STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445528	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of East Ridge	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interview, the facility failed to properly store a nebulizer mask (a drug delivery device used to administer medication in the form of a mist which is inhaled into the lungs) for 2 residents (Resident #94 and Resident #115) of 5 sampled residents.The findings include: Review of the facility's undated policy titled, Lippincott procedures-Nebulizer Treatment, small volume, revealed .The equipment the needs to be cleaned with an EPA [Environmental Protection Agency] registered hospital disinfectant. Allowed to air dry, and then bagged .Nebulizer circuit should be stored in a patient-care set-up bag. Labeled with the patient's name and dated . Review of the medical record revealed Resident #94 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease (COPD) with (Acute) Exacerbation, Chronic Respiratory Failure with Hypoxia, Emphysema, and Solitary Pulmonary Nodule. Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #94 scored a 15 on the Brief Interview of Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review revealed Resident #94 required the assistance of one or more staff members with activities of daily living (ADL's). Review of the comprehensive care plan for Resident #94 revised 6/26/2025, revealed the facility identified the resident as having pulmonary problems, requiring oxygen therapy as a result of a history of smoking. An intervention implemented was to .Give aerosol or bronchodilators as ordered . Review of the Medication Administration Record (MAR) for Resident #94 dated 8/2025, revealed the resident received .Budesonide Inhalation Suspension .Inhale orally two times a day for COPD . The medication was given twice per day 8:00 AM and 8:00 PM. During an observation on 8/18/2025 at 11:30 AM, in Resident #94's room, revealed Resident #94 had a nebulizer mask stored on the bedside table. Further observation revealed the nebulizer mask was open to air. During an observation on 8/18/2025 at 12:15 PM, in Resident #94's room, revealed Resident #94's nebulizer mask was stored open to air and there was no oxygen storage bag observed on or around the table. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 8/18/2025 at 12:22 PM, in Resident #94's room, revealed the 200/300 Unit Manager confirmed the facility staff should store the resident's nebulizer mask in a plastic storage bag clearly marked with the resident's name. The 200/300 Unit Manager confirmed Resident #94's nebulizer mask was not stored in accordance with facility policy. Review of the medical record revealed Resident #115 was admitted to the facility on [DATE] with diagnoses including Fracture of Left Femur, Presence of Left Artificial Hip Joint, and Chronic Respiratory Failure with Hypoxia. Review of the Order Summary Report for Resident #115 dated 8/12/2025, revealed .Ipratropium-Albuterol Solution [inhaled medication used to open up airways in the lungs] 0.5 -2.5 .MG [milligrams]/3ML [milliliters] . 3 ml inhale orally via nebulizer every 4 hours as needed for SOB [shortness of breath]/wheezing . Review of the comprehensive care plan for Resident #115 dated 8/13/2025, revealed .resident .with reported SOB at rest, with exertion and lying flat .Medications as ordered . Review of the MAR for Resident #115 dated 8/2025, revealed the resident received .Ipratropium – Albuterol Solution 0.5 -2.5 .MG/3ML .orally via nebulizer . on 8/13/2025 at 6:26 AM. During an observation on 8/18/2025 at 11:45 AM, Resident #115 was lying in a recliner next to the bed in his room. There was a nebulizer mask attached to the nebulizer machine on the table beside the bed. The nebulizer mask was uncovered, and open to air. During an observation on 8/18/2025 at 3:14 PM, Resident #115 was lying in bed with his eyes closed. There was a nebulizer mask attached to the nebulizer machine on the table beside the bed. The nebulizer mask was uncovered, and open to air. During an interview on 8/18/2025 at 3:55 PM, the Director of Nursing (DON) stated nebulizer masks were to be stored in a bag in between uses to maintain infection control standards. This surveyor showed the DON the picture of the resident's nebulizer mask on the bedside table. The DON confirmed the nebulizer mask had not been stored appropriately. The DON confirmed Resident #115 had no respiratory infections since admission. During an interview on 8/18/2025 at 3:58 PM, the Assistant Director of Nursing (ADON) confirmed he had placed Resident #115's nebulizer mask in a bag .just a few minutes ago . The ADON confirmed the nebulizer mask had been lying on the resident's bedside table uncovered and open to air prior to him placing it in a bag .just a few minutes ago . The ADON confirmed the nebulizer mask was not stored appropriately.