

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445520	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Blount County		STREET ADDRESS, CITY, STATE, ZIP CODE  1965 Stewart Lane Louisville, TN 37777	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50480</p> <p>Based on facility policy review, Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual review, medical record review, observations, and interviews the facility failed to enter the code for isolation treatment for 1 resident (Resident #236) of 19 residents reviewed for MDS accuracy.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Clostridium (Clostridioides) Difficile (CDI), reviewed 6/4/2024, revealed . The facility will care for residents with suspected and actual Clostridium Difficile in accordance with local, state, and federal guidelines .a system for .identifying .communicable diseases .transmission-based precautions to be followed to prevent spread of infections .isolation should be used .</p> <p>Review of the MDS 3.0 RAI Manual revised 10/4/2024, revealed .Isolation or quarantine .Code only when the resident requires transmission-based precautions .with highly transmissible .pathogens that have been acquired by physical contact .</p> <p>Review of the medical record revealed Resident #236 was admitted to the facility on [DATE] with diagnoses including Clostridium Difficile (C-diff), Chronic Obstructive Pulmonary Disease (COPD), and Rheumatoid Arthritis.</p> <p>Review of the facility's document titled Skilled Nursing Documentation, dated 11/29/2024 revealed the resident was placed into isolation precautions for a C-diff infection.</p> <p>Review of a 5-day MDS assessment dated [DATE], revealed Resident #236 scored a 14 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact and had an active diagnosis of C-diff. Further review revealed contact isolation was not captured on the MDS.</p> <p>During an observation on 12/2/2024 at 10:55 AM, Resident #236's door was closed with signage for contact precautions and Personal Protective Equipment (PPE) outside the room.</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>During an interview on 12/2/2024 at 11:00 AM, Unit Manager Licensed Practical Nurse (LPN) L stated Resident #236 admitted from the hospital on 11/27/2024 with an active C-diff infection and was placed into isolation precautions. Unit Manager LPN also stated all the resident's care and services were provided in the room.</p> <p>During an interview on 12/3/2024 at 2:00 PM, Resident #236 stated she went to the hospital for stomach pain and thought she had an ulcer. The resident stated when she returned from the hospital the facility put her in isolation because she had C-diff with diarrhea.</p> <p>During a record review, review of Resident #236's MDS, and interview on 12/4/2024 at 3:00 PM, revealed the MDS Registered Nurse (RN) reviewed the residents record and stated the resident had a diagnosis of a C-diff infection, was placed into isolation precautions, and confirmed the isolation was not included on the 5-day MDS assessment.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27405</b></p> <p>Based on facility policy review, medical record review, observations, and interviews the facility failed to develop and/or implement a comprehensive care plan for enhanced barrier precautions (EBP) for 14 residents (Residents #12, #18, #36, #135, #136, #385, #389, #185, #15, #186, #50, #35, #238, and #239) of 14 residents reviewed for EBP, and failed to develop and implement a comprehensive care plan for self administration of medications for 1 resident (Resident #235) of 19 residents reviewed for care plans.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Comprehensive Care Plans and Revisions, dated 9/11/2024, revealed . The facility will ensure the timeliness of each resident's person-centered, comprehensive care plan .to ensure that the care plan is reviewed and revised .by .individuals who have knowledge of the resident .needs .and is involved in developing the care plan .the facility should monitor the resident over time to .identify changes .and update the care plan .to include .additional problem .and interventions .</p> <p>Review of the medical record revealed Resident #12 was admitted to the facility on [DATE], with diagnosis including Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non- Dominant Side, Retention of Urine, and Obstructive and Reflux Uropathy.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #12 had an indwelling urinary catheter.</p> <p>Review of a comprehensive care plan for Resident #12 revised 11/6/2024, revealed the care plan was not developed and implemented for EBP for Resident #12.</p> <p>Review of the Physician's Order for Resident #12 dated 12/2/2024, revealed .Enhanced Barrier Precautions [EBP] Diagnosis; [indwelling urinary] Catheter .</p> <p>During an observation on 12/2/2024 at 11:40 AM, revealed Resident #12 had an indwelling urinary catheter. Continued review revealed no EBP signage posted or Personal Protective Equipment (PPE) located in or outside Resident #12's room.</p> <p>During an interview on 12/3/2024 at 1:45 PM, Interim Unit Manager A stated he was not aware of the need to use EBP for Resident #12 prior to 12/2/2024. Interim Unit Manager A confirmed there was no EBP signage posted or PPE available in or outside Resident #18's room prior to 12/3/2024.</p> <p>Review of the medical record revealed Resident #18 was admitted to the facility on [DATE], with diagnosis including Chronic Kidney Disease, Encephalopathy, and Presence of Urogenital Implants.</p> <p>Review of a comprehensive care plan initiated on 6/6/2024 and revised on 9/3/2024, revealed Resident #18 had an indwelling urinary catheter and required EBP. Continued review revealed the EBP was not implemented.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of a quarterly (MDS) assessment dated [DATE], revealed Resident #18 had an indwelling urinary catheter.</p> <p>Review of the Physician's order for Resident #18 dated 6/7/2024 and revised 12/2/2024, revealed .Enhanced Barrier Precautions Diagnosis; [indwelling urinary] Catheter .</p> <p>During an observation on 12/2/2024 at 11:42 AM, revealed Resident #18 had an indwelling urinary catheter. Continued observation revealed no EBP signage posted or PPE available in or outside Resident #18's room.