STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445494	A. Building B. Wing	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Rhea County	10055 Rhea County Highway Dayton, TN 37321

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observations, and interviews, the facility failed to maintain 1 of 1 kitchen and equipment in a clean and sanitary condition, failed to dispose of expired food items, failed to label and date open food items, and failed to maintain nourishment room refrigerator in a clean and sanitary condition in 1 of 2 nourishment rooms which had the potential to affect 71 of 73 residents.The findings include:Review of the facility policy titled, Cleaning Schedule, dated 4/30/2025, revealed .The Director of Food and Nutrition Services shall develop a routine cleaning schedule to ensure that the Food and Service Nutrition Department in maintained in a clean and sanitary manner in accordance with regulatory requirements .Store, prepare, distribute and serve food in accordance with professional standards for food safety .The Director of Food and Nutrition Services monitors the cleaning schedule for timely and appropriate completion of tasks to maintain the department in a clean and sanitary manner .Cleaning Fixed Equipment .the removable parts must be washed and sanitized .non-removable parts cleaned with detergent and hot water, rinsed, air dried, and sprayed with sanitizing solution .Review of the facility policy titled, Ware Washing, dated 4/30/2025, revealed .Procedures for cleaning are readily available to all associates .all items are scraped before being brought to wash .sinks are filled as wash .for washing, rinse with clean water to remove all soap residue, sanitize .Review of the facility policy titled, Food Safety, dated 5/1/2025, revealed .Food is stored and maintained in a clean, safe, and sanitary manner .to minimize contamination and bacterial growth .Pre-packaged food is placed in a leak proof container .the container is labeled .use by date is noted on the label .Food is labeled with the date received .Food not safe for consumption .or the food is in question will be removed .During a kitchen tour observation and interview on 4/6/2026 at 9:50 AM, with the Food Service Director (FSD) and [NAME] A revealed the following:1 single door reach in freezer with a white substance and drip stains on the front of the freezer door and a black substance on and in the folds of the freezer door seal. 1 double oven had black splatter marks and grease covering the surface of the back splash. The right-side oven door had grease build up and food particles in the upper track and a black/brown thick substance streaked down the front of the oven door. The left outer side of the double ovens had grease and residue build up from the adjacent fryer. Grease, grime, food items and dish ware were observed beneath the double ovens on the floor and around the casters. 1 commercial fryer with large amounts of grease build up and food residue. The grease and food particles residue extended down the sides and base of the fryer and onto the floor. The kitchen equipment on either side of the fryer also contained surface grease and food particle buildup. Underneath the fryer were dishes, food items, grease, and grime build up around the casters and bases of the equipment extending to the back wall behind the ovens and fryers. The FSD confirmed the kitchen equipment and floors were not clean or sanitary and stated the cooking equipment was just used to prepare breakfast.1 stationary can opener with a red and black sticky substance on the sides, blade, and base. There was a black substance in the grooves and on the blue square washer of the can opener. The FSD confirmed there was a thick red and black sticky build-up on the components of the can opener, blade, and grooves surrounding the blue square washer and it (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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	was not clean. The FSD stated the can opener had just been used to make desert.1 walk in cooler with a large green top container of turkey salad dated 4/1/2026. One medium red top container of turkey salad with a use by date of 3/31/2026 and a shelf-life date of 4/1/2026 available for use. Further tour of the walk-in cooler revealed a dried brown puddle of liquid on a tray holding a milk crate and food debris in the left back corner of the walk-in cooler. The FSD confirmed the turkey salad was expired and available for use. The FSD confirmed the food debris had not been removed and the walk-in cooler needed to be cleaned.1 bag of 10 hardboiled eggs unlabeled, undated and available for use.4 loaves of white bread with a prep (prepare) date of 3/17/2026 and use by date of 3/24/2026 available for use.6 packs of hot dog buns with a prep date of 2/25/2026 and use by date of 3/4/2026 available for use. 7 loaves of Raisin bread with a prep date of 2/25/2026 and a use by date of 3/4/2026 available for use. The FSD stated the labels most likely had not been changed but could not determine when the loaves of bread and buns had been placed for use. 1 open spice container of Cayenne Pepper1 open spice container of Light Chili Powder1 open spice container of Onion Powder1 open spice container of Dill Weed1 open spice container of Ground Mustard1 open spice container of Granulated Garlic1 white plastic cutting board with a black substance on the surface and in the grooves in the center of the cutting board. The FSD confirmed the cutting board was not cleaned properly and stated, .this is not clean . 