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observation, and interview, the facility failed to ensure temperatures for the kitchen beverage cooler and high temperature dishwasher were maintained at the recommended temperature to minimize growth of microorganisms. The findings include:Review of the facility policy titled, Food Safety and Sanitation, revised 9/8/2022, revealed .Ambient temperatures in refrigerators/coolers are to remain at or below 41* F [degrees Fahrenheit] .Temperatures are recorded at least twice daily on the Refrigerator/Freezer Temperature Log .any problems will be reported immediately to the Director of Food and Nutrition Services /Maintenance .Dish machine will be used in accordance with the manufacturer specification .The temperature of the wash rinse cycle will be recorded a minimum of three times per day on a High Temperature Dish Machine Log .A surface temperature test using a surface temperature indicator strip should be completed and logged daily on the High Temperature Dish Machine Log .Review of the manufacturer manual titled, [NAME] SERVICE AM15 DISHWASHER TECHNICAL MANUAL 208-240V/60/3, revealed .Hot Water .Wash Temperature .Recommended Wash .150* F Recommended Rinse .180 *F . During the initial kitchen tour, observation, and interview on 8/18/2025 at 10:30 AM, with the Dietary Manager (DM) revealed the temperature log for the beverage cooler had a recorded temperature of 42 degrees on 7/4/2025. The DM confirmed the temperature was above the recommended 41 degrees and she is responsible for reviewing the logs weekly. The DM stated she was not made aware of the out of range temperature and when she reviewed the log she missed it. Further observation revealed the temperature log for the high temperature dishwasher had recorded rinse temperatures of 174 degrees at lunch and 171 degrees at dinner on 8/1/2025, 171 degrees at lunch and 160 degrees at dinner on 8/2/2025,175 degrees at lunch and 170 degrees at dinner on 8/3/2025,160 degrees at lunch on 8/5/2025,160 degrees at lunch on 8/6/2025, 160 degrees at lunch on 8/10/2025, and 170 degrees at lunch on 8/12/2025. Further observation revealed surface temperature checks were not recorded on the high temperature dishwasher log 8/1/2025-8/17/2025. The DM confirmed the temperature was below the recommended 180 degrees and the temperature checks were not recorded and she is responsible for reviewing the logs weekly. The DM stated she was not made aware of the out-of-range temperature or omitted surface temperature ranges and when she reviewed the log she missed it.During an observation and interview on 8/20/2025 at 11:50 AM, the Administrator and DM confirmed the temperature logged on the Refrigerator/Freezer Temperature Log 7/4/2025, the High Temperature Dish Machine Log rinse temperatures on 8/1/2025, 8/2/2025, 8/3/2025, 8/5/2025, 8/6/2025, 8/10/2025, and 8/12/2025 were out of the recommended ranges and the surface temperatures 8/1/2025-8/17/2025 were omitted. The administrator and DM confirmed the abnormal and omitted temperatures were not reported immediately to the DM per facility policy and were missed when reviewed by the DM.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to ensure assessment for contraindications to COVID-19 vaccines were documented in the medical record for 1 resident (Resident #1) of 5 residents reviewed for immunizations.The findings include:Review of the facility's policy titled, COVID-19 (SARS-CoV-2) Vaccination Program Policy for Residents, revised on 4/22/2025, revealed .facility will ensure that residents are offered the COVID-19 vaccine unless the immunization is medically contraindicated, or the resident has already been immunized .Procedure Vaccination Screening .The facility should check for the following .Prior vaccination status .The presence of medical precautions and contraindications .Once screening is completed the facility should offer residents vaccination against COVID-19 .Review of the medical record revealed Resident #1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Polyneuropathy, Emphysema, Severe Protein-Calorie Malnutrition, Adult Failure to Thrive, and Acute Respiratory Failure with Hypoxia.Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #1 was up to date with the Covid-19 vaccinations.Review of the medical record revealed Resident #1 received .SARS-COV-2 (COVID-19) .Moderna Spikevax .8/11/2025 .Review of the Resident COVID-19 Immunization Screening and Consent Form dated 8/11/2025, revealed the Screening Questionnaire portion of the form had not been completed. It was noted the resident gave verbal consent to receive the vaccine and it was administered in the left arm.During an interview on 8/19/2025 at 9:08 AM, the Infection Preventionist (IP) stated residents were screened for eligibility to receive vaccines and the screening was part of the medical record. The Resident COVID-19 Immunization and Consent Form was used to screen for eligibility and contraindications for the COVID-19 vaccine. The IP confirmed Resident #1 was screened for eligibility and medical contraindications according to the Resident COVID-19 Immunization and Consent Form and had no contraindications to receive the vaccine. The IP confirmed .I just didn't document on the form . The IP stated Resident #1 had no adverse reactions to the COVID-19 vaccine administered on 8/11/2025.During an interview on 8/19/2025 at 12:24 PM, the Medical Director stated it was the expectation that residents were screened for medical contraindications prior to immunizations. The Medical Director confirmed Resident #1 had no adverse reactions to the COVID-19 vaccine.During an interview on 8/19/2025 at 4:20 PM, the Director of Nursing (DON) confirmed residents were to be screened for eligibility and medical contraindications prior to administration and documented in the medical record. The DON confirmed Resident #1's Screening Questionnaire for the COVID-19 vaccine administered on 8/11/2025 was not completed and should have been.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews the facility failed to ensure enhanced barrier precautions were followed for 1 resident (Resident #104) of 16 residents reviewed for enhanced barrier precautions (EBP). The findings include:Review of the facility's policy titled, Enhanced Barrier Precautions, dated 6/3/2024 revealed .The facility should use Enhanced Barrier Precautions (EBP) . during high-contact resident care activities .Wounds and/or indwelling medical devices .Indwelling medical devices examples include central lines, urinary catheters .Review of the medical record revealed Resident #104 was admitted to the facility on [DATE] with diagnoses of Neuromuscular Dysfunction of Bladder and Retention of Urine.Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #104 scored a 13 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Further review the resident had an indwelling urinary catheter.Review of the comprehensive care plan for Resident #104 revised 8/16/2025, revealed .The resident has Indwelling Catheter .Catheter care every shift .Enhanced barrier precautions . Review of the Physician's Orders for Resident #104 dated 8/18/2025, revealed .indwelling catheter .change catheter bag as needed .indwelling catheter to straight drainage .D/C [discontinue] foley in AM [8/19/2025] .Replace in 6 hours if no void . Further review revealed there were no orders for enhanced barrier precautions.During an observation on 8/18/2025 at 11:22 AM, revealed Resident #104 had an indwelling urinary catheter attached to the wheelchair with dignity covering in place. Further observation revealed there was no enhanced barrier precaution signage to the entrance of the room or any personal protective equipment (PPE) present for staff use.During an observation on 8/18/2025 at 2:20 PM, in Resident's #104's bathroom, revealed Certified Nurse Assistant (CNA) F assisted Resident #104 to the restroom and failed to wear the appropriate personal protective equipment (PPE) during care. During an interview on 8/18/2025 at 2:24 PM, CNA F stated she assisted Resident #104 to the restroom and provided toileting hygiene for Resident #104. CNA F confirmed she failed to wear the appropriate PPE (gown and protective eye wear) during personal care for Resident #104.During an interview on 8/18/2025 at 2:40 PM, Resident #104 stated staff does not wear gowns or protective eyewear while providing routine care or emptying her urinary catheter bag. During an observation on 8/19/2025 at 2:05 PM in Resident's #104's room, revealed no personal protective equipment and no enhanced barrier sign to the entrance of the room. During an interview on 8/19/2025 at 2:15 PM, the Registered Nurse (RN) Supervisor stated Resident #104 was not on enhanced barrier precautions. The RN Supervisor stated if residents are placed on EBP there would be a cart outside door with PPE available and signs on doors. During an interview on 8/19/2025 at 2:25 PM, the Infection Preventionist (IP) confirmed Resident #104 required enhanced barrier precautions related to her indwelling urinary catheter.