STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445344	A. Building B. Wing	12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holston Health & Rehabilitation Center	3916 Boyds Bridge Pike Knoxville, TN 37914

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50480 Based on facility policy review, medical record review, observations, and interviews the facility failed to implement a comprehensive care plan for fall interventions for 1 resident (Resident #60) of 5 residents reviewed for falls and failed to develop a comprehensive care plan for anticoagulant medication for 1 resident (Resident #23) of 18 residents reviewed for care plans. The findings include: Review of the facility's policy titled, Section VII: Patient Care Plans, dated 11/2023, revealed .The center will ensure an interdisciplinary and comprehensive approach to the development of the patient's care plan of care .goals for care .Problems are patient care conditions .Approaches serve as instructions for patient care . Approaches [interventions] Care Plan Approaches are specific individualized steps partners and Patients will take together to assist the patient .Approaches serve as instructions for patient care and provide for continuity of care by all partners . Review of the medical record revealed Resident #60 was admitted to the facility on [DATE], with diagnoses including History of Falls, Orthostatic Hypotension, Anemia, and Anxiety. Review of the comprehensive care plan for Resident #60 dated 1/22/2024, revealed the resident was care planned for falls with interventions to include a tab alarm [an alarm attached to resident's clothing that monitors patient movement and alerts facility staff when patients leave their beds] effective 5/9/2024, a low bed [a specialty bed which lowers to the floor] effective 6/8/2024, and 2 fall mats effective 10/19/2024. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #60 scored a 7 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. Further review of the quarterly MDS assessment revealed Resident #60 had multiple falls. During an observation on 12/9/2024 at 10:17 AM, Resident #60 was observed lying in a regular bed which was not in the lowest position. Further observation revealed the resident had 1 fall mat which was placed on the resident's right side and a tab alarm was in place and was not attached to the resident's clothing. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview and observation on 12/10/2024 at 1:20 PM, Certified Nursing Assistant (CNA) F stated Resident #60 was at risk for falls. The CNA stated Resident #60's bed was not a low bed and the regular bed was not in the lowest position. CNA F stated Resident #60 had 1 fall mat in place, was not sure if the resident required 2 fall mats or required a low bed. During an interview on 12/10/2024 at 1:50 PM, Licensed Practical Nurse (LPN) G stated Resident #60 was a a high risk for falls. LPN G stated the resident did not require a low bed and only required 1 fall mat. LPN G stated tab alarms were used for residents with falls, and the alarms were to be clipped to the resident's clothing. During an observation on 12/11/2024 at 9:50 AM, Resident #60 was observed lying in a regular bed which was not in the lowest position. Further observation revealed the resident had 1 fall mat which was placed on the resident's right side, a tab alarm was in place and was not attached to the resident's clothing. During an observation and interview in Resident #60's room on 12/11/2024 at 10:00 AM, CNA H stated Resident #60's bed was not a low bed, and stated the regular bed was not in the lowest position. CNA H stated she was not aware if Resident #60 required more than 1 fall mat. During an observation, record review, and interview in Resident #60's room on 12/11/2024 at 10:05 AM, with the Assistant Director of Nursing (ADON) revealed Resident #60 lying in bed with 1 fall mat placed on Resident #60's right side of bed, the tab alarm was in place; not attached to the resident's clothing, and the regular bed was not in the lowest position. The ADON reviewed Resident #60's comprehensive care plan, confirmed the resident was a falls risk and the resident had the following interventions care planned, a tab alarm, 2 fall mats, and a low bed. The ADON confirmed Resident #60's tab alarm was not attached to the resident's clothing, and the resident had 1 fall mat in use and not the 2 as developed on the care plan. The ADON confirmed the resident was lying in a regular bed and the bed was not in the lowest position. 49568 Review of the medical record revealed Resident #23 was admitted to the facility on [DATE], with diagnoses including Congestive Heart Failure, Anxiety, and Dementia. Review of a comprehensive care plan for Resident #23 initiated 11/26/2024, revealed the resident did not have a care plan for anticoagulant medication (blood thinning medication). Review of the Physician's Order for Resident #23 dated 11/26/2024, revealed .warfarin [a blood thinning medication] 2 mg [milligram] tablet at bedtime on Thursday .warfarin 4mg tablet at bedtime on Sunday, Monday, Tuesday, Wednesday, Friday, and Saturday . Review of an admission MDS assessment dated [DATE], revealed Resident #23 scored a 7 on the BIMS assessment which indicated the resident had severe cognitive impairment. Further record review revealed the resident received an anticoagulant medication. During an interview on 12/11/2024 at 12:30 PM, MDS Coordinator B confirmed Resident #23's care plan had not been developed to include anticoagulant medication.