</p> <p>During an interview on 12/3/2024 at 1:45 PM, Interim Unit Manager A stated he was not aware of the need to use EBP for Resident #18 prior to 12/2/2024. Interim Unit Manager A confirmed there was no EBP signage posted or PPE available in or outside Resident #18's room prior to 12/3/2024.</p> <p>Review of the medical record revealed Resident #36 was admitted to the facility on [DATE], with diagnosis including Dysphasia, Hypokalemia, and Calculus of Gallbladder.</p> <p>Review of the Physician's Order for Resident #36 dated 11/17/2024, revealed .Enhanced Barrier Precautions Diagnosis [indwelling urinary] Catheter .</p> <p>Review of a significant change (MDS) assessment dated [DATE], revealed Resident #36 had an indwelling urinary catheter.</p> <p>Review of a comprehensive care plan initiated on 11/18/2024, revealed Resident #36 had an indwelling urinary catheter and required EBP. Continued review revealed the EBP was not implemented.</p> <p>During an observation on 12/2/2024 at 11:48 AM, Resident #36 had an indwelling urinary catheter. Further observation revealed no EBP signage posted or PPE available in or outside Resident #36's room.</p> <p>During an interview on 12/3/2024 at 1:45 PM, Interim Unit Manager A stated he was not aware of the need to use EBP for Resident #36 prior to 12/2/2024. Interim Unit Manager A confirmed there was no EBP signage posted or PPE available in or outside Resident' #36s room prior to 12/3/2024.</p> <p>Review of the medical record revealed Resident #135 was admitted to the facility on [DATE] and readmitted [DATE], with diagnosis including Presence of Urogenital Implants, Cyst of Kidney, and Personal History of Pulmonary Embolism.</p> <p>Review of a comprehensive care plan for Resident #135 dated 10/11/2024, revealed the care plan was not developed or implemented for the EBP.</p> <p>Review of a 5-day MDS assessment dated [DATE], revealed Resident #135 had an indwelling urinary catheter.</p> <p>Review of the Physician's Order for Resident #135 dated 12/2/2024, revealed .Enhanced Barrier Precautions Diagnosis [indwelling urinary] Catheter .</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation on 12/2/2024 at 11:55 AM, Resident #135 had an indwelling catheter. Continued observation revealed there was no EBP signage posted or PPE available in or outside Resident #135's room.</p> <p>During an interview on 12/3/2024 at 1:45 PM, Interim Unit Manager A stated he was not aware of the need to use EBP for Resident #135 prior to 12/2/2024. Interim Unit Manager A confirmed there was no EBP signage posted or PPE available in or outside Resident #135's room prior to 12/3/2024.</p> <p>Review of the medical record revealed Resident #136 was admitted to the facility on [DATE], with diagnosis including Type 2 Diabetes Mellitus, Chronic Kidney Disease, and End Stage Renal Disease.</p> <p>Review of the Physician's Order for Resident #136 dated 11/25/2024, revealed .Dialysis Resident: Access shunt site for thrill/bruit and bleeding .</p> <p>Review of a 5-day MDS assessment dated [DATE], revealed Resident #136 received Hemodialysis and had 1 or more unhealed pressure ulcers/ injuries.</p> <p>Review of the Physician's Order for Resident #136 dated 12/2/2024, revealed .Enhanced Barrier Precautions Diagnosis .wounds .dialysis .</p> <p>Review of a comprehensive care plan initiated on 12/2/2024, revealed Resident #136 had impairment of skin integrity of the left tibial crest and required EBP. Continued review revealed the EBP was not implemented.</p> <p>During an observation on 12/2/2024 at 12:15 PM, revealed there was no EBP signage posted or PPE available in or outside of Resident #136's room.</p> <p>During an interview on 12/3/2024 at 1:45 PM, Interim Unit Manager A stated he was not aware of the need to use EBP for Resident #136 prior to 12/2/2024. Interim Unit Manager A confirmed there was no EBP signage posted or PPE available in or outside Resident #136's room prior to 12/3/2024.</p> <p>50407</p> <p>Review of the medical record revealed Resident #385 was admitted to the facility on [DATE] with diagnoses including Presence of Internal Device and Graft, Infective Pericarditis, and Abnormality of Gait.</p> <p>Review of the Physician's Orders for Resident #385 dated 11/21/2024, revealed the resident had a Peripherally Inserted Central Catheter (PICC) line [a long, flexible tube that is inserted into a vein in the upper arm and threaded into a large vein near the heart] for intravenous (IV) antibiotic administration.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #385 scored a 15 on the BIMS assessment which indicated the resident was cognitively intact. Further review revealed the resident had a PICC line for IV antibiotics and had an active diagnosis of Infective Pericarditis.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of a comprehensive care plan dated 11/25/2024, revealed Resident #385 had a PICC line for IV antibiotics for an infection. Further review revealed a care plan was not developed or implemented for EBP.</p> <p>During an interview and observation on 12/2/2024 at 10:49 AM, Resident #385 stated he had a PICC line. Continued observation revealed there was no EBP signage posted or PPE available in or outside Resident #385's room.</p> <p>During an observation on 12/3/2024 at 7:45 AM, Resident #385 had a PICC line. Continued observation revealed no EBP signage posted or PPE available in or outside Resident #385's room.</p> <p>During an interview on 12/3/2024 at 2:08 PM, Certified Nursing Assistant (CNA) F stated Resident #385 had a PICC line and was not aware of the EBP requirements for the presence of a PICC line.</p> <p>During an interview on 12/3/2024 at 2:15 PM, LPN G stated Resident #385 had a PICC line and was not aware of the EBP requirements for the presence of a PICC line.</p> <p>Review of the medical record revealed Resident #389 was admitted to the facility on [DATE] with diagnoses including Encounter for Surgical Aftercare following Genitourinary Surgery, Bladder-Neck Obstruction, and Benign Prostatic Hyperplasia (BPH).</p> <p>Review of a comprehensive care plan dated 11/26/2024, revealed Resident #389 had a suprapubic catheter. Further review revealed a care plan was not developed or implemented for EBP.