly document the resident's medical, functional, and psychosocial problems .using the appropriate Resident Assessment Instrument (RAI) . Review of the medical record revealed Resident #7 was admitted to the facility on [DATE] with diagnoses including Pulmonary Disease, Schizophrenia, Dementia, and Contractures. Review of a quarterly MDS assessment dated [DATE], revealed Resident #7 scored a 3 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Further review revealed Weight Loss of 5% or more in the last month or loss of 10% or more in last 6 months was coded .yes, not on prescribed weight-loss regimen . and gain of 5% or more in the last month or gain of 10% or more in last 6 months was coded .yes, not on physician-prescribed weight-gain regimen . Review of the medical record revealed Resident #7 had not experienced a weight loss or gain of 5% in 1 month or 10% in the past 6 months. Resident #7's weights were as follows:1/1/2025 154.2 pounds (lbs.) 6/4/2025 155.1 lbs. 7/2/2025 154.2 lbs. (0.58% weight loss) During an interview on 8/27/2025 at 12:25 PM, the Registered Nurse (RN) MDS Coordinator and the Licensed Practical Nurse (LPN) MDS Coordinator confirmed Resident #7 had not had a weight loss or gain and confirmed the quarterly MDS assessment for Resident #7 dated 7/3/2025 was inaccurately coded. Review of the medical record revealed Resident #36 was admitted to the facility on [DATE] with diagnoses including Anxiety, Depression, Diabetes, Foot and Leg Ulcer. Review of the medical record for Resident #36 revealed a current physician's order dated 3/17/2025 for sertraline (antidepressant medication) and a physician's order dated 3/18/2025 for pregabalin (an anticonvulsant medication). Further review revealed no orders for antibiotics (medications used to treat infection) or anticoagulants (blood thinning medications) during the 7 day look back period of the quarterly MDS dated [DATE]. Review of the Medication Administration Records (MAR's) dated 4/2025 and 5/2025, revealed Resident #36 received sertraline and pregabalin and did not receive an antibiotic or anticoagulant medication during the 7 day look back period for the 5/6/2025 MDS assessment. Review of a quarterly MDS assessment dated [DATE], revealed Resident #36 was not coded on the MDS as having received antidepressant (sertraline) or anticonvulsant (pregabalin) medications. Further review revealed Resident #36 was coded on the MDS as having received antibiotic and anticoagulant medication. Review of the medical record for Resident #36 revealed a current physician's order dated 3/17/2025 for sertraline (antidepressant medication) and a physician's order dated 6/4/2025 for pregabalin (an anticonvulsant medication). Further review revealed no orders for antibiotics (medications used to treat infection) or anticoagulants (blood thinning medications) during the 7 day look back period of the quarterly MDS dated [DATE]. Review of the MAR's dated 7/2025 and 8/2025, revealed Resident #36 received sertraline and pregabalin and did not receive an antibiotic or anticoagulant medication during the 7 day look back period during the 8/1/2025 MDS assessment. Review of a quarterly MDS assessment dated [DATE], revealed Resident #36 was not coded on the MDS as having received antidepressant (sertraline) or anticonvulsant (pregabalin) medications. Further review revealed Resident #36 was coded on the MDS as</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 facility, review of the medical record, observation, and interviews, the facility failed to ensure hand hygiene was performed during medication administration for 1 resident (Resident #19) of 3 residents observed for medication administration. The findings include: Review of the facility's policy titled, Hand Hygiene, dated 7/7/2025, revealed .Associates perform hand hygiene .Before and after contact with the resident .After contact with objects and surfaces in the resident's environment . Review of the medical record revealed Resident #69 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Type 2 Diabetes Mellitus, and Hypertension. Resident #69 was not on transmission bases precautions. Review of the medical record revealed Resident #19 was admitted to the facility on [DATE] with diagnoses including Dementia, Depression, and Anxiety. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #19 scored 15 on the Brief Interview for Mental Status which indicated the resident was cognitively intact. During an observation of medication administration with Licensed Practical Nurse LPN) A on 8/26/2025 at 8:21 AM, revealed LPN A exited Resident #69's room after administering medication without performing hand hygiene. LPN A unplugged the computer from the wall and rolled the medication cart down the hall. Continued observation revealed LPN A prepared Resident #19's medications, entered Resident #19's room, and administered the resident's medications without performing hand hygiene. During an interview on 8/26/2025 at 8:29 AM, LPN A confirmed he had not performed hand hygiene prior to preparing and administering Resident #19's medications. During an interview on 8/27/2025 at 8:30 AM, the Director of Nursing confirmed staff were expected to perform hand hygiene between residents during medication administration.</p>		