

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2025
NAME OF PROVIDER OR SUPPLIER Island Home Park Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1758 Hillwood Drive Knoxville, TN 37920	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50480</p> <p>Based on Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual Version 1.19.1 review, medical record reviews, and interviews the facility failed to ensure MDS assessments were accurate for 3 residents (Resident #33, #40, and #55) of 18 residents reviewed for MDS assessments.</p> <p>The findings include:</p> <p>Review of the MDS 3.0 RAI Manual, 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 .Determination of Pressure Ulcer/Injury Risk .Pressure ulcers/injuries occur when tissue is compressed between a bony prominence and an external surface .Steps for Assessment .Review the medical record, including skin care flow sheets or other skin tracking forms, nurses' notes, and pressure ulcer/injury risk assessments .Examine the resident and determine whether any ulcers, injuries, scars .are present. Assess key areas for pressure ulcer/injury development .sacrum .coccyx .Check A [yes] if resident has .a scar over bony prominence .Special Treatments, Procedures, and Programs .Review the resident's medical record to determine whether or not the resident received or performed any of the treatments, procedures, or programs .Dialysis .Code .renal dialysis which occurs at the nursing home or at another facility .</p> <p>Review of the medical record revealed Resident #33 was admitted to the facility on [DATE] with diagnoses including Insomnia, Seizures, Delusional Disorders, and Anxiety.</p> <p>Review of the PASRR Level Two Outcome for Resident #33 dated 1/30/2020, revealed the PASRR screening determined the resident had a serious mental illness.</p> <p>Review of the annual MDS assessment dated [DATE], revealed Resident #33 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact and the resident was not identified to have a serious mental illness.</p> <p>During a record review and interview on 3/25/2025 at 3:45 PM, MDS Licensed Practical Nurse (LPN) B and MDS LPN C stated Resident #33 had a serious mental illness and confirmed the annual MDS assessment dated [DATE] was inaccurate.</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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the medical record revealed Resident #40 was admitted to the facility on [DATE] with diagnoses including End Stage Renal Disease, Peripheral Vascular Disease, High Potassium Blood Levels, and Hypertension.</p> <p>Review of the comprehensive care plan for Resident #40 revised 5/27/2024, revealed the resident received dialysis.</p> <p>Review of a quarterly MDS assessment for Resident #40 dated 3/1/2025, revealed the resident scored a 15 on the BIMS assessment which indicated the resident was cognitively intact and the resident did not receive dialysis.</p> <p>During an interview on 3/24/2025 at 2:00 PM, Resident #40 stated she received dialysis on Tuesdays, Thursdays, and Saturdays.</p> <p>During a telephone interview on 3/25/2025 at 3:10 PM, Dialysis Nurse D stated Resident #40 received dialysis treatments.</p> <p>During an interview on 3/25/2025 at 4:15 PM, the Director of Nursing (DON) stated Resident #40 received dialysis treatments and confirmed the quarterly MDS assessment dated [DATE] was inaccurate.</p> <p>Review of the medical record revealed Resident #55 was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease, Adult Failure to Thrive, and Difficulty Walking.</p> <p>Review of the skin assessment for Resident #55 dated 2/4/2025, revealed the resident had a wound over a sacral scar.</p> <p>Review of the quarterly MDS assessment for Resident #55 dated 2/5/2025, revealed the resident scored a 4 on the BIMS assessment which indicated the resident had severe cognitive impairment. Further review revealed the resident did not have a sacral scar or wound over a bony prominence.</p> <p>During an observation and interview on 3/24/2025 at 9:25 AM, with the wound care nurse revealed Resident #55 had a wound over a sacral scar. The wound care nurse confirmed the wound had slough (dead tissue) and depth.</p> <p>During an interview on 3/25/2025 at 3:45 PM, MDS LPN B and MDS LPN C stated Resident #55 had sacrum scarring with a wound which was over a bony prominence and confirmed the quarterly MDS assessment dated [DATE] was inaccurate.</p>		