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #389 scored a 10 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Further review revealed the resident had a suprapubic catheter and an active diagnosis of Neurogenic Bladder.</p> <p>Review of the Physician's Orders for Resident #389 dated 12/2/2024, revealed .suprapubic catheter .</p> <p>During an interview and observation on 12/2/2024 at 11:39AM, Resident #389's spouse stated the resident had an indwelling suprapubic catheter. Continued observation revealed no EBP signage posted or PPE available in or outside Resident #389's room.</p> <p>During an observation on 12/3/2024 at 8:05 AM, Resident #389 had a suprapubic catheter. Continued observation revealed no EBP signage posted or PPE available in or outside Resident #389's room.</p> <p>During an interview on 12/3/2024 at 2:08 PM, CNA F stated Resident #389 had a suprapubic catheter and was not aware of the EBP requirements for the presence of a suprapubic catheter.</p> <p>During an interview on 12/3/2024 at 2:15 PM, LPN G stated Resident #389 had a suprapubic catheter and was not aware of the EBP requirements for the presence of a suprapubic catheter.</p> <p>35460</p> <p>Review of the medical record revealed Resident #15 was admitted to the facility on [DATE], with diagnoses including Local Infection of the Skin and Subcutaneous Tissue, Dementia, Diverticulosis, Diabetes Mellitus, Chronic Kidney Disease, and Dysphagia.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the comprehensive care plan dated 10/9/2024, revealed Resident #15 had an activities of daily living (ADL) self-care deficit related to general health condition and infection of left hip pressure ulcer. Continued review revealed the care plan was revised on 11/21/2024 with EBP and the use of a feeding tube implemented. Further review revealed the EBP was not implemented.</p> <p>Review of a Physician's Order dated 11/20/2024, revealed Resident #15 had a recent feeding tube placed with enteral feed ordered.</p> <p>Review of a significant change MDS assessment dated [DATE], revealed Resident #15 had a BIMS assessment score of 15 which indicated the resident was cognitively intact. Further review revealed the resident had 2 Pressure Ulcers.</p> <p>During an observation and interview on 12/3/2024 at 9:00 AM, the Treatment Nurse stated there was no EBP signage posted above the PPE storage bin located inside of Resident #15's doorway to identify the type of isolation or PPE to be utilized.</p> <p>Review of the medical record revealed Resident #185 was admitted to the facility on [DATE], with diagnoses including Infection and Inflammation due to Internal Fixation Device of Spine, Bacteremia, and Spinal Stenosis.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #185 had a BIMS assessment score of 14 which indicated the resident was cognitively intact. Further review revealed the resident had a surgical wound with IV medications ordered.</p> <p>Review of an Order Summary Report dated 11/22/2024, revealed .change PICC line transparent dressing weekly .</p> <p>Review of the comprehensive care plan dated 11/23/2024, revealed Resident #185 was to be placed on EBP isolation. Continued review revealed the care plan was not implemented for the EBP.</p> <p>During an observation and interview on 12/2/2024 at 12:45 PM, revealed there was no EBP signage posted or PPE available in or outside of Resident #185's room. The resident stated she had a PICC line in her left arm and the staff did not wear a gown when assisting her with care.</p> <p>Review of the medical record revealed Resident #186 was admitted to the facility on [DATE], with diagnoses including Malignant Neoplasm of Prostate, Presence of Urogenital Implants, and Chronic Kidney Disease.</p> <p>Review of a Physician's Order dated 11/28/2024, revealed Resident #186 had an order for the use of an indwelling urinary catheter with a bedside drainage system.</p> <p>Review of the comprehensive care plan dated 11/28/2024, revealed Resident #186 was to be provided catheter care. Continued review revealed EBP isolation was not developed or implemented on the care plan until 12/3/2024.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #186 had a BIMS assessment score of 3 which indicated the resident was severely cognitively impaired.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During observations on 12/2/2024 at 10:30 AM and on 12/3/2024 at 8:00 AM, revealed there was no EBP signage posted or PPE available in or outside of Resident #186's room.</p> <p>40606</p> <p>Review of the medical record revealed Resident #50 was admitted to the facility on [DATE], with diagnoses including Muscle Weakness, Abnormalities of Gait and Mobility, Gastrostomy Status, and Severe Protein Calorie Malnutrition.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #50 had a BIMS score of 14, which indicated the resident was cognitively intact. Resident #50 had a feeding tube present on admission.</p> <p>Review of a comprehensive care plan for Resident #50 dated 11/29/2024, revealed .The resident requires tube feeding r/t [related to] Severe Protein Calorie Malnutrition . Continued review revealed EBP was not developed or implemented for Resident #50.</p> <p>During observations on 12/2/2024 at 8:25 AM and 11:15 AM, revealed no EBP signage posted or PPE available in or outside Resident #50's room.</p> <p>During an observation on 12/3/2024 at 8:30 AM, revealed no EBP signage posted or PPE available in or outside Resident #50's room.</p> <p>Review of the medical record revealed Resident #335 was admitted to the facility on [DATE], with diagnoses including Muscle Weakness, Abnormalities of Gait and Mobility, Morbid Obesity, End Stage Renal Disease, and Dependence on Renal Dialysis.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #335 had a BIMS score of 15, which indicated the resident was cognitively intact. Resident #335 required out-patient hemodialysis.</p> <p>Review of the Physician's Orders for Resident #335 revealed .Dialysis patient: Receives dialysis at [dialysis facility name] ON MON-WED-FRI .Start 11/27/2024 .Enhanced Barrier Precautions Diagnosis .wounds .dialysis .Start 12/3/2024 .