

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 04/20/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF BLOUNT COUNTY		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, facility documentation review, and interview, the facility failed to report a fall and implement interventions after a fall for 1 resident (Resident #1) of 4 residents reviewed for accidents. The findings include: Review of the facility's policy titled Fall Management dated 4/15/2019 showed .To promote patient safety .reduce falls by proactively identifying, care planning and monitoring of patient's fall indicators .Fall refers to unintentionally coming to rest on the ground, floor, or other lower level .A fall without injury is still a fall .Unless evidence suggests otherwise, when a resident is found on the floor, a fall is considered to have occurred . Review of the medical record, showed Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] showed Resident #2 was moderately cognitively impaired and had a history of [REDACTED]. Further review showed the resident had functional limitations in range of motion on 1 upper extremity, used a wheelchair, and was occasionally incontinent of bowels and bladder. Review of Resident #1's comprehensive care plan 11/19/2020 showed the resident was at risk for falls. Review of the Resident #1's falls incident documentation dated 2/2020 through 4/2020 showed the resident had a fall on 2/16/2020, 2/23/2020, 3/9/2020, and on 4/8/2020 for a total of 4 falls during this time period. During a telephone interview on 4/16/2020 at 1:45 PM Licensed Practical Nurse (LPN) #2 confirmed Resident #1 had a fall the evening of 3/31/2020 and the LPN did not report the fall nor did she fill out an incident report. LPN #2 stated she found Resident #1 on the fall mat in the resident's room and the resident did not have any injuries. LPN #2 stated .she (Resident #1) was sitting on the mat .looked as if she slid off to the floor .should have made an incident report .should have reported it .I observed her on the mat .she didn't get hurt .her vital signs were within normal limits .we frequently assessed her .did not call anyone did not tell anyone .asked her what happened .she said she slid off on the floor . During a telephone interview on 4/16/2020 at 2:47 PM the Administrator and Director of Nursing confirmed staff were expected to report all falls and an incident report should be completed including implementation of interventions to prevent further falls.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.