

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2023
NAME OF PROVIDER OR SUPPLIER Nhc Healthcare, Farragut		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Cavett Hill Lane Knoxville, TN 37922	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation and interview, the facility failed to provide services necessary to maintain a sanitary, orderly, and comfortable interior for 5 residents (Residents #10, #217, #226, #324 and #318) of 91 residents reviewed for environment.</p> <p>The findings include:</p> <p>Resident #10 was admitted to the facility on [DATE] with diagnoses including Hypothyroidism, History of Falling and Depression and resided in room [ROOM NUMBER] bed A.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE] showed Resident #10 had moderate cognitive impairment.</p> <p>Resident #217 was admitted to the facility on [DATE], with diagnoses including History of Falling, Chronic Obstructive Pulmonary Disease and Type 2 Diabetes Mellitus and resided in room [ROOM NUMBER] bed B.</p> <p>Review of an entry MDS assessment dated [DATE] showed Resident #217 was cognitively intact.</p> <p>During an observation and interview on 9/11/2023 at 11:48 AM, in room [ROOM NUMBER], a portable air conditioning unit was positioned on the floor by the window. The unit had a white, plastic, flexible exhaust pipe attached to the unit, and the pipe extended through an open window. The pipe had a plastic frame to secure it in the window between the sash and sill. The poorly fitting pipe frame resulted in cracks, through which the outdoors could be seen, and the cracks were filled with bath towels. The towels were yellowed and soiled. The privacy curtain was open and both residents, Residents #10 and #217 could see the portable unit. Resident #217 stated it had been like that since she was admitted (12 days previous), and the towels had not been changed.</p> <p>Resident #226 was admitted to the facility on [DATE], with diagnoses including Peripheral Vascular Disease, Pneumonitis and Chronic Kidney Disease and resided in room [ROOM NUMBER] bed B.</p> <p>Review of an admission MDS dated [DATE] showed Resident #226 was cognitively intact.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 9/11/2023 at 3:30 PM, in room [ROOM NUMBER], a portable air conditioning unit was positioned on the floor by the window, and it had a flexible exhaust pipe extending out through the window. Bath towels were crumpled up in the void between the plastic frame holding the exhaust pipe and the window sash. The towels were dirty, yellowed and damp. The resident stated she wasn't aware of how long the unit had been there. The privacy curtain was closed, and the roommate stated she never saw the portable unit.</p> <p>During an observation on 9/13/2023 at 9:40 AM, in room [ROOM NUMBER], the portable air conditioning unit and towels were still in place, and the privacy curtain was closed.</p> <p>Resident #324 was admitted to the facility on [DATE] with diagnoses including Acute Embolism and Thrombosis of the Right Popliteal Vein and Glaucoma and resided in room [ROOM NUMBER].</p> <p>Review of an admission MDS assessment dated [DATE] showed Resident #324 was cognitively intact.</p> <p>During an observation and interview on 9/11/2023 at 1:50 PM, room [ROOM NUMBER] had a portable heating and air unit beside the window that had an exhaust pipe attached to an exterior window. There were towels placed around the exhaust pipe that were damp and had brownish yellow stains. The resident stated the portable heating and air unit had been there since she admitted to the facility (3 days previous), and the staff had placed towels around the exhaust pipe to absorb condensation.</p> <p>During an observation on 9/12/2023 at 9:35 AM, in room [ROOM NUMBER], towels were still around the exhaust pipe that were damp with brownish yellow stains present.</p> <p>During an observation and interview on 9/12/2023 at 1:56 PM, with the Maintenance Director in rooms 355, 361 and 413, the Director stated the facility was forced to provide portable heating and air units because the air conditioning system in those rooms was not working properly. The towels were used to fill the cracks around the frame to keep water and insects out. The Maintenance Director observed the towels pushed in the cracks to be yellowed and dirty and confirmed the towels filling the cracks around the exhaust pipe in rooms 355, 361 and 413 were unsanitary and did not maintain an orderly and homelike environment.</p> <p>Resident #318 was admitted to the facility on [DATE] with diagnoses including Rheumatoid Arthritis, Immunodeficiency, and Obesity and resided in room [ROOM NUMBER].</p> <p>Review of an admission MDS assessment dated [DATE] showed Resident #318 was cognitively intact.