STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445236	A. Building B. Wing	12/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Columbia	841 W. James Campbell Blvd. Columbia, TN 38401

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37532 Based on policy review, medical record review, and interview, the facility failed to notify the physician timely for 1 of 2 (Resident #96) sampled residents reviewed for hospitalization s. The findings include: Review of the facility's policy titled, Changes in Resident's Condition of Status, dated 5/5/2020, revealed .To outline the actions required to address a change in resident's condition or status .This facility will notify the resident, his/her primary care provider, and resident/resident representative of changes in the resident's condition or status . Review of the medical record, revealed Resident #96 was admitted to the facility on [DATE] with diagnoses of Alzheimer's Disease, Dementia, Chronic Duodenal Ulcer with Hemorrhage, Chronic Kidney Disease, Congestive Heart Failure, Atrial Fibrillation, Diabetes, Malignant Neoplasm of Left Upper Limb, Malignant Melanoma of Right Lower Limb including Hip, Depression, and Anxiety Disorder. Review of the quarterly Minimum Data Set, dated dated dated [DATE], revealed Resident #96 had severe cognitive impairment and required limited staff assistance for activities of daily living (ADLs). Review of the Progress Notes dated 10/24/2021, revealed Resident #96 had several episodes of vomiting throughout the night and the physician was not notified of the resident's vomiting, until approximately 7:17 AM the following morning, when an order was obtained to send her to the emergency room (ER). The resident was sent to theER on [DATE] at approximately 8:06 AM. During an interview on 12/8/2021 at 3:50 PM, Licensed Practical Nurse (LPN) #1 stated, .[Resident #96] started throwing up . LPN #1 confirmed that she did not notify the physician of the resident's vomiting (change in condition). During an interview on 12/8/2021 at 4:52 PM, the Director of Nursing (DON) confirmed the physician should have been notified when Resident #96 began vomiting.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37532 Based on policy review, medical record review, and interview, the facility failed to have a current Physician's Order for dialysis and failed to provide adequate services for 1 of 2 sampled residents (Resident #146) reviewed for dialysis. The findings include: Review of the facility's policy titled, Dialysis, revised 11/12/2021, revealed .This facility assures that each resident receives care and services for the provision of hemodialysis .consistent with professional standards of practice including .Ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments .Ongoing communication and collaboration with the dialysis facility regarding dialysis care and services .Initiate the Pre/Post Dialysis Communication Form to be sent to the dialysis clinic with the resident .Post-Dialysis .Obtain vital signs upon return from dialysis and complete the Pre/Post Dialysis Communication Form . Review of the medical record, revealed Resident #146 was admitted to the facility on [DATE] with diagnoses of Congestive Heart Failure, End Stage Renal Disease, Diabetes, Toxic Encephalopathy, and Dysphagia. Review of the Physician's Orders for November and December 2021, revealed there was no order for dialysis, there was no order to assess the thrill and bruit upon return from dialysis until 12/7/2021, 9 days after admission, and there was no order for post dialysis vital signs and dry weights until 12/8/2021, 10 days after admission. Review of the Pre/Post Dialysis Communication Form dated 11/29/2021, revealed Resident #146 was dialyzed and returned to the facility at 2:06 PM. Review of the medical record, revealed there were no Pre/Post Dialysis Communication Form for 12/1/2021 and 12/3/2021. Review of the Pre/Post Dialysis Communication Form dated 12/6/2021, revealed no pre/post dialysis vital signs, no pre/post dialysis signature of the facility staff who transferred the resident to dialysis and received him back into the facility, no post documentation that the thrill and bruit were assessed by facility staff, and no documentation by the dialysis facility. During an interview on 12/8/2021 at 10:52 AM, the Director of Nursing (DON) confirmed that staff should complete the Pre/Post Dialysis Communication Form. During an interview on 12/8/2021 at 12:06 PM, Registered Nurse (RN) #1 confirmed that Resident #146's correct dialysis orders were not entered on admission. RN #1 stated, I normally review the charts .had not done that [Entered the orders] yet . (continued on next page)

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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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/8/2021 at 2:33 PM, the DON confirmed that dialysis orders should be obtained on admission to the facility. The DON confirmed that staff should assess the shunt site for thrill and bruit before and after dialysis. The DON confirmed the Pre/Post Dialysis Communication Forms were not completed on 12/1/2021, 12/3/2021, and 12/6/2021.