STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445476	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Island Home Park Health and Rehab	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observations, and interviews, the facility failed to protect the resident's right to dignity when an indwelling catheter drainage bag was left uncovered and visible to the public for 1 resident (Resident #25) of 3 residents observed for dignity. The findings include: Review of the facility's policy Resident Rights, revised 2/2021, revealed .be treated with dignity . Review of the medical record revealed Resident #25 was admitted to the facility on [DATE] with diagnoses including Obstructive/Reflux Uropathy (Urine Blockage) and Personal History of Malignant Neoplasm of Prostate (Cancer). Review of the Physician's Orders for Resident #25 dated 2/6/2026, revealed the following order .Ensure foley catheter (Urine drainage system) .drainage bag has privacy cover .every shift . Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #25 scored a 9 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. Further review revealed the resident had an indwelling catheter. During an observation on 5/17/2026 at 11:23 AM, revealed Resident #25's foley catheter drainage bag was observed with no privacy cover in place and visible to anyone entering the room. During an observation on 5/18/2026 at 9:35 AM, Resident #25's foley catheter drainage bag was observed with no privacy cover in place and visible to anyone entering the room. During an observation on 5/19/2026 at 8:27 AM, Resident #25's foley catheter drainage bag was observed with no privacy cover in place and visible to anyone entering the room. During an observation and interview on 5/19/2026 at 8:38 AM, Licensed Practical Nurse (LPN) A stated Resident #25 had an order to ensure foley catheter drainage bag had privacy cover and confirmed Resident #25, did not have one (catheter drainage bag privacy cover) in place. During an interview on 5/19/2026 at 9:27 AM, the Director of Nursing (DON) confirmed that it was her expectation that all foley catheter drainage bags would have privacy covers in place to maintain resident dignity.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445476	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Island Home Park Health and Rehab	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)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Long-Term Care Facility Resident Assessment Instrument (RAI) review, medical record review, and interview, the facility failed to ensure a Pre-admission Screening and Resident Review (PASRR) screen was accurate after mental health diagnoses was identified for 2 of 7 residents (Resident #13 and #57) reviewed for PASRR.The findings include:Review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual Version 1.19.1 dated 10/1/2025, revealed .facilities are responsible for accurately reflecting active diagnoses within the assessment process and ensuring coordination with PASRR requirements when residents have serious mental illness, intellectual disability, or related conditions .Review of the Level 1 PASRR for Resident #13 dated 8/29/2025, revealed .no mental health diagnosis is known or suspected .Review of the medical record revealed Resident #13 was admitted to the facility on [DATE] with diagnosis of Alzheimer's Disease and acquired a new diagnosis of Anxiety Disorder on 9/12/2025.Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #13 scored a 00 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Further review revealed the resident had an Anxiety Disorder.Review of the Level 1 PASRR for Resident #57 dated 11/7/2025, revealed .no mental health diagnosis is known or suspected .Review of the medical record revealed Resident #57 was admitted to the facility on [DATE] with diagnoses including Dementia with Psychotic Disturbance 11/12/2025, Insomnia 11/12/2025, and Adjustment Disorder with Anxiety 11/18/2025.Review of the quarterly MDS assessment dated [DATE], revealed Resident #57 scored a 6 on the BIMS assessment which indicated the resident had severe cognitive impairment and had active diagnoses of Dementia with Psychotic Disturbance, Insomnia, and Adjustment Disorder with Anxiety.During an interview on 5/19/2026 at 1:49 PM, the Director of Nursing confirmed Resident #13 and Resident #57's current PASRRs were not accurate and did not reflect the residents' current mental health diagnoses.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445476	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Island Home Park Health and Rehab	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility staff failed to perform appropriate hand hygiene when serving residents' meal service for 3 residents (Residents #11, #23, and #101) on 1 of 4 units observed for meal tray distribution.The findings include:Review of the facility's policy titled, Handwashing/Hand Hygiene, revealed All personnel shall follow the handwashing/hand hygiene procedures .Hand hygiene products shall be readily accessible .before and after eating .Review of the medical record revealed Resident #11 was admitted to the facility on [DATE] with diagnoses including Muscle Weakness, Dysphagia, and Anxiety.Review of an annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #11 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed the resident required set up or clean-up assistance with ADL's (Activities of Daily Living).Review of a comprehensive care plan dated 4/27/2026, revealed Resident #11 had .ADL self-care deficit r/t [related to] generalized ageing .Eating .assist with meal setup .During an observation on 5/17/2026 at 11:37 AM, Certified Nurse Assistant (CNA) B delivered the meal service to Resident #11. CNA B set up meal for Resident #11 and failed to offer hand hygiene to the resident.Review of the medical record revealed Resident #23 was admitted to the facility on [DATE] with diagnoses including Malnutrition, Muscle Weakness, and Hypotension.Review of the 5 day MDS assessment 5/4/2026, revealed Resident #23 scored a 13 on the BIMS assessment indicating the resident was cognitively intact. Further review revealed the resident required set up or clean-up assistance with ADL's.Review of the comprehensive care plan for Resident #23 dated 4/16/2026, revealed .ADL .staff assistance r/t generalized weakness .assist with meal set up .During an observation on 5/17/2026 at 11:43 AM, CNA B delivered the meal service to Resident #23. CNA B set up meal for Resident #23 and failed to offer hand hygiene to the resident.Review of the medical record revealed Resident #101 was admitted to the facility on [DATE] with diagnoses including Diabetes, Muscle Weakness, and Anxiety.Review of the admission MDS assessment dated [DATE], revealed Resident #101 scored a 12 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Further review revealed the resident required set up or clean-up assistance with ADL's.Review of the comprehensive care plan for Resident #101 dated 5/5/2026, revealed .Dependent on staff assistance for ADL's r/t generalized weakness .Assist with meal set up .During an observation on 5/17/2026 at 11:45 AM, CNA B delivered the meal service to Resident #101. CNA B set up meal for Resident #101 and failed to offer hand hygiene to the resident.During an interview on 5/17/2026 at 12:05 PM, CNA B confirmed she had not offered hand hygiene while passing the meal service to Residents #11, #23, and #101.During an interview on 5/19/2026 at 1:48 PM, the Director of Nursing confirmed hand hygiene was to be offered to residents prior to meals.