</p> <p>During an observation on 9/11/2023 at 1:35 PM, room [ROOM NUMBER] had a foul odor, and there were 2 large dark-brown stains, approximately 12 inches in diameter, on the carpet at the bottom right side of the resident's bed.</p> <p>During an interview on 9/11/2023 at 1:38 PM, Resident #318 stated there was a strong smell in her room (room [ROOM NUMBER]) which had been present during her entire stay at the facility. The resident stated when her family or guests came to visit her, they would complain about the smell to her. The resident stated in her opinion, the odor reminded her of cooked broccoli and garlic.</p> <p>During an observation on 9/12/2023 at 9:30 AM, room [ROOM NUMBER] continued to have a robust odor consistent with that of cooked vegetables.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/12/2023 at 2:20 PM, in room [ROOM NUMBER], the Housekeeping Director stated there was an unknown odor in room [ROOM NUMBER] which could be related to the dark-brown stains on the carpet.</p> <p>During an interview on 9/12/2023 at 2:23 PM, the Maintenance Director stated Resident #318's room had an . unknown odor with unknown stains . present on the carpet. The Maintenance Director stated he did not know where the odor was coming from but thought it could be from the carpet which needed to be shampooed. The Maintenance Director confirmed Resident #318's room was not consistent with a home-like environment.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, record review, observation and interview, the facility failed to provide a summary of the baseline care plan to 1 resident (Resident #218) of 24 residents reviewed for baseline care plans.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Nursing Services, dated 2/2023, showed .A baseline care plan is developed to address the immediate needs .within 48 hours of .admission .summary of the baseline care plan will be shared with the patient and the representative .</p> <p>Resident #218 was admitted to the facility on [DATE] with diagnoses including Traumatic Subdural Hemorrhage, History of Falling and Depression.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], showed Resident #218 was cognitively intact.</p> <p>During an interview on 9/12/2023 at 8:19 AM, Resident #218 stated she did not receive a summary of her baseline care plan.</p> <p>Record review showed no documentation Resident #218 received a summary of her baseline care plan.</p> <p>During an interview on 9/13/2023 at 11:23 AM, the Social Services Coordinator (SSC) stated she interviewed the resident on 8/28/2023 and discussed her medical history and her discharge plan. The SSC stated the RN Unit Manager was responsible for reviewing the baseline care plan with the cognitively intact resident. The SSC confirmed there was no documentation that the resident was given a summary of the baseline care plan and that the Resident was cognitively intact.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview the facility failed to implement the comprehensive care plan for 1 resident (Resident #45) related to wounds of 3 residents reviewed for wounds.</p> <p>The findings include:</p> <p>Resident #45 was admitted to the facility on [DATE] with diagnoses including, Left Femur Fracture, History of Falling, Dementia, and Pressure Induced Deep Tissue Damage of Left Heel.</p> <p>Review of a Physician Order dated 8/15/2023, showed .PATIENT TO HAVE L [LEFT] HEEL PROTECTOR ON WHEN IN BED .</p> <p>Review of Resident #45's comprehensive care plan dated 8/15/2023, showed .PATIENT TO HAVE L HEEL PROTECTOR ON WHEN IN BED .</p> <p>During an observation on 9/13/2023 at 10:25 AM, Resident #45 was lying in bed and the left heel protector was not in place.</p> <p>During an interview on 9/13/2023 at 10:26 AM, the wound care Licensed Practical Nurse confirmed Resident #45 did not have the left heel protector in place I'm not sure why but I will find out.</p> <p>During an interview on 9/13/2023 at 3:30 PM, the Director of Nursing confirmed the facility failed to implement the care plan for Resident #45 related to heel protector in place to the left heel while in bed.</p>

