STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. 39794 Based on observation and interview, the facility failed to promote dignity during meal service for 12 of 14 residents observed for dining. The findings include: During observation on 2/23/2020 at 12:35 PM, the lunch meal was being served to 12 residents in the dining room. The dome lid covers used to keep the food warm during service were removed from the plates and left setting on the dining table for 8 of 12 residents during the meal service. Six residents were served juice or milk, and the beverages were served in the cartons instead of being poured into a glass. When the meals were served, all 12 residents had plates, utensils and beverages left on the service trays, rather than being placed on the dining table. During an interview on 2/24/2020 at 4:30 PM, the Registered Dietitian (RD) stated the facility previously had fine dining .before the construction .maybe got away from it . The RD stated it was her expectation the meals not be left on the service trays and beverages in cartons be poured into a glass, unless requested by the resident.

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
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40105 Based on facility policy review, medical record review, observation, and interview, the facility failed to provide water and ice at the bedside for 1 resident (Resident #6) of 14 residents reviewed. The findings include: Review of the facility policy titled, Safe Distribution of Water and Ice, undated, showed .Pass fresh ice water to residents three times daily, approximately every eight hours and prn [as needed] . Resident #6 was admitted to the facility on [DATE] with diagnoses including Local Infections of the Skin and Subcutaneous Tissue, Peripheral Vascular Disease, Muscle Weakness, Stiffness of Right Hip, Stiffness of Right Knee, Stiffness of Left Hip, Stiffness of Left Knee, Type 2 Diabetes Mellitus, Chronic Pain, and Adjustment Disorder with Depressed Mood. Review of the admission Minimum Data Set (MDS) dated [DATE] showed Resident #6 was cognitively intact. During observation and interview on 2/23/2020 at 11:35 AM, in the resident's room, Resident #6 stated the facility did not regularly fill up the water pitchers. The resident had 2 water pitchers in the room and both pitchers were empty. Observation on 2/24/2020 at 9:07 AM, in the resident's room, showed 2 water pitchers in the room and both pitchers were empty. During an interview on 2/24/2020 at 3:09 PM, Registered Nurse (RN) #1 confirmed Resident #6 preferred to have 2 water pitchers. The resident preferred one water pitcher to have ice in it to pour soda over and the other water pitcher to have ice and water. During interview and observation on 2/24/2020 at 3:34 PM, Resident #6 confirmed she wanted water and ice in one water pitcher, and only ice in the other pitcher, so she could pour soda in it. One water pitcher had ice with a small amount of water and the other water pitcher was empty. During an interview on 2/24/2020 at 5:26 PM, the Director of Nursing confirmed it was her expectation for ice and water to be passed every shift to the residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41292 Based on medical record review, review of the facility's Trust Statement Report, and interview, the facility failed to refund personal funds within 30 days of discharge for 1 resident (Resident #247) of 28 residents reviewed. The findings include: Resident #247 was admitted to the facility on [DATE] and discharged home on 3/29/2019. Review of the facility's Trust Statement dated 12/31/2019 showed Resident #247 had $2,478.00 remaining in the trust fund. During an interview conducted on 2/25/2020 at 9:40 AM, the Administrator and Social Service Director confirmed the facility failed to refund personal funds within 30 days from discharge for Resident #247. During an interview conducted on 2/25/2020 at 9:50 AM, the Business Office Manager confirmed Resident #247 was discharged on [DATE] with a remaining balance of $2,478.00 in his trust fund.