1 stock pot with a tan flaky caked on residue on the inside wall of the pot. The FSD scraped the residue with her fingers and stated .this must be oatmeal . The FSD confirmed the pot was not clean.1 ice machine with a black/brown unknown substance on the plastic mechanisms inside of the ice machine. The FSD confirmed there was a black substance on the plastic mechanisms inside of the ice machine and conformed the ice machine needed to be cleaned. During a tour on 4/6/2026 at 10:46 AM, of the 200-hall nourishment room with the FSD revealed 1 sandwich unlabeled and undated. The FSD inspected the sandwich and determined it was a turkey salad sandwich. The FSD stated she had no knowledge of how long the sandwich had been in the refrigerator as it was not dated. During an interview on 4/8/2026 at 8:02 AM, the Administrator stated she toured the kitchen on 4/6/2026 after this surveyor toured and confirmed the kitchen was not maintained in a clean or sanitary condition. During a phone interview on 4/8/2026 at 3:08 PM, The Registered Dietician (RD) stated .the sanitary condition of the facility kitchen [NAME] and flows [regular and repeated patterns of change where something declines and improves] .

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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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility failed to ensure resident health information remained private and confidential for 1 resident (Resident #67) of 3 residents observed during medication administration, which had the potential to allow unauthorized individuals access to the residents's private health information.The findings include:Review of the facility's undated policy titled, Safeguarding Electronic Health Information, revealed .Laptop computers .containing PHI [Protected Health Information] should not be left unattended .Review of the medical record revealed Resident #67 was admitted to the facility on [DATE] with diagnoses including Diabetes, Muscle Weakness, and Anxiety.During an observation and interview on 4/7/2026 at 8:05 AM, revealed the 100 hall medication cart computer screen was open with Resident #67's PHI displayed on the screen and visible to the public. Further observation revealed Licensed Practical Nurse (LPN) C walked out of Resident #67's room at 8:07 AM. LPN C stated she .forgot . to ensure the computer screen was locked and covered before leaving the medication cart. LPN C confirmed Resident #67's PHI was not protected and was available for the public to view.During an interview on 4/7/2026 at 2:11 PM, the Infection Preventionist (IP) stated staff were expected to ensure the computer screen was locked and covered to maintain the resident's privacy.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observations, and interviews the facility failed to ensure respiratory equipment was stored appropriately for 4 residents (Residents #1, #5, #27, and #72) of 11 residents observed for oxygen therapy.The findings include: Review of the facility's policy titled, Oxygen Administration (Infection Control, Safety, & [and] Storage), dated 3/3/2026, revealed .To ensure that oxygen is administered and stored safely .Store oxygen and respiratory supplies in bag .when not in use . Review of the medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses including Acute and Chronic Respiratory Failure, Pneumonia, Chronic Obstructive Pulmonary Disease (COPD), Dementia, and Dependence on Supplemental Oxygen. Review of the comprehensive care plan for Resident #1 dated 3/13/2026, revealed .resident has COPD .Give aerosol (breathing treatment) .as ordered . Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #1 scored 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. The resident had COPD. Review of the medication administration record (MAR) for 4/2026 revealed Resident #1 received .Ipratropium-Albuterol Solution (medication delivered by aerosol treatment) 0.5-2.5 (3) MG [milligrams]/3ML [milliliters] 3 ml inhale orally via nebulizer [device to deliver breathing treatments] four times a day . Continued review revealed the resident received breathing treatments 4 times a day as ordered. During an observation on 4/7/2026 at 9:37 AM, in Resident #1's room, revealed a nebulizer mask was uncovered, open to air, and laying on top of the nebulizer. Review of the medical record revealed Resident #27 was admitted to the facility on [DATE] with diagnoses of Dementia, Heart Disease, and Heart Failure. Review of a quarterly MDS assessment dated [DATE], revealed Resident #27 scored 0 on the BIMS assessment which indicated the resident had severe cognitive impairment. Review of the comprehensive care plan for Resident #27 dated 3/11/2026, revealed .resident has oxygen therapy .administer oxygen as ordered by physician . During an observation on 4/6/2026 at 3:00 PM, in Resident #27's room revealed a oxygen tubing was wrapped around the flow meter uncovered and open to air. Review of the MAR for 4/2026 revealed Resident #27 received .O2 [oxygen] 2 liters PRN [as needed] . on 4/6/2026, 4/7/2026 and 4/8/2026. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE] with diagnoses of Heart Failure, Respiratory Failure, and Asthma. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the comprehensive care plan for Resident #5 revised 1/14/2026, revealed .resident has oxygen therapy r/t [related to] acute respiratory therapy with hypoxia [lack of oxygen] .give medications as ordered .administer oxygen as ordered by physician . Review of a quarterly MDS assessment dated [DATE], revealed Resident #5 scored 5 on the BIMS assessment which indicated the resident had severe cognitive impairment. Review of the MAR for 4/2026 revealed Resident #5 received .Ipratropium-Albuterol Solution 3 ml inhale orally via nebulizer every 6 hours as needed for shortness of breath . Continued review revealed the resident received breathing treatment on 4/6/2026. During an observation on 4/6/2026 at 3:00 PM, in Resident #5's room revealed a nebulizer mask was uncovered and laying on top of her dresser. Review of the medical record revealed Resident #72 was admitted to the facility on [DATE] with diagnoses of COPD, Dementia, and Diabetes. Review of the comprehensive care plan for Resident #72 dated 2/13/2026, revealed .resident has COPD .give medications as ordered . Review of a quarterly MDS assessment dated [DATE], revealed Resident #72 scored 12 on the BIMS assessment which indicated the resident was cognitively intact. The resident had COPD. Review of the MAR for 4/2026 revealed Resident #72 received .Ipratropium-Albuterol Solution 3 ml inhale orally via nebulizer four times a day . Continued review revealed the resident received breathing treatments 4 times a day as ordered. During an observation on 4/6/2026 at 3:15 PM, in Resident #72's room revealed a nebulizer mask was uncovered, open to air and laying on top of his dresser next to a urinal containing urine. During an interview on 4/7/2026 at 4:00 PM the Infection Preventionist reviewed photographs obtained by the State Surveyor of the uncovered nebulizer masks and nasal cannula prongs and confirmed the oxygen equipment for Resident's #1, #5, #27, and #72 was not stored appropriately.

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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** Based on facility policy review, medical record review, observations, and interviews, the facility failed to ensure medications were stored properly for 2 residents, (Resident's #39 and #49), and failed to properly store 1 medicated patch.The findings include: Review of the medical record revealed Resident #39 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Visual Loss, and Diabetes. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #39 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. During an observation and interview on 4/6/2026 at 2:00 PM, in Resident #39's room revealed 1 nasal spray decongestant [Oxymetazoline HCL 0.05%] in a white container on the bedside table and several cough drops. Further observation revealed 1 opened ear wax removal kit with solution, 1 small medicine cup of barrier cream, and one open box of Med clear canal wax removal in a bath basin on the dresser. The resident stated he kept his nasal spray in his gown pocket for his allergies. During an observation and interview on 4/7/2026 at 11:15 AM, in Resident #39's room revealed 1 nasal spray decongestant [Oxymetazoline HCL 0.05%] in a white container on the bedside table and several cough drops. Further observation revealed 1 opened ear wax removal kit with solution, 1 small medicine cup of barrier cream, and one open box of Med clear canal wax removal in a bath basin on the dresser. The resident showed this surveyor his nasal spray located in the gown pocket and stated, .if they know I have this, they'll throw me out . During an interview on 4/7/2026 at 11:24 AM, the Infection Preventionist (IP) confirmed Resident #39 had nasal spray [Oxymetazoline HCL 0.05%], cough drops, barrier cream, and 2 opened ear wax removal kits in his room. The IP stated, .we administer the medication and remove it from the room. We are not allowed to leave it in the room. He is not supposed to have them . Review of the medical record revealed Resident #49 was admitted to the facility on [DATE] with diagnoses of Malignant Neoplasm of Sigmoid colon, Chronic Obstructive Pulmonary Disease, and Vascular Disease. Review of a quarterly MDS assessment dated [DATE] revealed Resident #49 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. During an observation and interview on 4/7/2026 at 8:32 AM, in Resident 49's room revealed a medicine cup with 4 orange tablets. The resident stated she gets them from her daughter and keeps them at bedside. During an observation and interview on 4/7/2026 at 11:28 AM, in Resident 49's room revealed a medicine cup with 4 orange tablets. Resident #49 stated she needs them for her stomach. During an interview on 4/7/2026 at 11:30 AM, the IP Nurse stated the observed tablets were antacids (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and the resident was not permitted to keep them at the bedside. The IP Nurse stated, .we are to watch the resident take the medications, not leave them at bedside . During an observation on 4/6/2026 at 11:00 AM, in the bathroom of room [ROOM NUMBER] revealed a lidocaine patch with the date 1/22 written on the patch, sitting on top of the soap dispenser. During an observation and interview on 4/6/2026 at 11:04 AM, the Unit Manager (UM) confirmed there was a lidocaine patch in the bathroom of room [ROOM NUMBER] and it should not be there. During an interview on 4/7/2026 at 9:21 AM, Infection Preventionist (IP) stated the lidocaine patch in the bathroom of 205 was there from the prior resident .who passed away a couple months ago .