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview the facility failed to update a comprehensive care plan to include an identified need for 1 resident (Resident #9) out of 22 residents reviewed.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Comprehensive Care Plan, dated 2/2023, showed .Decision making/planning is based on identified needs/problems and builds on patient strengths while taking into account the patient's preferences .</p> <p>Resident #9 was admitted to the facility on [DATE] with diagnoses including Moderate Protein-Malnutrition, Fracture Left Humerus, Mass Upper Right Limb, and Osteoporosis.</p> <p>Review of Resident #9's comprehensive care plan dated 8/16/2023 showed no prompted toileting had been added as an intervention for bladder incontinence due to bladder leakage.</p> <p>Review of Resident #9's admission Minimum Data Set (MDS) assessment dated [DATE] showed resident had a Brief Interview for Mental Status score of 15 which indicated the resident was cognitively intact and was frequently incontinent of bowel and bladder.</p> <p>Review of Resident #9's Bowel and Bladder assessment dated [DATE], showed the resident was not always incontinent of bowel and bladder, a score of 10 indicated resident was a candidate for scheduled/prompted toileting.</p> <p>During an interview on 9/12/2023 at 3:23 PM, Resident #9 revealed the staff do not offer to take me to the bathroom, they just change me when I am wet, I would like to go to the bathroom.</p> <p>During an interview on 9/12/2023 at 3:35 PM, Certified Nurse Aide (CNA) #1, revealed .I have received no instructions to do prompted toileting for the resident .</p> <p>During an interview on 9/12/2023 at 3:45 PM, Registered Nurse Unit Manager #2 confirmed prompted toileting had not been added to the care plan and was not implemented as an intervention for Resident #9.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interview, the facility failed to follow a physician's order for a pressure reducing device for 1 resident (Resident #45) of 3 residents reviewed for pressure ulcers.</p> <p>The findings include:</p> <p>Resident #45 was admitted to the facility on [DATE] with diagnoses including Fracture of Left Femur, Presence of a Left Artificial Hip Joint, Dementia, Pressure-Induced Deep Tissue Damage of the Left Heel, and Encounter for Palliative Care.</p> <p>Review of the Braden Scale assessment dated [DATE], showed a score of 16, which indicated Resident #45 was at risk for skin breakdown.</p> <p>Review of a significant change Minimum Data Set (MDS) assessment dated [DATE], showed a Brief Interview for Mental Status (BIMS) score was 4, which indicated Resident #45 had severe cognitive impairment, required limited one person assistance with bed mobility, had risk of pressure ulcers present, had the presence of an unstageable deep tissue injury (DTI), utilized a pressure reducing device, and had received hospice care.</p> <p>Review of a Weekly Skin Observation dated 8/29/2023, showed Resident #45's wound (left heel) measured 1.5 centimeters (cm) x 2.0 cm and was non-blanchable with purple discoloration.</p> <p>Review of the current physician's orders dated 9/2023, showed Paint DTI [deep tissue injury] to Left (L) Heel with Betadine four times a day. Patient to have L Heel Protector on when in bed.</p> <p>During an observation on 9/12/2023 at 2:05 PM, Resident #45 was lying in bed and the left heel protector was not in place.</p> <p>During an observation on 9/13/2023 at 10:25 AM, Resident #45 was lying in bed and the left heel protector was not in place.</p> <p>During an interview on 9/13/2023 at 10:26 AM, the Wound Care Licensed Practical Nurse (LPN) confirmed Resident #45 did not have the left heel protector in place. The Wound Care LPN stated, .I'm not sure why but I will find out .</p> <p>During an interview on 9/13/2023 at 3:30 PM, the Director of Nursing (DON) confirmed the facility failed to follow the physician orders related to heel protector to the left heel while in bed.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observation and interview, the facility failed to provide necessary treatment and services, consistent with professional standards of practice, for 1 resident (Resident #40) of 3 residents reviewed for wound care.</p> <p>The findings include:</p> <p>Resident #40 was admitted to the facility on [DATE] with diagnoses including Muscle Weakness, Long Term (current) Use of Anticoagulants, Other Giant Cell Arteritis, Long Term (current) Use of Systemic Steroids, Peripheral Vascular Disease, and Acquired Absence of Other Right Toes.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], showed the resident scored a 15 on the Brief Interview for Mental Status (BIMS), which indicated the resident was cognitively intact. Further review showed Resident # 40 had a pressure reducing device on the chair and bed and the resident had venous and arterial ulcers.</p> <p>Review of Resident #40's comprehensive care plan dated [DATE], showed .Right lower extremity wounds cleanse right lateral foot with wound cleanser, pat dry, apply Betadine [used as an antiseptic for the treatment of common skin infections], gauze wrap with kerlex secure with paper tape .Cleanse wound to right medial foot with wound cleanser, pat dry, paint with betadine and apply [a type of wound dressing], gauze, [absorbant dressing] and, wrap with kerlex secure with paper tape .Paint right third toe with betadine except for bone, place silver alginate between toes, cover exposed bone with [a specialized product for wound care], cover with gauze, wrap in kerlex, secure with paper tape Monday, Wednesday, and Friday .