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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** 39794 Based on medical record review, observation, and interview, the facility failed to notify the physician an orthopedic consult was not obtained as ordered for 1 resident (Resident #10) of 28 residents reviewed. The findings include: Resident #10 was admitted to the facility on [DATE] with diagnoses including Peripheral Vascular Disease, Muscle Weakness, Parkinson's Disease, Epilepsy, Osteoporosis, Mood Disorder, Obsessive-Compulsive Disorder, and Hypertension. Review of the annual Minimum Data Set (MDS) dated [DATE] showed Resident #10 was cognitively intact, able to walk independently without assistive devices, and had not had any falls. Review of a Situation Background Assessment and Recommendation (SBAR) Communication Form and progress note dated 10/21/2019, for Resident #10 showed .slip/fall to knees .resident was walking down the hall when she slipped and landed on her knees. mainly on her right knee. denies pain at this time . Medical record review of nurse's notes and x-ray results revealed Resident #10 began to experience swelling and pain on 10/30/2019 and the facility obtained an x-ray on 10/30/2019 that showed the resident had a right knee fracture. Review of a nurse's note dated 10/30/2019 at 3:55 PM showed .Residents' radiology report back .Acute right knee fracture .[Nurse Practitioner #1] .instructed staff to instruct resident to stay off knee, Therapy needs to get resident something to immobilize her knee .get resident an appointment with a orthopedic as soon as possible . Review of a nurse's note dated 10/31/2019 showed .Unit manager received a order for resident [#10] to go to emergency room for eval [evaluation] of fracture to her right patella .returned to facility at 1:10 PM. She is wearing a full brace to RLL [right lower leg] .Already has order for consult with ortho [orthopedic] . Review of the emergency room visit summary dated 10/31/2019, showed Resident #10 was to follow up with the orthopedic clinic in 2 days related to a closed fracture of the right patella. Review of nurse's notes dated 11/1/2019 - 11/15/2019 showed Resident #10 was ambulating without the right knee brace. Review of a nurse's note dated 11/10/2019 showed .Resident [#10] ambulatory .[orthopedic clinic] contacted re [regarding] Consult r/t [related to] fracture; stated she can come into Walk in Clinic. Will Schedule transportation . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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	Review of the medical record and nurse's notes showed no documentation Resident #10 was seen at the orthopedic clinic for consult of the right patellar fracture 2 days after the emergency room visit, as ordered, or after the call to the orthopedic clinic on 11/10/2019. The medical record showed no documentation the physician was notified of the missed orthopedic consult appointment. Observation on 2/23/2019 at 11:05 AM and 12:33 PM, showed Resident #10 ambulating in her room and in the hall without a right knee brace. During an interview on 2/24/2020 at 7:45 AM, Licensed Practical Nurse (LPN) #1 stated she was aware Resident #10 had a physician's order for an orthopedic consultation related to the right knee fracture. LPN #1 stated she was not aware if the resident went to the consultation appointment and was not able to find documentation the resident had the consultation. LPN #1 confirmed she had not notified the Nurse Practitioner (NP) or the Physician of the missed orthopedic appointment for Resident #10. Telephone interview with Resident #10's orthopedic clinic on 2/26/2020 at 8:55 AM, confirmed the resident had not been seen by the clinic for consultation of the right knee fracture. During telephone interview on 2/26/2020 at 9:35 AM, the facility Nurse Practitioner (NP #1) was not aware the resident had not been seen by the orthopedic clinic and had not been notified of the missed appointment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39794 Based on review of the facility policy, medical record review, observation, and interview, the facility failed to maintain resident wheelchairs in good repair for 2 residents (Residents #17 and #27) of 28 sampled residents. The findings include: Review of the facility policy titled, Maintenance Service, revised December 2009, showed .The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times . Resident #17 was admitted to the facility on [DATE] with diagnoses including Dementia with Behavioral Disturbance, Difficulty Walking, and Muscle Weakness. Review of the annual Minimum Data Set (MDS) assessment dated [DATE] showed Resident #17 had severe cognitive impairment and used a wheelchair for mobility. During observation and interview on 2/23/2020 at 12:36 PM, LPN #3 stated the wheelchair Resident #17 was seated in belonged to the facility and confirmed the back rest of the wheelchair was torn approximately 