STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445511	A. Building B. Wing	12/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Ooltewah	5911 Snow Hill Road Ooltewah, TN 37363

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41782 Based on facility policy review, medical record review, observation, and interview, the facility failed to follow a physician's order for medication administration for 1 resident (Resident #56) of 6 residents reviewed for medications. The findings include: Review of the facility's policy titled, Administration of Medications, reviewed on 8/25/2022, showed .The facility will ensure medications are administered safely and appropriately per physician order . Resident #56 was admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis, and Dorsalgia (back pain). Review of an admission Minimum Data Set (MDS) assessment dated [DATE], showed Resident #56 was cognitively intact and received scheduled and as needed pain medication. The resident received Opioids (narcotic pain relieving medication) on all 7 days of the look back period. Review of the Medication Administration Record (MAR) dated 10/1/2022-10/31/2022 showed an order dated 9/28/2022 for .Lidocaine Patch [an over the counter medication used to relieve mild pain] 4% [percent] .Apply to lower back topically [medication applied to a particular place on the body] one time a day for back pain . apply 2 patches and remove per schedule . The Lidocaine Patch was not administered as ordered on 10/1/2022, 10/2/2022, 10/3/2022, 10/6/2022, 10/8/2022, 10/9/2022, 10/12/2022, 10/13/2022, 10/18/2022, 10/21/2022. Registered Nurse (RN) #1 documented the 10/1/2022, 10/2/2022, and 10/3/2022 doses as not administered. Licensed Practical Nurse (LPN) #1 documented the 10/6/2022 dose as not administered and LPN #2 documented the 10/8/2022, 10/9/2022, 10/12/2022, 10/13/2022, 10/18/2022, and 10/21/2022 as not administered. Review of the Orders - Administration Note dated 10/1/2022 at 11:32 PM, showed .Lidocaine Patch 4% . Apply to lower back topically one time a day for back pain apply 2 patches and remove per schedule .No patch to remove . Review of the Orders - Administration Note dated 10/2/2022 at 10:41 PM, showed .Lidocaine Patch 4% . Apply to lower back topically one time a day for back pain apply 2 patches and remove per schedule .No patch found to remove . (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Orders - Administration Note dated 10/6/2022 at 10:05 AM, showed .Lidocaine Patch 4% . Apply to lower back topically one time a day for back pain apply 2 patches and remove per schedule .Waiting on pharmacy . Review of the Orders - Administration Note dated 10/8/2022 at 8:22 AM, showed .Lidocaine Patch 4% .Apply to lower back topically one time a day for back pain apply 2 patches and remove per schedule .Waiting on pharmacy . Review of the Orders - Administration Note dated 10/9/2022 at 8:11 AM, showed .Lidocaine Patch 4% .Apply to lower back topically one time a day for back pain apply 2 patches and remove per schedule .Waiting on pharmacy . Review of the Orders - Administration Note dated 10/12/2022 at 8:50 AM, showed .Lidocaine Patch 4% . Apply to lower back topically one time a day for back pain apply 2 patches and remove per schedule .Waiting on pharmacy . Review of the Orders - Administration Note dated 10/13/2022 at 9:03 AM, showed .Lidocaine Patch 4% . Apply to lower back topically one time a day for back pain apply 2 patches and remove per schedule .Waiting on pharmacy . Review of the Orders - Administration Note dated 10/18/2022 at 8:34 AM, showed .Lidocaine Patch 4% . Apply to lower back topically one time a day for back pain apply 2 patches and remove per schedule .Waiting on pharmacy . Review of the Orders - Administration Note dated 10/21/2022 at 8:44 AM, showed .Lidocaine Patch 4% . Apply to lower back topically one time a day for back pain apply 2 patches and remove per schedule .Waiting on Pharmacy . Observation and interview with Resident #56 on 12/13/2022 at 4:04 PM, in the resident's room, showed the resident lying in bed eating a snack and watching TV with no signs of distress observed. Resident #56 stated he had chronic neck and back pain. Pain control interventions included medications, therapy, and repositioning. Resident #56 stated the pain control interventions .help . his pain but did not .cure it . Resident #56 denied any changes or worsening in his pain. During a telephone interview on 12/13/2022 at 4:46 PM, the Director of Nursing (DON) and the Medical Director stated Resident #56 had chronic pain and received scheduled and as needed medications for pain. Continued interview confirmed it was their expectation that physician's orders were followed. The Medical Director stated that Resident #56 had no change in pain characteristics or behaviors as a result of not receiving Lidocaine patches as ordered. During an interview on 12/14/2022 at 8:16 AM, the Administrator stated Resident #56 had an order for Lidocaine 4% patches. Lidocaine 4% patches are over the counter medications and available as house stock in the facility. Lidocaine 5% must be dispensed by the pharmacy. The Administrator stated some of the nurses did not realize the difference in the 2 patches and did not realize the Lidocaine 4% patches that Resident #56 had ordered were available in the facility and did not have to come from the pharmacy. The Administrator confirmed Resident #56 did not receive Lidocaine patches as ordered by the physician and it was the facility's expectation that physician's orders were followed. (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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 12/14/2022 at 10:01 AM, RN #1 stated there were occasions when Resident #56's Lidocaine patch was unavailable to administer and she would notify the pharmacy the patches were unavailable. RN #1 stated she was recently made aware that the Lidocaine Patches were facility stocked and did not have to come from the pharmacy. Resident #56 had scheduled and as needed pain medications, which were given and managed the resident's pain. Resident #56's pain remained at baseline with no changes. Interview revealed RN #1 requested the lidocaine patches from the pharmacy, who did not have the 4% patches, when the patches should have been obtained from the facility's central supply. Attempted telephone interview with Licensed Practical Nurse (LPN) #1 unsuccessfully on 12/14/2022 at 10:10 AM. During an interview on 12/14/2022 at 10:30 AM, LPN #2 stated she was unable to recall any time when Lidocaine Patches were unavailable to administer and Resident #56 always showed the same demeanor during her interactions with the resident and no distress was noted.