</p> <p>Review of a Physician Order dated [DATE], showed .TREATMENT TO R [RIGHT] LATERAL AND MEDIAL FOOT .APPLY BETADINE .</p> <p>During an observation of wound care on [DATE] at 9:45 AM, Wound care Licensed Practical Nurse (LPN) gathered the wound care supplies, provided wound care as ordered to include applying betadine to the right foot. Observation of the betadine used by LPN Wound Care showed it had expired on 2/2023.</p> <p>During an interview on [DATE] at 9:55 AM, the Wound Care LPN confirmed the betadine used on Resident #40's right foot was out of date and expired 2/2023.</p> <p>During an interview on [DATE] at 10:33 AM, the Medical Director stated the expired betadine would not delay wound healing.</p> <p>During an interview on [DATE] at 2:01 PM, the Pharmacist stated he researched the manufacturer of the betadine, and found the expiration date was not a firm not use by date. The Pharmacist stated, in his professional opinion, use of the betadine that expired 2/2023 would not cause a delay in wound [NAME].</p> <p>During an interview on [DATE] at 3:30 PM, the Director of Nursing (DON) confirmed the facility used expired betadine solution to treat Resident #40's right foot wounds and did not meet the facility's expectations.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and interview the facility failed to provide scheduled/prompted toileting, a Bowel and Bladder need identified for 1 resident (Resident #9) out of 22 residents reviewed.</p> <p>The findings include:</p> <p>Resident #9 was admitted to the facility on [DATE] with diagnoses including Moderate Protein-Malnutrition, Fracture Left Humerus, Mass Upper Right Limb, and Osteoporosis.</p> <p>Review of Resident #9's Comprehensive Care Plan dated 8/16/2023, showed no prompted toileting had been added as an intervention for bladder incontinence due to bladder leakage.</p> <p>Review of Resident #9's admission Minimum Data Set (MDS) assessment dated [DATE] showed resident had a Brief Interview for Mental Status score of 15 which indicated the resident was cognitively intact and was frequently incontinent of bowel and bladder.</p> <p>Review of Resident #9's Bowel and Bladder assessment dated [DATE], showed the resident is not always incontinent of bowel and bladder, a score of 10 indicated resident was a candidate for scheduled/prompted toileting.</p> <p>During an interview on 9/12/2023 at 3:23 PM, Resident #9 revealed, the staff do not offer to take me to the bathroom, they just change me when I am wet, I would like to go to the bathroom.</p> <p>During an interview on 9/12/2023 at 3:35 PM, Certified Nurse Aide (CNA) #1 revealed .I have received no instructions to do prompted toileting for the resident .</p> <p>During an interview on 9/12/2023 at 3:45 PM, Registered Nurse Unit Manager #2 confirmed scheduled/prompted toileting had not been added to the care plan and was not implemented as an intervention for Resident #9.</p> <p>During an interview on 9/13/2023, the MDS Coordinator revealed the scheduled/prompted toileting need, identified through the Bowel and Bladder assessment dated [DATE], was used as guidance. The facility was not required to provide the intervention due to the resident had admitted to the facility with bladder leakage and wore briefs at home. Further interview confirmed no formal scheduled/prompted Bowel and Bladder program had been implemented for Resident #9.</p>		

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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility's Nurse Aide Training (NAT) program, review of work schedules and interview, the facility failed to ensure 1 of 4 Nurse Aides (NA) #1 was removed from the working schedule and not allowed to perform the duties of a Certified Nursing Assistant (CNA) after 120 days of taking the NAT program.</p> <p>The findings include:</p> <p>Review of the facility's working schedule for the months of 8/2023 and 9/2023 showed NA #1 had worked as a NA and performed direct resident care.</p> <p>During an interview on 9/12/2023 at 10:22 AM, NA #1 stated he had worked at the facility for 5 months, continued to provide direct resident care, and took the certification test on 9/12/2023.</p> <p>During an interview on 9/13/2023 at 7:48 AM, the NAT Instructor stated NA #1 had taken the NA certification examination on 9/12/2023 and had passed. The NAT Instructor stated NA #1 had worked at the facility providing direct resident care since 4/3/2023.