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview the facility failed to assess 2 residents (Residents #1 and #10) for medical contraindications prior to providing the Influenza vaccine of 5 residents reviewed for immunizations. The findings include:Review of the facility's policy titled, Influenza Vaccine Policy for Residents, dated 9/24/2024, revealed .Medical contraindication refers to a condition or risk that precludes the administration of a treatment or intervention because of the substantial probability that harm to the individual may occur .Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated, or the resident has already been immunized during this time period .Procedure - Influenza Vaccine .The resident is assessed for possible contraindications .If contraindications are noted or if the nurse has any questions based on the assessment, the physician is notified of the assessment findings for further directions .assessment findings .are documented in the resident's medical record .Review of the Universal Vaccine Informed Consent/Declination Form with a revised date of 10/1/2024, revealed a questionnaire to screen for fever and current sickness, allergies (latex, polyethylene, glycol, polysorbate, eggs, bovine protein, gelatin, gentamycin, polymyxin, neomycin, phenol, yeast, or thimerosal), history of Guillain-Barre Syndrome (a condition where the immune system attacks the nerves), conditions that weaken the immune system (Cancer, Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, transplant recipient, Lymphoma, Leukemia), and medications that may have weakened the immune system in the last 3 months (Prednisone, anticancer drugs/treatments, and drugs for treatment of autoimmune disorders). Review of the medical record revealed Resident #1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Polyneuropathy, Emphysema, Severe Protein-Calorie Malnutrition, Adult Failure to Thrive, and Acute Respiratory Failure with Hypoxia. Review of the INFORMED CONSENT FOR INFLUENZA VACCINE for Resident #1 dated 10/17/2024, revealed the resident's emergency contact consented to the vaccine administration. Review of the medical record revealed Resident #1 received .Influenza- Flucelvax .Left Deltoid .10/17/2024 . Continued review of the medical record revealed no screening for medical contraindications was completed for Resident #1 prior to Influenza vaccine administration on 10/17/2024. Review of the medical record revealed Resident #10 was admitted to the facility on [DATE] with diagnoses including Metabolic Encephalopathy, Chronic Kidney Disease, Dementia, and Chronic Respiratory Failure with Hypoxia. Review of the INFORMED CONSENT FOR INFLUENZA VACCINE dated 10/21/2024, revealed the resident's emergency contact consented to the vaccine. Review of the medical record for Resident #10 revealed the resident received .Influenza - Flucelvax . Left Deltoid .10/21/2024 . Continued review of the medical record revealed no screening for medical contraindications was completed for Resident #10 prior to Influenza vaccine administration on 10/21/2024. During an interview on 8/19/2025 at 9:08 AM, the Infection Preventionist (IP) stated residents were to be screened for eligibility to receive vaccines and the screening was to be part of the medical record. The IP stated she looked to see if the resident had a fever and checked to see if the resident had already received the vaccine. The IP stated residents were to be screened for eligibility and medical contraindications to receive the Influenza vaccine using the Universal Vaccine Informed Consent/Declination Form and stated .I just found this form [Universal Vaccine Informed Consent/Declination Form] .I didn't know I was supposed to be using it . The IP confirmed no screening for medical contraindications had been conducted for Resident #1 prior to the 10/17/2024 Influenza vaccine administration. Resident #1 had no adverse reaction to the Influenza vaccine. The IP confirmed no screening for medical contraindications had been conducted for Resident #10 prior to the 10/21/2024 Influenza vaccine. Resident #10 had no adverse reaction to the Influenza vaccine. During an interview on 8/19/2025 at 12:24 PM, the Medical Director stated it was the expectation that residents were screened for medical contraindications prior to immunizations. The Medical Director stated Residents #1 and #10 had no adverse reaction to the Influenza vaccines. During an interview on 8/19/2025 at 4:20 PM, the Director of Nursing (DON) confirmed residents were to be screened for eligibility and medical contraindications of vaccines prior to administration and documented in the medical record. The DON confirmed Residents #1 and #10 had not been screened for medical contraindications prior the Influenza Vaccines.