</p> <p>Review of the comprehensive care plan for #335 dated 11/29/2024, revealed .resident receives hemodialysis r/t [related to] ESRD [End Stage Renal Disease] . Further review revealed the care plan was developed or implemented for EBP.</p> <p>During observations on 12/2/2024 at 8:25 AM and 11:15 AM, revealed no EBP signage posted or PPE available in or outside Resident #335's room.</p> <p>During an observation on 12/3/2024 at 8:30 AM, revealed no EBP signage posted or PPE available in or outside Resident #335's room.</p> <p>During an interview on 12/3/2024 at 10:40 AM, LPN K stated she was not aware of the need to use EBP for Resident #50 or Resident #335 prior to 12/2/2024. LPN K confirmed there was no EBP signage posted or PPE available in or outside Resident #50's and Resident #335's room prior to 12/3/2024.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>50480</p> <p>Review of the medical record revealed Resident #238 was admitted to the facility on [DATE] with diagnoses including Coronary Implant and Graft, Presence of Right Artificial Knee Joint, Dementia, and Chronic Kidney Disease.</p> <p>Review of an admission MDS assessment for Resident #238 dated 9/20/2024, revealed Resident #238 scored a 9 on the BIMS assessment which indicated the resident had moderate cognitive impairment.</p> <p>Review of the facility's document titled Wound Observation Tool, dated 11/14/2024, revealed Resident #238 had an open wound on the left shin.</p> <p>Review of the facility's document titled Wound Observation Tool, dated 11/14/2024, revealed Resident #238 had an open wound on the left heel.</p> <p>Review of the comprehensive care plan dated 12/2/2024, revealed Resident #238 had a pressure ulcer on the left shin and on the left heel. Further review revealed a care plan was not developed or implemented for EBP.</p> <p>During an observation on 12/2/2024 at 10:49 AM, revealed there was no EBP signage posted or PPE available in or outside the Resident #238's room.</p> <p>During an observation on 12/3/2024 at 8:10 AM, revealed there was no EBP signage posted or PPE available in or outside the Resident #238's room.</p> <p>Review of the medical record revealed Resident #239 was admitted to the facility on [DATE] with diagnoses including Heart and Vascular Surgical Aftercare, Cardiac Pacemaker, Indwelling Urinary Catheter, Benign Prostatic Hyperplasia (BPH), and Acute Kidney Failure.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #239 scored a 12 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Further review revealed the resident had an indwelling urinary catheter and an active diagnosis of BPH.</p> <p>Review of the comprehensive care plan revised on 11/19/2024, revealed Resident #239 had an indwelling urinary catheter. Further review revealed a care plan was not developed or implemented for EBP.</p> <p>Review of the Physician's Order for Resident #239 dated 11/22/2024, revealed .Urinary retention .keep catheter [indwelling urinary catheter] .</p> <p>During an observation on 12/2/2024 at 2:05 PM, revealed there was no EBP signage posted or PPE available in or outside Resident #239's room.</p> <p>During an observation on 12/3/2024 at 8:15 AM, revealed there was no EBP signage posted or PPE available in or outside Resident #239's room.</p> <p>Review of the medical record revealed Resident #235 was admitted to the facility on [DATE] with diagnoses including Muscle Weakness, Cancer, Hearing Loss, and Cognitive Impairment.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of a 5-day MDS assessment for Resident #235 dated 11/22/2024, revealed Resident #235 scored a 13 on the BIMS assessment which indicated the resident was cognitively intact.</p> <p>Review of the comprehensive care plan dated 11/22/2024, revealed Resident #235 was not assessed or care planned for self-medication storage and self-administration.</p> <p>Review of the 11/2024 Medication Administration Record (MAR) for Resident #235 revealed an order dated 11/20/2024 for .Triamcinolone Acetonide Cream 0.1% [percent] .apply to SKIN topically three times a day . The MAR was documented that the medication was administered for 10 days of 11 days scheduled to be administered. Further review of the MAR revealed an order dated 11/21/2024 for .[name brand] Lidocaine External Cream 4 % .Apply to knees topically as needed . The MAR was documented that the medication was administered for 1 day of 10 days available to be administered. Further review of the MAR revealed orders dated 11/21/2024 for .[name brand] Ophthalmic Solution .Instill 2 drop [drops] in both eyes as needed for dry eyes .[name brand] hydrocortisone cream- apply to arms as needed for itching . The MAR was documented that the medications were not administered for 10 days of 10 days available to be administered.</p> <p>During an observation and interview on 12/3/2024 at 4:20 PM, Resident #235 was observed in the room. Further observation revealed a 30-gram tube of Triamcinolone Acetonide Cream 0.1% which was unopened, a 73 milliliter (mL) bottle of name brand Lidocaine External Cream 4% which was almost empty, a 10 mL bottle of name brand Ophthalmic Solution which was half empty, and a 36 mL tube of name brand hydrocortisone 1% cream which was half empty. Resident #235 stated he applied the topical medications himself and administered his own eyedrops. Resident #235 also stated the nurses were aware the medications were in the room and self-administered.</p> <p>During an observation, interview, and record review on 12/3/2024 at 4:30 PM, the Assistant Director of Nursing (ADON) observed the medications in Resident #235's room. The ADON confirmed the medications were available for resident-self administration and confirmed the Triamcinolone Acetonide Cream 0.1% was full, the name brand Lidocaine External Cream 4% was almost empty, name brand Ophthalmic Solution the was half empty, and the name brand hydrocortisone 1% cream was half empty. The ADON stated medication self-administration assessments were recorded on the residents' care plans. The ADON reviewed Resident #235's medical record and confirmed the resident was not care planned for medication self-administration.