

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/23/2025
NAME OF PROVIDER OR SUPPLIER  The Health Center at Standifer Place		STREET ADDRESS, CITY, STATE, ZIP CODE 2626 Walker Rd Chattanooga, TN 37421	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility policy review, medical record review, observation, and interview, the facility failed to revise the care plan for 1 resident (Resident #142) of 42 residents reviewed for care plans. The findings include: Review of the facility's policy titled, Care Plan Policy, dated 12/2023, revealed .comprehensive care plan .includes . services that are to be furnished .maintain the resident's highest practicable .well-being .individualized interventions .care plans are updated as needed .Review of the facility's policy titled, Side Rail Assessment, dated 11/2018, revealed .side rail(s) are used to assist with resident safety, positioning .update care plan as needed .Review of the medical record revealed Resident #142 was admitted to the facility on [DATE] with diagnoses including Dysphagia, Hypertension, and Moderate Protein-Calorie Malnutrition. Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #142 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Review of the comprehensive care plan for Resident #142 dated 7/9/2025, revealed .risk for falls d/t [due to] decreased mobility, unsteady gait, poor safety awareness, and/or medication usage .has a complicating dx [diagnosis] of muscle weakness, lack of coordination, and abnormal posture d/t hereditary ataxias .will be maintained in a safe environment .bilateral 1/4 upper side rails up while resident in bed r/t [related to] resident representative request. Resident representative denied use of any other interventions and requested to keep side rails up for safety/mobility and transfers .R/L [Right/Left] upper side rails raised to assist with bed mobility .During an observation on 7/22/2025 at 7:15 AM, Resident #142 was lying in bed with 2 upper and 2 lower 1/4 side rails in the up position. During an interview on 7/22/2025 at 7:30 AM, Certified Nursing Assistant (CNA) C confirmed Resident #142 had both 1/4 upper and lower side rails in the up position. CNA C stated staff must have put the 4 side rails up when they assisted Resident #142 to bed last night. During an observation on 7/23/2025 at 7:17 AM, Resident #142 was lying in bed with 2 upper and 2 lower 1/4 side rails in the up position. During an interview and observation in Resident #142's room on 7/23/2025 at 7:26 AM, Licensed Practical Nurse (LPN) D confirmed Resident #142 was lying in bed with 2 upper and 2 lower 1/4 side rails in the up position. During an interview on 7/23/2025 at 7:57 AM, the Director of Nursing (DON) and LPN E confirmed Resident #142's care plan was not revised to include the resident's preference for the use of 4 1/4 side rails in the up position. During an interview on 7/23/2025 at 10:19 AM, Resident #142 confirmed he preferred the use of 4 1/4 side rails in the up position to aid in his mobility.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility Respiratory Therapy Manual review, medical record review, observation, and interview, the facility failed to properly date and store a nasal cannula for 1 resident (Resident #220) of 7 residents reviewed for oxygen therapy and failed to properly date an inline suction catheter (closed suction system designed to remove secretions in patients with artificial airways) for 1 resident (Resident #147) of 11 residents sampled with inline suction catheters. The findings include:</p> <p>Review of the facility's undated Respiratory Therapy Manual revealed .Change Out of Respiratory Disposables.applies to OXYGEN .VENTILATORS.SUCTION.Nasal Cannulas.Inline suction catheters.are to be changed weekly.</p> <p>Medical record review revealed Resident #147 was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Acute and Chronic Respiratory Failure, Tracheostomy Status (surgically created opening into the windpipe to provide an alternative airway for breathing), and Ventilator Status (machine used to mechanically support or replace the breathing of a person who is ill, injured or anesthetized).</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #147 scored a 13 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact.</p> <p>Review of a Comprehensive Care plan dated 4/30/2025, revealed Resident #147 had a Respiratory care plan indicating . Vent [Ventilator] chronic .compromised airway secondary to trach [tracheostomy] .decreased secretion clearance .Suction as needed .</p> <p>Review of the Physician Order Report for Resident #147, dated 4/30/2025, revealed .VENT/Trach SUCTION PRN [as needed] .</p> <p>During an observation in Resident #147's room on 7/22/2025 at 9:30 AM, Resident #147's inline suction catheter was observed undated.