1 inch on each side beside the handles. Resident #27 was admitted to the facility on [DATE] with diagnoses including Schizoaffective Disorder, Dystonia (movement disorder), Dysthymic Disorder (chronic depression), Anxiety Disorder, and Intracranial Injury. Observation in Resident #27's room on 2/23/2020 at 11:00 AM showed a wheelchair cushion in the resident's reclining wheelchair had cracks in the cover of the cushion and cracks on the right side of the headrest cover. During an interview on 2/23/2020 at 11:40 AM, the Director of Nursing (DON) confirmed the right headrest and cushion to Resident #27's wheelchair was cracked. During an interview on 2/23/2020 at 12:44 PM, the Director of Rehab stated the staff should report any tears to the wheelchairs to him so the chair could be replaced. During an interview on 2/23/2020 at 4:10 PM, the Director of Rehab confirmed the cushion to Resident #27's wheelchair was cracked and should be replaced. During an interview on 2/26/2020 at 7:42 AM, the Director of Nursing (DON) confirmed it was her expectation that wheelchairs with tears would be reported so the items could be repaired or replaced. 40105 36449

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 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** 39794 Based on medical record review and interview, the facility failed to obtain a physician's order for hospice services for 1 resident (Resident #34) of 5 residents reviewed for hospice. The findings include: Resident #34 was admitted from an acute care hospital to the facility on [DATE] with diagnoses including Chronic Systolic Congestive Heart Failure (CHF), Hypertension, Unspecified Sequelae of Cerebral Infarction, Type 2 Diabetes Mellitus, Diabetic Polyneuropathy, and Generalized Anxiety Disorder. Review of the Hospice Coordinated Plan of Care showed the first visit and the plan of care was initiated at the facility on 10/23/2019. Review of the admission Minimum Data Set (MDS) dated [DATE], showed Resident #34 received hospice services. Review of the care plan revised 1/23/2020, showed Resident #34 had a terminal prognosis related to CHF with the interventions of working cooperatively with the hospice team to provide for the resident's spiritual, emotional, physical and social needs. Review of the medical record showed no documentation of a physician's order to admit to or to continue hospice services for Resident #34. Review of the current Physician's orders dated 2/4/2020 showed no order for hospice services. During an interview on 2/26/2020 at 1:00 PM, the Director of Nursing (DON) stated Resident #34 received hospice services at home prior to admittance to the facility. The DON stated the Medical Director for the hospice service and the facility's Medical Director were the same physician and did not feel a new order was necessary. The DON confirmed the facility did not obtain a new order to admit to hospice services or to continue hospice services upon Resident #34's admission to the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40105 Based on facility policy review, medical record review, and interview, the facility failed to complete weekly monitoring and documentation of pressure ulcers and failed to provide physician ordered wound treatment for 1 resident (Resident #6) of 3 residents reviewed for pressure ulcers. The facility's failure to monitor and provide treatment resulted in worsening of a pressure ulcer and Harm for Resident #6. The findings include: Review of the facility policy titled, Pressure Ulcers/Skin Breakdown- Clinical Protocol, revised 4/2018, showed .the nurses shall describe and document/report the following .Full assessment of pressure sore [pressure ulcer, an injury to the skin resulting from prolonged pressure] including location, stage [severity of the pressure ulcer], length, width and depth, presence of exudates [fluid drainage] or necrotic tissue [dead tissue] .The physician will order pertinent wound treatments, including .dressings .and application of topical agents [medications applied to the skin] . Resident #6 was admitted to the facility on [DATE] with diagnoses including Local Infections of the Skin and Subcutaneous Tissue, Peripheral Vascular Disease, Muscle Weakness, Stiffness of Right Hip, Stiffness of Right Knee, Stiffness of Left Hip, Stiffness of Left Knee, Type 2 Diabetes Mellitus, Chronic Pain, and Adjustment Disorder with Depressed Mood. Review of the Order Summary Report revealed Resident #6 had wound care orders dated 11/29/2019 for Dakins