Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 09/27/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Bruceton-Hollow Rock	105 Rowland Bruceton, TN 38317

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 0761

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

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.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 48285

Based on policy review, medical record review, observation, and interview the facility failed to ensure that medications were properly and securely stored when medications were left in a resident's room for 1 of 71 (Resident #60) sampled residents.

The findings include:

1. Review of the facility policy titled, Storage and Expiration Dating of Medications, Biologicals dated 8/7/2023, revealed .Facility should ensure that medications and biologicals are stored in an orderly manner in cabinets, drawers, carts, refrigerators/freezers of sufficient size .Store all drugs and biologicals in locked compartments .permanently affixed compartments, permitting only authorized personnel to have access . Facility should ensure that all medications and biologicals, including treatment items are securely stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors .Facility should not administer/provide bedside medications or biologicals without a Physician/Prescriber order and approval by the Interdisciplinary Care Team and Facility administration .

Review of the facility policy titled, Self Administration of Medications dated 11/28/2016, revealed .Facility . should assess and determine, with respect to each resident whether Self-Administration of medications is safe and clinically appropriate, based on the resident's functionality and health condition .Facility should ensure that orders for self-administration list specific medication(s) the resident may Self-Administer .Facility should document the Self-Administration of medications in the resident's care plan .Facility should document the self-storage of medications in the resident's care plan .

2. Review of the medical record revealed Resident #60 was admitted to the facility on [DATE], with diagnoses including Osteoarthritis, Diabetes, Fibromyalgia, and Fusion of the Spine.

Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #60 was cognitively intact.

Review of the Medication Self-Administration review dated 5/14/2024, revealed Resident #60 was not assessed for self-administering the medication Hylands Restful legs [used to calm restless legs].

(continued on next page)

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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NAME OF PROVIDER OR SUPPLIER Life Care Center of Bruceton-Hollow Rock		STREET ADDRESS, CITY, STATE, ZIP CODE 105 Rowland Bruceton, TN 38317	

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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Care Plan dated 6/14/2024, revealed Resident #60 was not care planned for medication self administration. Review of the Physician Orders dated July 2024, revealed .Hylands Restful legs Give 3 tablets every 4 hours as needed for restless legs . Random observation in the Resident's room on 7/22/2024 at 9:15 AM, revealed 3 white tablets in a medication cup on the Resident's nightstand. During an interview on 7/22/2024 at 9:18 AM, Licensed Practical Nurse (LPN) B confirmed that the medication should have been administered to Resident #60 the previous night (7/21/2024) and medications should not be left at the bedside. During an interview on 7/23/2024 at 3:42 PM, the Interim Director of Nursing confirmed that medications should not be left at a Resident's bedside.

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 48285 Based on policy review, observation, and interview, the facility failed to ensure 1 of 4 (Licensed Practical Nurse [LPN] A) nurses followed proper infection control measures to prevent the potential spread of infection and cross contamination while performing blood glucose monitoring during Medication Administration. The findings include: 1. Review of the facility's policy titled Cleaning and Disinfection of the Glucometer dated 9/20/2023, revealed . To prevent the spread of infection, specifically blood borne pathogens through the use of point of care blood glucose monitoring, by cleaning and disinfecting glucometers after each resident use . 2. Observation in Resident #6's room on 7/23/2024 at 7:37 AM, revealed Licensed Practical Nurse (LPN) A gathered supplies, removed the glucometer from the medication cart drawer, and placed it on top of the medication cart. LPN A preceded to perform a blood glucose check on Resident #6 and returned the glucometer to the medication drawer. LPN A failed to clean the glucometer in accordance with the facility policy. During an interview on 7/23/2024 at 11:59 AM, LPN A confirmed that she should have cleaned the glucometer before and after use. During an interview on 7/23/2024 at 3:42 PM, the Interim Director of Nursing confirmed that the glucometer should be cleaned before and after each resident use.