</p> <p>During an observation and interview in Resident #147's room on 7/22/2025 at 10:00 AM, Resident #147's inline suction catheter was observed undated. Respiratory Therapist (RT) B confirmed Resident #147's inline suction catheter was not dated and was unsure when it had been changed. RT B stated it was the facility's policy all inline suction catheters were to be dated.</p> <p>During an interview on 7/23/2025 at 4:00 PM, the Director of Respiratory Care stated it was her expectation and facility policy that all respiratory disposables, to include inline suction catheters were to be dated. The Director of Respiratory care confirmed if Resident #147's inline suction catheter was not dated when observed on 7/22/2025, staff did not follow facility policy.</p> <p>Review of the medical record revealed Resident #220 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Acute Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease (COPD), and Atrial Fibrillation.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a quarterly MDS assessment dated [DATE], revealed Resident #220 scored a 14 on the BIMS assessment which indicated the resident was cognitively intact.</p> <p>Review of a Care Plan for Resident #220 initiated 1/26/2025 and revised 7/15/2025, revealed .at risk for respiratory complications. She has a dx COPD, Acute Respiratory Failure with Hypoxia.Change tubing per policy.</p> <p>Review of the Physician Order Report for Resident #220, revealed an order dated 6/1/2025 for .Oxygen at 2-5 L [liters]/min [minute] via [by way of] nasal cannula.PRN .</p> <p>During an observation in Resident #220's room on 7/21/2025 at 2:09 PM, an unused nasal cannula was observed connected to the concentrator undated, uncovered and open to air.</p> <p>During an observation and interview in Resident #220's room on 7/22/2025 at 8:38 AM, the 2 West/2 East Assistant Unit Manager confirmed the nasal cannula was observed connected to the concentrator, not dated, and not stored in a bag. The 2 West/2 East Assistant Unit Manager stated the nasal cannula should have been dated and stored in a plastic bag when not in use.</p> <p>During an interview on 7/23/2025 at 1:22 PM, the Director of Respiratory Care confirmed respiratory disposables, such as nasal cannulas should be dated and stored in plastic equipment bags when not in use.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on facility policy review, observation, and interview, the facility failed to ensure garbage and refuse were properly contained in 1 of 3 dumpsters (dumpster B) and failed to ensure the outside dumpster area was maintained in a sanitary and orderly condition. The findings include: Review of the facility's policy titled, Garbage/Refuse Disposal, dated 5/2023, revealed .All garbage, refuse .shall be disposed of in a sanitary manner .The area around dumpsters shall be free of waste products, including paper trash .but not limited to . gloves .to prevent harborage and feeding of pests .During an observation of the outside dumpster area on 7/22/2025 at 10:43 AM, with the Dietary Manager, revealed 3 dumpsters for waste disposal. Observation of the ground surrounding the dumpster area revealed cardboard, multiple gloves, and multiple plastic eating utensils. Further observation revealed 1 dumpster (dumpster B) had no drain plug intact resulting in the dumpster contents being left open to the elements and potential to attract pests. During an interview on 7/22/2025 at 10:45 AM, the Dietary Manager confirmed the dumpster area was not maintained properly, the drain plug for (dumpster B) was not intact and the dumpster contents were not contained properly.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</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 - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility policy review, medical record review, observation, and interview the facility failed to ensure biohazard waste was contained properly for 1 resident (Resident #3) of 6 residents observed on transmission based precautions, failed to ensure a sanitary environment for 1 resident (Resident #95) of 4 residents observed, and failed to offer hand hygiene assistance prior to meals to 5 residents (Residents #244, #199, #268, #359, and #350) on 1 of 4 hallways observed for meal tray distribution. The findings include: Review of the facility's policy titled, Handwashing and Hand Hygiene, dated 10/2024 revealed .staff will encourage residents to complete hand hygiene .before eating .Medical record review revealed Resident #3 was admitted to the facility on [DATE] with diagnoses including Tracheostomy (surgical opening the trachea that provides airway for breathing) and Multi-Drug-Resistant Organisms (MDRO) and was in Contact