

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Life Care Center of East Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  1502 McDonald Road Chattanooga, TN 37412	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50480</b></p> <p>Based on facility policy review, review of the Resident Assessment Instrument (RAI) Manual 3.0, medical record review, observations, and interviews, the facility failed to accurately complete a Minimum Data Set (MDS) assessment for 2 residents (Resident #25 and #11) of 18 residents reviewed for MDS assessments.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Resident assessment Instrument &amp; Care Plan Development, dated 8/22/2022, revealed .The facility will follow the procedures set forth in the Resident Assessment Instrument User's Manual 3.0 when completing the MDS .</p> <p>Review of the RAI Manual dated 10/2023, revealed .The RAI process has multiple regulatory requirements . the assessment accurately reflects the resident's status .a registered nurse conducts or coordinates each assessment with the appropriate participation of health professionals .one of the most important functions . accurate picture of the resident's current health status .</p> <p>Medical record review revealed Resident #25 was admitted to the facility on [DATE] with diagnoses including Protein-Calorie Malnutrition, Anorexia, and Cerebrovascular Disease.</p> <p>Review of the Physician's Orders for Resident #25 dated 6/9/2023, revealed .Admit for hospice services .</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #25 scored a 12 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. Further review revealed hospice care was not coded on the MDS assessment.</p> <p>During an interview on 6/5/2024 at 1:00 PM, Licensed Practical Nurse (LPN) D confirmed Resident #25 received hospice services.</p> <p>During an interview on 6/5/2024 at 2:00 PM, MDS Coordinator C confirmed Resident #25 received hospice services and the quarterly MDS assessment dated [DATE] did not include hospice services and was not accurate.</p> <p>49792</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Medical record review revealed Resident #11 was admitted to the facility on [DATE] with diagnoses including Major Depressive Disorder, Anxiety, and Delusional Disorder.</p> <p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #11 scored a 9 on the BIMS assessment which indicated the resident had moderate cognitive impairment and received an anti-psychotic medication. Further review revealed Resident #11 did not have the Delusional Disorder diagnosis coded on the MDS assessment.</p> <p>During an interview on 6/5/2024 at 1:48 PM, Registered Nurse (RN) Clinical Reimbursement Specialist confirmed the MDS assessment dated [DATE] was not coded accurately to reflect Resident #11's active mental health diagnosis of Delusional Disorder.</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49786</p> <p>Based on facility policy review, medical record review, and interview, the facility failed to resubmit a Pre-Admission Screening and Resident Review (PASARR) after new mental health diagnoses were identified for 1 resident (Resident #44) of 12 residents reviewed for PASARR.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Pre-admission Screening and Resident Review, dated 10/4/2022, revealed, .The facility will ensure that potential admissions are .screened for possible serious mental disorders or intellectual disabilities .A negative Level I screen .ends the PASARR process unless a possible serious mental disorder or intellectual disability arises later .Any resident with newly evident or possible serious mental disorder .or a related condition must be referred, by the facility to the appropriate state-designated mental health or intellectual disability authority for review .</p> <p>Medical record review revealed Resident #44 was admitted to the facility on [DATE] with diagnoses including Anxiety, Diabetes, and Colon Cancer.</p> <p>Review of Nurse Practitioner (NP) Progress Note for Resident #44 dated 4/3/2024, revealed Resident #44 was diagnosed with Delusions and Adjustment Reaction with Anxiety and Depression.</p> <p>During an interview on 6/5/2024 at 1:00 PM, NP A stated Resident #44 was diagnosed with Delusions and Adjustment Reaction with Anxiety and Depression upon an intial evaluation conducted on 4/3/2024.</p> <p>During an interview on 6/5/2024 at 2:00 PM, Registered Nurse (RN) Minimum Data Set (MDS) Coordinator A confirmed Resident #44 was not referred for level 2 PASARR after new mental health diagnoses of Delusions and Adjustment Reaction with Anxiety and Depression were identified on 4/3/2024.</p>

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49792</p> <p>Based on facility policy review, medical record review, and interview, the facility failed to ensure a Pre-Admission Screening and Resident Review (PASARR) was accurate upon admission for 1 resident (Resident #11) of 12 residents reviewed for PASARR.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Pre-Admission Screening and Resident Review, dated 10/6/2022, revealed .facility will ensure that potential admissions are .screened for possible serious mental disorders or intellectual disabilities and related conditions .Referring all .residents .with .possible serious mental disorder . or a related condition for level II resident review .</p> <p>Review of a PASARR Level I Screen for Resident #11 dated 2/8/2024, revealed .No mental health diagnosis is known or suspected .</p> <p>Medical record review revealed Resident #11 was admitted to the facility on [DATE] with diagnoses including Major Depressive Disorder, Anxiety, and Delusional Disorder.</p> <p>During an interview on 6/5/2024 at 1:45 PM, the Registered Nurse (RN) Minimum Data Set (MDS) Coordinator A confirmed the facility failed to ensure Resident #11's admission PASSAR screen was accurate to include active diagnoses of Major Depressive Disorder, Anxiety, and Delusional Disorder and failed to submit for level II services for the mental health diagnoses.