</p> <p>During an interview on 12/3/2024 at 3:38 PM, the Director of Nursing (DON) confirmed the facility failed to ensure care plans were developed or implemented for Residents #12, #18, #36, #135, #136, #385, #389, #185, #15, #186, #50, #335, #238, and #239 for Enhanced Barrier Precautions and failed to develop a self administration care plan for resident #235. The DON stated .It falls to me to make sure it's done [resident's placed in Enhanced Barrier Precautions] .</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50480</p> <p>Based on facility policy review, medical record, observations and interviews the facility failed to secure medications for 1 resident (Resident #235) of 19 residents reviewed for medication storage.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Self-Administration of Medication, revised 10/31/2021, revealed Resident who requests to self-administer medications is assessed by the interdisciplinary team (IDT) to determine if the resident is safe to self-administer medications .from a central location .medication cart or medication room .or the resident is able to safely store the medication in a secure are [area] in their room .The interdisciplinary assessment will be completed in the electronic medication record .</p> <p>Review of the medical record revealed Resident #235 was admitted to the facility on [DATE], with diagnoses including Muscle Weakness, Cancer, Hearing Loss, and Cognitive Impairment.</p> <p>Review of the 5-day admission Minimum Data Set (MDS) assessment for Resident #235 dated 11/22/2024, revealed Resident #235 scored a 13 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact.</p> <p>Review of the comprehensive care plan dated 11/22/2024, revealed Resident #235 was not assessed or care planned for self-medication storage and self-administration.</p> <p>Review of the 11/2024 Medication Administration Record (MAR) for Resident #235 revealed an order dated 11/20/2024 for .Triamcinolone Acetonide Cream 0.1% [percent] .apply to SKIN topically three times a day . The MAR was documented that the medication was administered for 10 days of 11 days scheduled to be administered. Further review of the MAR revealed an order dated 11/21/2024 for .[name brand] Lidocaine External Cream 4 % .Apply to knees topically as needed . The MAR was documented that the medication was administered for 1 day of 10 days available to be administered. Further review of the MAR revealed orders dated 11/21/2024 for .[name brand] Ophthalmic Solution .Instill 2 drop [drops] in both eyes as needed for dry eyes .[name brand] hydrocortisone cream- apply to arms as needed for itching . The MAR was documented that these medications were not administered for 10 days of 10 days available to be administered.</p> <p>During an observation and interview on 12/3/2024 at 4:20 PM, Resident #235 was observed in the room. Further observation revealed a 30-gram tube of Triamcinolone Acetonide Cream 0.1% which was unopened, a 73 milliliter (mL) bottle of name brand Lidocaine External Cream 4% which was almost empty, a 10 mL bottle of name brand Ophthalmic Solution which was half empty, and a 36 mL tube of name brand hydrocortisone 1% cream which was half empty. Resident #235 stated he applied the topical medications himself and administered his own eyedrops. Resident #235 also stated the nurses were aware the medications were in the room and self-administered. Continued observation revealed Resident #235 did not have a room mate.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During multiple observations through out the survey dated 12/4/2024-12/6/2024 at multiple times throughout the day, revealed no residents with wandering behaviors noted on the unit/hall where Resident #235 resided.</p> <p>During an observation, interview, and record review on 12/3/2024 at 4:30 PM, the Assistant Director of Nursing (ADON) observed the medications in Resident #235's room. The ADON confirmed the medications were available for resident-self administration and confirmed the Triamcinolone Acetonide Cream 0.1% was full, the name brand Lidocaine External Cream 4% was almost empty, name brand Ophthalmic Solution the was half empty, and the name brand hydrocortisone 1% cream was half empty. The ADON reviewed Resident #235's medical record and confirmed the resident was not assessed for medication storage and self-administration.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>40606</p> <p>Based on facility policy review, refrigerator and freezer temperature log reviews, observations, and interviews, the facility failed to obtain and record twice daily temperatures for 3 of 3 refrigerators, and 2 of 2 freezers in the kitchen per facility policy. The failure had the potential to affect 88 of the 93 residents in the facility.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Food Safety, revised 4/26/2023, revealed .Food is stored and maintained in a clean, safe, and sanitary manner .to minimize contamination and bacterial growth .Cold Food Storage .3. Temperatures are recorded at least twice daily on the Refrigerator/Freezer Temperature Log .</p> <p>Review of the facility's documentation titled, Refrigerator/Freezer Temperature Logs, kitchen staff documentation for the month of 11/2024, for 3 refrigerators, and 2 freezers located in the kitchen revealed the following:</p> <ol style="list-style-type: none"> <li>1. For the Reach-in Fridge temperature logs dated: 11/17/2024, 11/23/2024, 11/25/2024, the temperatures for the evening or PM shifts were not obtained and documented on the log. On 11/30/2024 the temperatures were not obtained or documented for the morning or AM shift.</li> <li>2. For the Walk-in Fridge temperature logs dated: 11/17/2024, 11/23/2024, 11/25/2024, the temperatures for the evening or PM shifts were not obtained and documented on the log. On 11/30/2024 the temperatures were not obtained or documented for the morning or AM shift.</li> <li>3. For the Under-Counter-Fridge temperature logs dated: 11/17/2024, 11/23/2024, 11/25/2024, the temperatures for the evening or PM shifts were not obtained and documented on the log. On 11/30/2024 the temperatures were not obtained or documented for the morning or AM shift.</li> <li>4. For the Walk-in-Freezer temperature logs dated: 11/17/2024, 11/23/2024, 11/25/2024, the temperatures for the evening or PM shifts were not obtained and documented on the log. On 11/30/2024 the temperatures were not obtained or documented for the morning or AM shift.