Precautions and Droplet Precautions. During an observation on 7/21/2025 at 3:08 PM, in Resident # 3's room, revealed the biohazard trash container contents was overflowing with the used Personal Protective Equipment (PPE) onto the floor. Continued observation revealed the cubical curtains were being held in place with the biohazard trash container. Medical record review revealed Resident #95 was admitted to the facility on [DATE] with diagnoses including Malignant Neoplasm of Lower Lobe, Right Bronchus of Lung, Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation, and Hypertension. During an observation on 7/21/2025 at 3:00 PM, revealed Resident #95's urinal was observed with urine, sitting on his overbed table adjacent to his water pitcher. During an interview on 7/21/2025 at 3:30 PM, the Unit Manager stated she was unaware the biohazard trash container was overflowing and stated she did not realize the biohazard trash container was touching the cubicle curtains and held them back in place. The Unit Manager further confirmed the urinal stored on Resident #95's overbed table did not follow safe infection control practices. During an observation on 7/22/2025 at 8:40 AM and 12:04 PM, revealed Resident #95's urinal was observed with urine, sitting on his overbed table adjacent to his water pitcher. During an observation on 7/23/2025 at 7:30 AM, revealed Resident #95's urinal was observed with urine, sitting on his overbed table adjacent to his water pitcher. Review of the medical record revealed Resident #244 was admitted to the facility on [DATE] with diagnoses including Dementia with Psychotic Disturbance, Moderate Protein-Calorie Malnutrition, and Cognitive Communication Deficit. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #244 scored a 3 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident had severe cognitive impairment. Further review revealed Resident #244 required setup or clean-up assistance with eating and required supervision or touching assistance with personal hygiene. Review of Resident #244's comprehensive care plan dated 6/17/2025, revealed .ADLs [Activities of Daily Living] Functional .requires assistance with her ADLs d/t [due to] impaired mobility and generalized weakness r/t [related to] Dementia with Psychosis .lack of coordination .muscle weakness .During an observation on 7/22/2025 at 8:39 AM, of the breakfast meal tray pass, revealed Certified Nursing Assistant (CNA) A brought Resident #244's meal tray into the resident's room and placed the meal tray in front of the resident. CNA A set up the resident's meal tray and failed to offer hand hygiene assistance prior to the meal. Review of the medical record revealed Resident #199 was admitted to the facility on [DATE] with diagnoses including Dementia with Behavioral Disturbance, Muscle Weakness, and Lack of Coordination. Review of Resident #199's comprehensive care plan dated 4/29/2025, revealed .ADLs Functional .requires assistance with her ADLs d/t impaired mobility, generalized weakness .moderately advanced Vascular Dementia .able to feed herself after meal tray is setup .Review of a quarterly MDS assessment dated [DATE], revealed Resident #199 scored a 3 on the BIMS assessment which indicated the resident had severe cognitive impairment. Further review revealed Resident #199 required setup or clean-up assistance with eating and required substantial/maximal assistance with personal hygiene. During an observation on 7/22/2025 at 8:42 AM, of the breakfast meal tray pass, revealed CNA A brought Resident #199's meal tray into the resident's room and placed the meal tray in front of the resident. CNA A set up the resident's meal tray and failed to offer hand hygiene assistance prior to the meal. Review of the medical record revealed Resident #268 was admitted to the facility on [DATE] with diagnoses including Hemiplegia (complete paralysis) and Hemiparesis (loss of strength) following Cerebral Infarction (Stroke) affecting Left Non-Dominant Side and Lack of Coordination. Review of an annual MDS assessment dated [DATE], revealed Resident #268 scored a 15 on the RIMS assessment which indicated the resident was cognitively intact Further review revealed Resident</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 Physical Therapy Gym's mat platform tables were maintained in good repair. The findings include: During an observation on 7/23/2025 at 11:20 AM, in the facility's Physical Therapy Gym, revealed 2 mat platform tables had multiple large rips and tears which exposed the foam padding. During an interview on 7/23/2025 at 11:25 AM, the facility's Director of Therapy, confirmed, .the rips and tears have been there a while and I see what you are saying, they could be a problem, and we do need them covered or replaced .</p>