</p> <p>During an interview on 9/13/2023 at 8:25 AM, the Registered Nurse Unit Manager stated NA #1 had worked on the floor as an NA.</p> <p>Review of NA #1's employee file showed he was hired on 4/3/2023 and is currently employed as a NA.</p> <p>During an interview on 9/13/2023 at 8:15 AM, the Administrator confirmed NA #1 had completed the NAT class at the facility, had worked on the floor as an NA, and had tested on [DATE] for the NA certification. The Administrator confirmed NA #1 had not tested within the 120 day time frame of completing the NAT program.</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>Based on facility policy review, observation, and interview, the facility failed to maintain a sanitary kitchen environment by failing to properly store opened food items that were observed in 1 of 1 dry storage room and 1 of 1 reach in freezer with the potential to affect 89 of 91 residents.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Safety & Sanitation Best Practice Guidelines, dated 11/2017, showed . REFRIGERATOR AND FREEZER STORAGE .Foods will be stored .Clearly labeled with the contents and the use by date . DRY STORAGE .if opened .should be clearly labeled .</p> <p>During a tour of the kitchen on 9/11/2023 at 10:47 AM, with the Dietary Manager and the Regional Dietician, the following items were found.</p> <p>In the dry storage:</p> <p>1- 3.9 liter bottle of olive oil, 1/8 full, opened, and unlabeled</p> <p>1- 16-ounce jar of low sodium chicken base, full, opened, and unlabeled</p> <p>In the reach-in freezer:</p> <p>1- 5 pound bag sweet potato fries, 1/2 full, opened, and unlabeled</p> <p>During an interview on 9/11/2023 at 11:03 AM, the Dietary Manager confirmed the olive oil, chicken base and sweet potato fries were stored incorrectly and available for resident use.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2023
NAME OF PROVIDER OR SUPPLIER Nhc Healthcare, Farragut		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Cavett Hill Lane Knoxville, TN 37922	

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 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 dispose of garbage and refuse properly in 1 of 2 dumpsters.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Safety & Sanitation Best Practice Guidelines, dated 11/2017, showed . WASTE MANAGEMENT .Receptacles and waste handling units shall be kept covered .after they are filled . Dumpsters will be checked routinely for cleanliness .debris .Doors are to be kept closed except during use .</p> <p>An observation of 2 dumpsters on 9/11/2023 at 11:05 AM, with the Dietary Manager and the Regional Dietician, showed the left dumpster was full, contained food containers and was uncovered. Food containers were found on the ground around the dumpster attracting flies and bees.</p> <p>During an interview on 9/11/2023 at 11:10 AM, the Dietary Manager confirmed the area around the dumpster was littered with food containers and the left dumpster was not covered, which allowed pests to enter, and was not a sanitary environment.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2023
NAME OF PROVIDER OR SUPPLIER Nhc Healthcare, Farragut		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Cavett Hill Lane Knoxville, TN 37922	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, and interview, the facility failed to maintain an accurate medical record for 1 Resident (#6) of 19 residents reviewed.</p> <p>The findings include:</p> <p>Resident #6 was admitted to the facility on [DATE] with diagnoses including Type 2 Diabetes Mellitus, Long Term Current Use of Insulin, Hypertension, Dementia, and Major Depressive Disorder.</p> <p>Review of Resident #6's physicians orders dated 8/17/2023, showed fasting blood sugar before meals and at bedtime and contact the provider (Physician or Nurse Practitioner) for blood sugar less than 70 and greater than 400.</p> <p>Review of the medication administration record (MAR) for [DATE] showed an entry on 8/18/2023, .Blood Sugar .424 .called [Nurse Practitioner] .and order received to give 12 units lispro insulin .and retest in 2 hr [hour] . Continued review showed no documentation the 12 units of insulin had been administered or the retest of the blood sugar (BS) had been documented on the MAR.</p> <p>During an interview on 9/13/2023 at 4:43 PM, the Director of Nursing (DON) stated she had contacted Registered Nurse #1, the RN had administered 12 units of insulin to Resident #6, rechecked the BS 2 hours later as ordered, and the BS was within normal range.</p> <p>During an interview on 9/13/2023 at 4:55 PM, the DON confirmed the facility failed to maintain an accurate medical record related to insulin administration and rechecks of a BS level for Resident #6.</p>		