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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 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** 45837 Based on the facility policy review, medical record review, observation, and interview, the facility failed to implement a fall intervention for 1 resident (Resident #42) of 3 residents reviewed for falls. The findings include: Review of the facility policy titled, Fall Management, reviewed 9/29/2022, showed .Implement interventions . consistent with a resident's .care plan .Supervision .Refers to an intervention and means of mitigating the risk of an accident .During the admission .a care plan will be developed .interdisciplinary team will review and revise the care plan .upon a fall . Resident #42 was admitted to the facility on [DATE] with diagnoses including Fracture of Third Lumbar Vertebra, Wedge Compression Fracture of Fourth Lumbar Vertebra and Muscle Weakness. Review of an admission Minimum Data Set (MDS) assessment dated [DATE], showed Resident #42 was severely cognitively impaired. The resident was dependent of 2 staff members for bed mobility and toileting. Review of the facility's fall investigation dated 11/21/2022, showed Resident #42 had an unwitnessed fall from the bed. The resident was found lying on the floor with a skin tear to the left knee and left toe. The immediate action taken was .Gym mats . Review of the Care Plan dated 11/22/2022, showed Resident #42 had an actual fall with minor injury and was updated on 11/29/2022 with an intervention of fall mats. During an observation on 12/12/2022 at 12:02 PM, Resident #42 was lying in bed with no fall mats beside the bed. During an observation on 12/13/2022 at 1:41 PM, the resident was lying in bed with no fall mats beside the bed. During an interview on 12/13/2022 at 2:13 PM, the 100-Hall Unit Manager confirmed that there were no fall mats in Resident #42's room. After the interview, the Unit Manager brought fall mats to the resident's room for placement. During an interview on 12/14/2022 at 10:24 AM, the MDS Coordinator stated new interventions were put on the care plan by unit managers after a fall was discussed. She stated the interventions should be put into place before the intervention was added on the care plan.

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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** 41782 Based on medical record review and interview, the facility failed to maintain an accurate medical record for 1 resident (Resident #56) of 18 residents reviewed for medical records. The findings include: Resident #56 was admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis, and Dorsalgia (back pain). Review of the [named facility] PHYSICAL MEDICINE & REHABILITATION prescription dated 9/28/2022, showed .Methadone 10 mg [milligrams] .3 tabs [tablets] PO [by mouth] QAM [every morning] .#9 (nine) .NO REFILLS . Review of a Controlled Substance Verbal Prescription Order from Practitioner dated 10/1/2022, showed . Methadone 10 mg .Dispense Quantity .#9 .3 tabs PO QAM (for pain) . No refills were ordered. Review of a prescription dated 10/3/2022, showed .METHADONE 10 MG TABLET .Take 3 tablet by mouth once a day .PRESCRIBED QUANTITY: 6 (SIX) TABLETS .DAYS SUPPLY: 2 .DIAGNOSIS .DORSALGIA . REFILLS .0 (ZERO) . Review of the admission Minimum Data Set (MDS) assessment dated [DATE], showed the resident was cognitively intact and received scheduled and PRN (as needed) pain medications. Resident #56 received Opioid (narcotic medications used for severe pain control) medications on all 7 days of the look back period. Review of the Medication Administration Record (MAR) dated 10/1/2022 - 10/31/2022, showed an order dated 9/28/2022 for .Methadone .10 MG .Give 3 tablet by mouth one time a day for chronic back pain . It was noted that the resident did not receive the Methadone on 10/8/2022, 10/9/2022, 10/10/2022, 10/11/2022, 10/12/2022, or 10/13/2022. Continued review showed an order dated 9/28/2022 for . OxyCODONE-Acetaminophen [opioid] Tablet 5-325 MG Give 1 tablet by mouth every 6 hours as needed for moderate to severe pain. The resident received the medication on 10/1/2022 at 5:27 PM, 10/2/2022 at 6:33 AM, 1:27 PM, and 9:30 PM, 10/3/2022 at 5:16 AM, 1:26 PM, and 7:57 PM, 10/4/2022 at 3:29 AM and 9:00 PM, 10/5/2022 at 2:39 AM, 8:36 AM, 2:29 PM, and 9:18 PM, 10/6/2022 at 4:10 AM, 1:54 PM, and 8:11 PM, 10/7/2022 at 