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<p>F 0646</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the appropriate authorities when residents with MD or ID services has a significant change in condition.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50480</p> <p>Based on facility policy review, medical record reviews, and interviews the facility failed to refer 2 residents (Resident #15 and Resident #32) to the state designated Pre-Admission Screening and Resident Review (PASRR) agency after a new mental health diagnosis of 7 residents reviewed for PASRR.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Behavioral Health Services, undated, revealed .Behavioral health services are provided to residents as needed as part of the interdisciplinary, person-centered approach to care .Residents who do not display symptoms of, or have not been diagnosed with, mental, psychiatric, psychosocial adjustment, substance abuse, or post-traumatic disorder(s) will not develop behavioral disturbances .any assessment that reveals .mental health disorders (PASRR) will be addressed .</p> <p>Review of a PASRR Level One Screen Outcome for Resident #15 dated 2/5/2024, revealed the resident had 3 mental health conditions which included Schizoaffective Disorder, Depression, and Anxiety.</p> <p>Review of the medical record revealed Resident #15 was admitted to the facility on [DATE] with diagnoses including Dementia, Depression, Schizoaffective Disorder, Anxiety, and Insomnia.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment for Resident #15 dated 12/28/2024, revealed the resident scored a 13 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact.</p> <p>Review of the medical record revealed on 10/18/2024, Resident #15 was diagnosed with Adjustment Disorder, a new mental health condition. Further review of the medical record revealed the resident had not been referred to the state designated PASRR agency after a new mental health diagnosis was identified.</p> <p>Review of the medical record revealed Resident #32 was admitted to the facility on [DATE] with diagnoses including Sleep Terrors, Insomnia, Depression, Anxiety, and Hallucinations.</p> <p>Review of a PASRR Level One Screen Outcome for Resident #32 dated 12/7/2021, revealed the resident had 4 mental health conditions which included Major Depression, Anxiety Disorder, Depression, and Insomnia with Night Terrors.</p> <p>Review of the medical record revealed on 10/18/2024, Resident #32 was diagnosed with Psychotic Disorder, a new mental health condition. Further review of the medical record revealed the resident had not been referred to the state designated PASRR agency after a new mental health diagnosis was identified.</p> <p>Review of a quarterly MDS assessment for Resident #32 dated 1/17/2025, revealed the resident scored a 13 on the BIMS assessment which indicated the resident was cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0646</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review and interview on 3/25/2025 at 4:15 PM, the Director of Nursing (DON) confirmed Resident #15 and Resident #32 were diagnosed with a new mental health condition and the facility failed to refer Resident #15 and Resident #32 to the state designated PASRR agency after a new mental health diagnosis was identified.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50480</p> <p>Based on facility policy review, medical record review, and interviews the facility failed to revise the care plan timely for 1 resident (Resident #28) of 18 residents' care plan reviewed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Care Plans, Comprehensive Person-Centered, revised March 2022, revealed .The comprehensive, person-centered care plan .describes the services that are to be furnished . care plans are revised as information about the residents and the residents' condition change .the Interdisciplinary team reviews and updates the care plan .at least quarterly, in conjunction with the required quarterly MDS [minimum data set] assessment .</p> <p>Review of the medical record revealed Resident #28 was admitted to the facility on [DATE] with diagnoses including Type 2 Diabetes, Difficulty Swallowing, Communication Deficit, Difficulty Speaking, and Gastrostomy Status [a surgical entry into the stomach to deliver feeding].</p> <p>Review of the comprehensive care plan for Resident #28 dated 9/3/2022, revealed the resident received enteral feeding [by a tube inserted into the stomach].</p> <p>Review of a quarterly MDS assessment for Resident #28 dated 3/1/2025, revealed the resident scored a 00 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Further review of the quarterly MDS assessment revealed the resident did not receive nutrition by a tube.</p> <p>During an observation on 3/23/2025 at 3:20 PM, revealed Resident #28 was laying in bed and no enteral feeding was observed.</p> <p>During an interview on 3/24/2025 at 8:00 AM, Licensed Practical Nurse (LPN) A stated Resident #28 previously received enteral feedings, and stated the resident had not received enteral feedings .for a long time .</p> <p>During an observation on 3/24/2025 at 8:10 AM, revealed Resident #28 was seated in a wheelchair and no enteral feeding was observed.</p> <p>During an interview on 3/25/2025 at 2:00 PM, LPN Supervisor stated the resident previously received supplemental enteral tube feedings and stated the enteral tube feedings were discontinued related to the resident's appetite increase. The LPN supervisor stated the enteral tube feedings were discontinued .a while back .</p> <p>During an interview on 3/25/2025 at 3:45 PM, MDS LPN B stated Resident #28 did not currently receive enteral feedings and confirmed the comprehensive care plan had not been revised when the enteral feedings were discontinued.</p>		