</li> <li>5. For the Reach-in-Freezer temperature logs dated: 11/17/2024, 11/23/2024, 11/25/2024, and 11/30/2024 the temperatures for the evening or PM shift were not obtained and documented on the log. On 11/30/2024 the temperatures were not obtained or documented for the morning or AM shift.</li> </ol> <p>During an interview on 12/3/2024 at 7:52 AM, the Certified Dietary Manager (CDM) stated it was her expectation for the refrigerators and freezers temperature logs to be completed daily for each shift, AM and PM. The CDM confirmed the kitchen's refrigerator and freezer temperatures were not obtained twice daily, the temperature logs were incomplete, and were not maintained per facility policy.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 27405</p> <p>Based on facility policy review, medical record review, observation, and interview, the facility failed to implement Enhanced Barrier Precautions (EBP) for 14 residents (Residents #12, #18, #36, #135, #136, #385, #389, #15, #185, #186, #50, #335, #238, and #239) of 14 residents reviewed for EBP.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Enhanced Barrier Precautions (EBP), reviewed 6/3/2024, revealed .The facility should use Enhanced Barrier Precautions (EBP) as an additional .strategy for residents that meet the following criteria .EBP are indicated for residents with any of the following .wounds and/or indwelling medical devices even if the resident is not known to be infected .the facility should develop a process to communicate which residents require the use of EBP .The facility may choose to post signage on the door or wall outside of the resident room indicating the resident is on Enhanced Barrier Precautions .Examples of high-contact resident care activities requiring gown and glove use include .Dressing .bathing/showering .transferring . providing hygiene .changing linens .changing briefs .device care or use: central catheter .feeding tube . tracheotomy tube .wound care .</p> <p>Medical record review revealed Resident #12 was admitted to the facility on [DATE], with diagnosis including Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non- Dominant Side, Retention of Urine, and Obstructive and Reflux Uropathy.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #12 had an indwelling urinary catheter.</p> <p>Review of the Physician's Order for Resident #12 dated 11/9/2024, revealed .indwelling catheter .as needed for urinary retention .</p> <p>Review of the Physician's Order for Resident #12 dated 12/2/2024, revealed .Enhanced Barrier Precautions Diagnosis; [indwelling urinary] Catheter .</p> <p>During an observation on 12/2/2024 at 11:40 AM, Resident #12 had an indwelling urinary catheter. Continued observation revealed there was no EBP signage or Personal Protective Equipment (PPE) available in or outside the resident's room.</p> <p>During an interview on 12/3/2024 at 1:45 PM, Interim Unit Manager A stated he was not aware of the need to use EBP for Resident #12 prior to 12/2/2024. Interim Unit Manager A confirmed there was no EBP signage posted or PPE available in or outside the resident's room prior to 12/3/2024.</p> <p>Medical record review revealed Resident #18 was admitted to the facility on [DATE], with diagnosis including Chronic Kidney Disease, Encephalopathy, and Presence of Urogenital Implants.</p> <p>Review of the Physician's Order for Resident #18 dated 6/7/2024 and 12/2/2024, revealed .Enhanced Barrier Precautions Diagnosis; [indwelling urinary] Catheter .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of a quarterly (MDS) assessment dated [DATE], revealed Resident #18 had an indwelling urinary catheter.</p> <p>Review of the Physician's Order for Resident #18 dated 11/17/2024, revealed .change catheter care every shift for obstruction .</p> <p>During an observation on 12/2/2024 at 11:42 AM, Resident #18 had an indwelling urinary catheter. Observation revealed there was no EBP signage or (PPE) available in or outside the resident's room.</p> <p>During an interview on 12/3/2024 at 1:45 PM, Interim Unit Manager A stated he was not aware of the need to use EBP for Resident #18 prior to 12/2/2024. Interim Unit Manager A confirmed there was no EBP signage posted or PPE available in or outside the resident's room prior to 12/3/2024.</p> <p>Medical record review revealed Resident #36 was admitted to the facility on [DATE], with diagnosis including Dysphasia, Hypokalemia, and Calculus of Gallbladder.</p> <p>Review of the Physician's Order for Resident #36 dated 11/17/2024, revealed .Enhanced Barrier Precautions Diagnosis Foley Catheter .</p> <p>Review of a significant change (MDS) assessment dated [DATE], revealed Resident #36 had an indwelling catheter.</p> <p>During an observation on 12/2/2024 at 11:48 AM, Resident #36 had an indwelling urinary catheter. Observation revealed there was no EBP signage posted or PPE available in or outside the resident's room.</p> <p>During an interview on 12/3/2024 at 1:45 PM, Interim Unit Manager A stated he was not aware of the need to use EBP for Resident #36 prior to 12/2/2024. Interim Unit Manager A confirmed there was no EBP signage or PPE available in or outside the resident's room prior to 12/3/2024.</p> <p>Medical record review revealed Resident #135 was admitted to the facility on [DATE] and readmitted [DATE], with diagnosis including Presence of Urogenital Implants, Cyst of Kidney, and Personal History of Pulmonary Embolism.</p> <p>Review of a 5-day scheduled assessment (MDS) assessment dated [DATE], revealed Resident #135 had an indwelling catheter.</p> <p>Review of the Physician's Order for Resident #135 dated 12/2/2024, revealed .Enhanced Barrier Precautions Diagnosis Foley Catheter .</p> <p>During an observation on 12/2/2024 at 11:55 AM, Resident #135 had an indwelling catheter. Observation revealed there was no EBP signage posted or PPE available in or outside the resident's room.</p> <p>During an interview on 12/3/2024 at 1:45 PM, Interim Unit Manager A stated he was not aware of the need to use EBP for Resident #135 prior to 12/2/2024. Interim Unit Manager A stated there was no EBP signage posted or PPE available in or outside the resident's room prior to 12/3/2024.