5:12 AM, 12:25 PM, and 7:32 PM, 10/8/2022 at 6:05 AM, 12:05 PM, and 7:58 PM, 10/9/2022 at 6:27 AM and 7:45 PM, 10/10/2022 at 1:58 AM, 9:58 AM, 4:00 PM, 10:10 PM, 10/11/2022 at 4:59 AM, 10/12/2022 at 6:28 AM and 1:47 PM, 10/13/2022 at 4:10 PM, 12:01 PM, and 6:01 PM. It was noted that all Oxycodone-Acetaminophen administrations were effective at treating Resident #56's pain. Review of the Orders - Administration Note dated 10/8/2022 at 8:26 AM, showed .Methadone . Tablet 10 MG .Give 3 tablet by mouth one time a day for chronic back pain .Waiting on pharmacy . Review of the Orders - Administration Note dated 10/9/2022 at 8:13 AM, showed .Methadone .Tablet 10 MG . Give 3 tablet by mouth one time a day for chronic back pain .Waiting on pharmacy . (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Orders - Administration Note dated 10/10/2022 at 9:57 AM, showed .Methadone .Tablet 10 MG .Give 3 tablet by mouth one time a day for chronic back pain .waiting on pharmacy . Review of the Orders - Administration Note dated 10/11/2022 at 10:05 AM, showed .Methadone .Tablet 10 MG .Give 3 tablet by mouth one time a day for chronic back pain .waiting on pharmacy . Review of the Orders - Administration Note dated 10/12/2022 at 8:53 AM, showed .Methadone .Tablet 10 MG .Give 3 tablet by mouth one time a day for chronic back pain .Waiting on pharmacy . Review of the Orders - Administration Note dated 10/13/2022 at 9:01 AM, showed .Methadone .Tablet 10 MG .Give 3 tablet by mouth one time a day for chronic back pain .Waiting on pharmacy . Review of a prescription dated 10/13/2022, showed .METHADONE 10 MG TABLET .Take 3 tablet by mouth once a day .PRESCRIBED QUANTITY: 63 (SIXTY-THREE) TABLETS .DAYS SUPPLY: 21 .DIAGNOSIS . CHRONIC PAIN .REFILLS .0 (ZERO) . Observation and interview with Resident #56 on 12/13/2022 at 4:04 PM, in the resident's room, showed the resident lying in bed eating a snack and watching TV with no signs of distress observed. Resident #56 stated he had chronic neck and back pain. Pain control interventions included medications, therapy, and repositioning. Resident #56 stated the pain control interventions .help . his pain but did not .cure it . Resident #56 stated he had been taking Methadone .for a long time . and there had been .a few times . the Methadone was not administered at the facility. Resident #56 denied any changes or worsening in his pain. During a telephone interview on 12/13/2022 at 5:14 PM, Nurse Practitioner #1 stated Resident #56 was admitted to the facility after a stroke. Resident #56's daughter reported that the resident had been seen at an outpatient clinic for pain control and was taking methadone. Resident #56's daughter stated he was always in pain. Resident #56 was on a scheduled and as needed pain medication regimen at the facility. Nurse Practitioner #1 saw Resident #56 on 10/3/2022, 10/10/2022, and 10/24/2022 and no acute signs of distress were noted. Nurse Practitioner #1 ordered a .few days . supply of Methadone after her 10/3/2022 visit. Methadone required a specific prescribing diagnosis to order routinely, and it was unclear what Resident #56's diagnosis was in order to receive a continuous daily supply of Methadone, so a pain management consult was requested on her 10/10/2022 visit. During an interview on 12/14/2022 at 10:00 AM, the Regional Director of Clinical Services stated the 9/28/2022 order for Methadone was for a 3-day supply and should have been discontinued after 3 days. The order for Methadone obtained on 10/1/2022 was for a 3-day supply and should have been discontinued after 3 days. The Methadone order dated 10/3/2022 was for a 2-day supply and should have been discontinued after 2 days. Another order for Methadone was received 10/13/2022. Resident #56 did not have an active order for Methadone from 10/8/2022 - 10/13/2022. The Regional Director of Clinical Services confirmed Resident #56's Methadone order was entered into the facility's system incorrectly upon admission on 9/28/2022 as daily without a discontinue date. Each subsequent order for Methadone should have been entered into the facility's system with the start date it was ordered and discontinued after the prescribed quantity was administered. During an interview on 12/14/2022 at 11:19 AM, the Regional Director of Clinical Services confirmed Resident #56's Methadone orders were entered into the facility's system incorrectly and the medical record was inaccurate.