Solution 0.25% (a wound care medication to prevent infection) to be applied to the wounds on the resident's legs topically every 24 hours as needed for wound care. There was no documentation of any other wound treatment orders. Medical record review revealed Resident #6 was treated for pressure ulcers in a wound care clinic prior to admission to the facility and continued to be treated in the wound care clinic after admission. Review of the medical record showed the facility had not maintained copies of the wound care clinic notes or wound care clinic orders in Resident #6's medical record. The wound care clinic notes were obtained from the clinic at the request of the surveyor. Review of the admission Minimum Data Set (MDS) dated [DATE] showed Resident #6 was cognitively intact, required extensive assistance of 2 staff members with bed mobility, had impaired range of motion to both legs, and had pressure ulcers present on admission to the facility. Review of Resident #6's wound care clinic progress note dated 12/9/2019, showed the resident had pressure ulcers to the right calf, left calf, left heel, and sacrum. Wound descriptions were as follows: right calf 13.5 centimeters (cm) (length) by (x) 3.5 cm (width); left calf 10.5 cm x 2.0 cm; left heel 2.5 cm x 3.0 cm; and sacrum 1.5 cm x 1.0 cm x 2.0 cm (depth of wound). The treatment completed by the wound care clinic was . Sorbact [type of wound dressing used to remove bacteria] to wound beds, covered with Mepilex [foam wound dressing], secured with Kerlix [type of gauze dressing] . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0686 Level of Harm - Actual harm Residents Affected - Few	Medical record review of Resident #6's Treatment Administration Record (TAR) revealed a treatment with a start date of 12/11/2019 for Sorbact to wound beds, cover with Mepilex, and change daily. Review of the medical record showed the last date the facility nurses completed any weekly monitoring, measurements, or description of Resident #6's pressure ulcers was on 12/13/2019. Review of the care plan dated 12/14/2019 showed Resident #6 had pressure ulcers to the sacrum, buttock, and both calves. Interventions included: administer medications as ordered, assess/record wound healing weekly, and weekly treatment documentation to include the measurements and tissue type of the wound. Review of the wound care clinic note dated 12/19/2019 showed the following pressure ulcer descriptions: right calf 19.6 cm x 2.6 cm x 1.9 cm; left calf 16.2 cm x 5.6 cm x 2.1 cm; left heel 7.0 cm x 6.5 cm x 0.6 cm with undermining (wound tunneling); sacrum 2.1 cm diameter and 1.6 cm depth. All of the wounds had copious amount of purulent drainage and a strong foul odor. Resident #6 was ordered antibiotics and the wound care clinic treatment was Acticoat (antimicrobial silver dressing) applied to all wound beds. Resident #6 was to return to the wound clinic in 3 - 5 days. Review of Resident #6's wound care clinic progress note dated 12/23/2019 showed the following pressure ulcer descriptions: right calf 35 cm x 2.1 cm x 1 cm, and a strong foul odor; left calf 4 cm x 2 cm; left heel 3 cm x 2.4 cm; and sacrum 2.4 cm diameter and 1 millimeter (mm) depth, moderate thick yellow drainage with a foul odor. The progress noted stated .Very concerned about the right calf. Is extremely wet and the wound personnel [nursing staff in the nursing home] has been putting wet silver over it, which is causing it to become macerated [overly wet for prolonged period of time]. Changing plan of care to do daily Dakin's full-strength wet-to-dry dressing changes in an effort to kill the bacterial load as well as dry these areas up . orders were .faxed to the nursing home. They are to call the office if she has worsening signs and symptoms of infection, otherwise follow-up with me in 1 week . Review of the Physician Orders from the wound care clinic dated 12/23/2019 revealed the facility was to wash the lower leg wounds with Hibiclens (antimicrobial skin cleanser) or a like product; Dakins full strength wet to dry dressing daily to the lower leg wounds, secured with Kerlix from the base of the toes to the bend of the knee; and the wound to the sacrum was to be packed daily with Sorbact, with no substitutions for the Sorbact, and cover with Mepilex. Review of the Treatment Administration Record (TAR) dated 12/1/2019-12/31/2019 showed the following: 1. Order start date 11/29/2019 - Dakins solution 0.25% apply to legs every 24 hours as needed for wound care. There was no documentation the treatment was completed on any day in December. 