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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**</b> 49792</p> <p>Based on policy review, medical record review, and interview, the facility failed to implement a comprehensive care plan to reflect a Post Traumatic Stress Disorder (PTSD) diagnosis for 1 (Resident #24) of 18 residents reviewed for care plans.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Person Centered Care Plan, dated 8/16/2022, revealed .Each person will have a person-centered comprehensive care plan developed and implemented to meet .the resident's medical, physical, mental and psychosocial needs .care plan will include measurable goals, timeframes to meet the patient's .psychosocial needs .</p> <p>Review of the facility's policy titled, Trauma Informed Care, dated 8/22/2023, revealed .Based on the comprehensive assessment of a resident .who has a history of .post-traumatic stress disorder receives appropriate treatment and services .</p> <p>Medical record review revealed Resident #24 was admitted to the facility on [DATE] with diagnoses including Dementia, Anxiety, and PTSD.</p> <p>Review of a comprehensive care plan dated 5/21/2024, revealed Resident #24's diagnosis of PTSD was not reflected on the care plan and no interventions had been implemented for the PTSD care.</p> <p>Review of a 5-day Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #24 scored an 11 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had moderate cognitive impairment. Further review revealed Resident #24 had an active diagnosis of PTSD coded on the MDS assessment.</p> <p>During an interview on 6/5/2024 at 9:35 AM, Resident #24 stated he had PTSD upon admission and was not aware of any specialized interventions the facility had to aid in the PTSD diagnosis.</p> <p>During an interview on 6/5/2024 at 1:48 PM, Licensed Practical Nurse (LPN) MDS Coordinator B confirmed the comprehensive care plan for Resident #24 did not reflect the resident's active PTSD mental health diagnosis or interventions.</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 review, observations, and interview the facility failed to secure medications for 1 resident (Resident #7) of 18 residents screened for accidents and hazards.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Storage and Expiration Dating of Medications, Biologicals, dated 8/7/2023, revealed .Store all drugs and biologicals in locked compartments .Facility should ensure that all medications .are securely stored in a locked cabinet/cart or locked medication room that is inaccessible . residents .</p> <p>Medical record review revealed Resident #7 was admitted to the facility on [DATE] with diagnoses including Vascular Dementia, Depression, and Anxiety.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #7 scored a 6 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment.</p> <p>Review of the Nursing Monthly Summary for Resident #7 dated 5/30/2024, revealed the resident was alert and oriented with no confusion.</p> <p>Review of the Physician's Note for Resident #7 dated 6/4/2024, revealed the resident was alert and oriented to person, place, and part of situation.</p> <p>During an observation in Resident #7's bathroom on 6/3/2024 at 11:00 AM, revealed the following medications unsecured on a shelf in the bathroom:</p> <p>1- 60 tablet pack of Azo Yeast Plus (medication used to treat vaginal yeast infections) with 7 tablets remaining in the package.</p> <p>1- 45 gram (gm) tube of Terconazole 0.4% Cream (medication used to treat vaginal infections) approximately 1/2 full.</p> <p>1- 45 gm tube of Miconazole 7 Nitrate 7% Cream (medication used to treat vaginal yeast infections) approximately 3/4 full.</p> <p>1- 18.2 milliliter bottle of Fluticasone Propionate Nasal Spray (medication used to treat allergy symptoms) 3/4 full.</p> <p>During an observation in Resident #7's bathroom on 6/4/2024 at 1:00 PM, revealed the following medications unsecured medications on a shelf in the bathroom:</p> <p>1- 60 tablet pack of Azo Yeast Plus with 7 tablets remaining in the package.</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>1- 45 gm tube of Terconazole 0.4% Cream approximately 1/2 full.</p> <p>1- 45 gm tube of Miconazole 7 Nitrate 7% Cream (medication used to treat vaginal yeast infections) approximately 3/4 full.</p> <p>1- 18.2 milliliter bottle of Fluticasone Propionate Nasal Spray 3/4 full.</p> <p>During an observation and interview in Resident #7's bathroom with Licensed Practical Nurse (LPN) D on 6/5/2024 at 1:00 PM, revealed the following medications unsecured on a shelf:</p> <p>1- 60 tablet pack of Azo Yeast Plus with 7 tablets remaining in the package.</p> <p>1- 45 gm tube of Terconazole 0.4% Cream approximately 1/2 full.</p> <p>1- 45 gm tube of Miconazole 7 Nitrate 7% Cream (medication used to treat vaginal yeast infections) approximately 3/4 full.</p> <p>1- 18.2 milliliter bottle of Fluticasone Propionate Nasal Spray 3/4 full.</p> <p>LPN D stated there were no residents who wandered on the hallway or into other resident rooms. LPN D confirmed the medications had not been provided by the facility or the facility's pharmacy and the medications were stored unsecured on a shelf in the resident's bathroom.</p> <p>Review of a Nurse Practitioner note for Resident #7 dated 6/5/2024, revealed the resident was alert to person, situation, and time.</p> <p>Review of Resident #7's medical record revealed the resident did not have an active vaginal yeast infection.</p> <p>Multiple observations from 6/3/2024-6/5/2024 at various times of the day revealed Resident #7 was in a private room, the door to her room was kept closed, and there were no wandering residents on the hallway.</p> <p>During a telephone interview (1-800-222-1222) on 6/5/2024 at 1:25 PM, Tennessee Poison Control stated the medications including the Miconazole cream was not harmful if swallowed. The medication could cause mild gastric discomfort but would have no long lasting or ill effects if swallowed.</p> <p>During an interview on 6/5/2024 at 2:00 PM, the Director of Nursing (DON) stated Resident #7 was not assessed to self-administer medications and confirmed the medications observed in Resident #7's bathroom were not stored properly.</p>		