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Medical record review revealed Resident #136 was admitted to the facility on [DATE], with diagnosis including Type 2 Diabetes Mellitus, Chronic Kidney Disease, and End Stage Renal Disease.</p> <p>Review of the Physician's Order for Resident #136 dated 11/25/2024, revealed .Dialysis Resident: Access shunt site for thrill/bruit and bleeding .</p> <p>Review of a 5-day scheduled assessment (MDS) assessment dated [DATE], revealed Resident #136 received Hemodialysis and had 1 or more unhealed pressure ulcers/ injuries.</p> <p>Review of the Physician's Order for Resident #136 dated 12/2/2024, revealed .Enhanced Barrier Precautions Diagnosis .wounds .dialysis .</p> <p>During an observation on 12/2/2024 at 12:15 PM, revealed there was no EBP signage posted or PPE available in or outside of the resident's room.</p> <p>During an interview on 12/3/2024 at 1:45 PM, Interim Unit Manager A stated he was not aware of the need to use EBP for Resident #136 prior to 12/2/2024. Interim Unit Manager A confirmed there was no EBP signage posted or PPE available in or outside the resident's room prior to 12/3/2024.</p> <p>50407</p> <p>Review of the medical record revealed Resident #385 was admitted to the facility on [DATE] with diagnoses including Presence of Internal Device and Graft, Infective Pericarditis, and Abnormality of Gait.</p> <p>Review of the Physician's Orders for Resident #385 dated 11/21/2024, revealed the resident had a Peripherally Inserted Central Catheter (PICC) line [a long, flexible tube that is inserted into a vein in the upper arm and threaded into a large vein near the heart] for intravenous (IV) antibiotic administration.</p> <p>Review of an admission (MDS) assessment dated [DATE], revealed Resident #385 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed the resident had a PICC line for IV antibiotics and had an active diagnosis of infective pericarditis.</p> <p>During an interview and observation on 12/2/2024 at 10:49 AM, Resident #385 stated he had a PICC line. Observation revealed no EBP signage posted or PPE available in or outside the resident's room.</p> <p>During an observation on 12/3/2024 at 7:45 AM, Resident #385 had a PICC line. No EBP signage posted or PPE available in or outside the resident's room.</p> <p>During an interview on 12/3/2024 at 2:06 PM, Hospitality Aide (HA) E, further stated she knew when residents were on enhanced barrier precautions when the resident rooms had carts containing gowns. HA E stated she was not aware of the EBP requirements for the presence of a PICC line.</p> <p>During an interview on 12/3/2024 at 2:08 PM, Certified Nursing Assistant (CNA) F stated Resident #385 had a PICC line and she wore gloves to perform the resident's care. The CNA was not aware of the EBP requirements for the presence of a PICC line.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 12/3/2024 at 2:15 PM, LPN G stated Resident #385 had a PICC line and she wore gloves and a mask to perform the resident's PICC line care. The LPN stated she was not aware of the EBP requirements for the presence of a PICC line.</p> <p>Review of the medical record revealed Resident #389 was admitted to the facility on [DATE] with diagnoses including Encounter for Surgical Aftercare following Genitourinary Surgery, Bladder-Neck Obstruction, and Benign Prostatic Hyperplasia (BPH).</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #389 scored a 10 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Further review revealed the resident had a suprapubic catheter and an active diagnosis of Neurogenic Bladder.</p> <p>Review of the Physician's Orders for Resident #389 dated 12/2/2024, revealed .suprapubic catheter .</p> <p>During an interview and observation on 12/2/2024 at 11:39AM, Resident #389's spouse stated the resident had an indwelling suprapubic catheter. Observation revealed no EBP signage posted or PPE available in or outside the resident's room.</p> <p>During an observation on 12/3/2024 at 8:05 AM, Resident #389 had a suprapubic catheter. No EBP signage posted or PPE available in or outside the resident's room.</p> <p>During an interview on 12/3/2024 at 2:06 PM, HA E stated she knew when residents were on EBP when the resident rooms had carts containing gowns. The HA was not aware of the EBP requirements for the presence of a suprapubic catheter care.</p> <p>During an interview on 12/3/2024 at 2:08 PM, CNA F stated Resident #389 had a suprapubic catheter and she wore gloves to perform the resident's catheter care. The CNA stated she was not aware of the EBP requirements for the presence of a suprapubic catheter.</p> <p>During an interview on 12/3/2024 at 2:15 PM, LPN G stated Resident #389 had a suprapubic catheter, and she wore gloves to perform the resident's catheter care. The LPN stated she was not aware of the EBP requirements for the presence of a suprapubic catheter.</p> <p>35460</p> <p>Medical record review revealed Resident #15 was admitted to the facility on [DATE], with diagnoses including Local Infection of the Skin and Subcutaneous Tissue, Dementia, Diverticulosis, Diabetes Mellitus, Chronic Kidney Disease, and Dysphagia.</p> <p>Review of a Physician's Order dated 11/20/2024, revealed Resident #15 had a recent feeding tube placed with enteral feed ordered.</p> <p>Review of a significant change MDS assessment dated [DATE], revealed Resident #15 had a BIMS assessment score of 15 which indicated the resident was cognitively intact. Further review revealed the resident had 2 Pressure Ulcers.</p> <p>During an observation and interview on 12/3/2024 at 9:00 AM, the Treatment Nurse confirmed there was no EBP signage above the PPE storage bin located inside of Resident #15's doorway.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Life Care Center of Blount County		STREET ADDRESS, CITY, STATE, ZIP CODE  1965 Stewart Lane Louisville, TN 37777	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the medical record revealed Resident #185 was admitted to the facility on [DATE], with diagnoses including Infection and Inflammation due to Internal Fixation Device of Spine, Bacteremia, and Spinal Stenosis.</p> <p>Review of an Order Summary Report dated 11/22/2024, revealed .change PICC line transparent dressing weekly .