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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 failed to provide hand hygiene prior to dining for 3 residents (Resident #72, #30, and #39) of 15 residents observed for dining. Review of the facility's policy titled, Resident Dining Services, revised 4/9/2025, revealed .Resident's receive the necessary services to maintain .personal hygiene .Associates involved in food services will perform hand hygiene prior to distributing trays to residents . Review of the medical record revealed Resident #72 was admitted to the facility on [DATE] with diagnoses including Diabetes, Dementia, and Muscle Weakness.Review of the comprehensive care plan for Resident #72 dated 2/12/2026, revealed .Eating: Requires setup .Personal Hygiene: Requires setup .Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #72 scored a 12 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact and required set up/clean up assistance with eating and personal hygiene.During an observation on 4/6/2026 at 12:32 PM, Certified Nurse Assistant (CNA) A delivered and set up the lunch meal tray to Resident #72 without offering the resident hand hygiene. CNA A failed to sanitize her hands prior to or after meal set up. Review of the medical record revealed Resident #30 was admitted to the facility on [DATE] with diagnoses including Parkinson Disease, Muscle Weakness, and Dementia.Review of a quarterly MDS assessment dated [DATE], revealed Resident #30 scored a 13 on the BIMS assessment which indicated the resident was cognitively intact and was independent for eating and required substantial/maximal assistance for personal hygiene. Review of the comprehensive care plan for Resident #30 dated 3/11/2026, revealed .ADL .Self Care Performance Deficit r/t [related to] impaired mobility, Dementia .During an observation on 4/6/2026 at 12:40 PM, Certified Nurse Assistant (CNA) A delivered and set up the lunch meal tray to Resident #30 without offering the resident hand hygiene. CNA A failed to sanitize her hands prior to or after meal set up.Review of the medical record revealed Resident #39 was admitted to the facility on [DATE] with diagnoses including Diabetes, Muscle Weakness, and Visual Loss.Review of a quarterly MDS assessment dated [DATE], revealed Resident #39 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Resident #39 required setup/clean up assistance for eating and partial/moderate assistance for personal hygiene. Review of the comprehensive care plan for Resident #39 revealed delivered the lunch meal tray to Resident #39. CNA B set up the tray for Resident #39 and failed to offer hand hygiene and failed to sanitize hands after delivering the meal to the resident. , revealed .ADL Assistance .Eating: Requires setup Personal Hygiene: Requires partial/moderate assistance .During an observation on 3/6/2026 at 12:42 PM, CNA B delivered and set up the lunch meal tray to Resident #39 without offering the resident hand hygiene. CNA B failed to sanitize her hands prior to or after meal set up. During an interview on 3/6/2026 at 12:45 PM, CNA A confirmed she had not offered hand hygiene to the residents while passing the lunch trays to Residents #72 and #30 and did not sanitize her hands prior to or after meal setup. During an interview on 3/6/2026 at 12:52 PM, CNA B confirmed she had not offered hand hygiene to the resident while passing the lunch tray to Resident #39 and did not sanitize her hands prior to or after meal set up. During an interview on 3/7/2026 at 12:56 PM, the Infection Preventionist (IP) confirmed hand hygiene was to be offered to residents prior to meals and staff were to perform hand hygiene between residents.