</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #185 had a BIMS assessment score of 14 which indicated the resident was cognitively intact. Further review revealed the resident had a surgical wound with IV medications ordered.</p> <p>During an observation and interview on 12/2/2024 at 12:45 PM, with Resident #185 revealed there was no EBP signage posted or PPE available in or outside of Resident #185's room. The resident stated she had a PICC line in her left arm and the staff did not wear a gown when assisting her with care.</p> <p>Review of the medical record revealed Resident #186 was admitted to the facility on [DATE], with diagnoses including Malignant Neoplasm of Prostate, Presence of Urogenital Implants, and Chronic Kidney Disease.</p> <p>Review of a Physician's Order dated 11/28/2024, revealed Resident #186 had an order for the use of an indwelling urinary catheter with a bedside drainage system.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #186 had a BIMS assessment score of 3 which indicated the resident was severely cognitively impaired.</p> <p>During observations on 12/2/2024 at 10:30 AM and on 12/3/2024 at 8:00 AM, revealed there was no EBP signage posted or PPE available in or outside of Resident #186's room.</p> <p>40606</p> <p>Review of the medical record revealed Resident #50 was admitted to the facility on [DATE], with diagnoses including Muscle Weakness, Abnormalities of Gait and Mobility, Gastrostomy Status, and Severe Protein Calorie Malnutrition.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #50 had a BIMS score of 14, which indicated the resident was cognitively intact. Resident #50 required extensive assistance of one or more staff members for toileting, mobility, and ADL care. Further review revealed Resident #50 had a feeding tube present on admission.</p> <p>During an observations on 12/2/2024 at 8:25 AM, and 11:15 AM; revealed no EBP signage posted or PPE available in or outside Resident #50's room.</p> <p>During an observation on 12/3/2024 at 8:30 AM, revealed no EBP signage posted or PPE available in or outside Resident #50's room.</p> <p>Review of the medical record revealed Resident #335 was admitted to the facility on [DATE], with diagnoses including Muscle Weakness, Abnormalities of Gait and Mobility, Morbid Obesity, End Stage Renal Disease, and Dependence on Renal Dialysis.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Life Care Center of Blount County		STREET ADDRESS, CITY, STATE, ZIP CODE  1965 Stewart Lane Louisville, TN 37777	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of an admission MDS assessment dated [DATE], revealed Resident #335 had a BIMS score of 15, which indicated the resident was cognitively intact and required out-patient hemodialysis.</p> <p>Review of the Physician's Orders for Resident #335 revealed .Dialysis patient: Receives dialysis at [dialysis facility name] ON MON-WED-FRI .Start 11/27/2024 .Enhanced Barrier Precautions Diagnosis .wounds .dialysis .Start 12/3/2024 .</p> <p>During an observations on 12/2/2024 at 8:25 AM, and 11:15 AM, revealed no EBP signage posted or PPE available in or outside Resident #335's room.</p> <p>During an observation on 12/3/2024 at 8:30 AM, revealed no EBP signage posted or PPE available in or outside Resident #335's room.</p> <p>During an interview on 12/3/2024 at 10:40 AM, LPN K stated she was not aware of the need to use EBP for Resident #50 or Resident #335 prior to 12/2/2024. LPN K confirmed there was no EBP signage posted or PPE available in or outside Resident #50's and Resident #335's room prior to 12/3/2024.</p> <p>50480</p> <p>Review of the medical record revealed Resident #238 was admitted to the facility on [DATE] with diagnoses including Coronary Implant and Graft, Presence of Right Artificial Knee Joint, Dementia, and Chronic Kidney Disease.</p> <p>Review of an admission MDS assessment for Resident #238 dated 9/20/2024, revealed Resident #238 scored a 9 on the BIMS assessment which indicated the resident had moderate cognitive impairment.</p> <p>Review of the facility's document titled Wound Observation Tool, dated 11/14/2024, revealed the Resident #238 had an open wound on the left shin.</p> <p>Review of the facility's document titled Wound Observation Tool, dated 11/14/2024, revealed the Resident #238 had an open wound on the left heel.</p> <p>During an observation on 12/1/2024 at 10:49 AM, revealed there was no EBP signage posted or PPE available in or outside the resident's room.</p> <p>During an observation on 12/2/2024 at 8:10 AM, revealed no EBP signage posted or PPE available in or outside the resident's room.</p> <p>Review of the medical record revealed Resident #239 was admitted to the facility on [DATE] with diagnoses including Heart and Vascular Surgical Aftercare, Cardiac Pacemaker, Indwelling Urinary Catheter, Benign Prostatic Hyperplasia (BPH), and Acute Kidney Failure.</p> <p>Review of an admission MDS assessment dated [DATE], revealed Resident #239 scored a 12 on the BIMS assessment which indicated the resident had moderate cognitive impairment. Further review revealed the resident had an indwelling urinary catheter and an active diagnosis of BPH.</p> <p>Review of the Physician's Order for Resident #239 dated 11/22/2024, revealed .Urinary retention .keep catheter [indwelling urinary catheter] .</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Life Care Center of Blount County		STREET ADDRESS, CITY, STATE, ZIP CODE  1965 Stewart Lane Louisville, TN 37777	

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation on 12/2/2024 at 2:05 PM, revealed there was no EBP signage posted or PPE available in or outside the resident's room.</p> <p>During an observation on 12/3/2024 at 8:15 AM, there was no EBP signage posted or PPE available in or outside the resident's room.</p> <p>During an interview on 12/3/2024 at 3:38 PM, the Director of Nursing (DON) confirmed the facility failed to ensure Residents #12, #18, #36, #135, #136, #385, #389, #15, #185, #186, #50, #335, #238, and #239 were placed in Enhanced Barrier Precautions. The DON stated .It falls to me to make sure it's done [resident's placed in Enhanced Barrier Precautions] . Continued interview with the DON confirmed the facility failed to ensure residents were placed on Enhanced Barrier Precautions until 12/3/2024 after the survey team arrived.</p>