2. Order start date 11/30/2019 - Cleanse with Hibiclens, cover with Acticoat, and Mepilex, cover the entire leg with Kerlix every day. The TAR documentation showed the treatment was not completed on 12/1, 12/4 - 12/8, 12/10, 12/13 - 12/15, 12/17 - 12/19, 12/21, 12/23, 12/24, 12/28, and 12/29. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0686 Level of Harm - Actual harm Residents Affected - Few	3. Order start date 12/11/2019 - Hibiclens wash (or like product) to all wounds. Both lower leg wounds and the left heel were to have Sorbact to wound beds, cover with Mepilex (or like product), and change daily. The TAR documentation showed the treatment was not completed on 12/13 - 12/15, 12/17 - 12/19, 12/21, 12/23, 12/28, and 12/29. Review of the TAR and the Order Summary Report revealed the wound clinic physician orders dated 12/23/2019 were not on the TAR or the summary report. Review of a Physician's order from the wound care clinic dated 12/31/2019, showed the facility was to wash the bilateral lower legs and sacral wounds with Hibiclens, use a Dakins compress for 15 minutes to the right lower leg wound, and pack all 3 wounds with Sorbact and cover with Mepilex. The lower leg wounds were to be wraped with Kerlix. Review of the TAR and the Order Summary Report revealed the wound clinic physician orders dated 12/31/2019 were not on the TAR or the summary report. Review of Resident #6's wound care clinic progress note dated 1/6/2020, showed .She and her mom state the nursing home has told her that they [nursing home staff] have ordered the Sorbact multiple times, however it has not been delivered yet. They [nursing home staff] have been applying 'some silver gel' . The pressure ulcer descriptions were as follows: right calf 17.0 cm x 4.2 cm x 0.6 cm; left calf 4 mm; left heel 4.0 cm x 3.2 cm; sacrum was stable with no change in size; and there was a new stage 1 pressure ulcer to the entire left buttock with a new stage 2 pressure ulcer to the center of the left buttock. The wound care clinic treatment was Acticoat to the left buttock and both legs. The progress note stated .Very concerned about the right lateral calf .Since the nursing home has been unable to obtain the Sorbact, change her back to Acticoat. They [nursing home staff] are to leave the leg dressings on this week without changing them until such time they can get the Acticoat .follow-up with me in 1 week . Review of a Physician's order from the wound care clinic dated 1/6/2020, showed the facility was to leave to leg dressings on until the next wound care clinic visit. Review of Resident #6's wound care clinic progress note dated 1/13/2020 showed the following pressure ulcer descriptions: right calf 13.0 cm x 3.8 cm x 0.7 cm; left calf almost closed; left heel pressure ulcer 2.5 cm x 2.0 cm; and the sacrum remained the same. Acticoat was applied to all wounds. Review of a Physician's order from the wound care clinic dated 1/13/2020, showed the facility was to change the dressings to the sacrum daily and as needed, but to leave the lower leg dressings on until the next wound clinic visit. Review of Resident #6's Order Summary revealed a physician's order dated 1/15/2020, to ensure the dressings placed by the wound care clinic to lower leg pressure ulcers remained in place and dry. Review of the TAR dated 1/1/2020-1/31/2020 showed the following: 1. Order start date 11/29/2019 - Dakins solution 0.25% apply to legs every 24 hours as needed for wound care. There was no documentation the treatment was completed on any day in January. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0686 Level of Harm - Actual harm Residents Affected - Few	2. Order start date 11/30/2019 and stop dated of 1/7/2020 - Cleanse with Hibiclens, cover with Acticoat, and Mepilex, cover the entire leg with Kerlix every day. The TAR documentation showed the treatment was completed as ordered. 3. Order start date 12/11/2019 and a stop date of 1/15/2020 - Hibiclens wash (or like product) to all wounds. Both lower leg wounds and the left heel were to have Sorbact to wound beds, cover with Mepilex (or like product), and change daily. The TAR documentation showed the treatment was not completed on 1/7 - 1/9, 1/11, and 1/14. 4. Start date 1/15/2020 - Hibiclens wash (or like product) to sacral wounds, Sorbact to wound beds, cover with Mepilex (or like product), change daily and as needed. The TAR documentation showed the treatment was not completed on 1/15, 1/16, 1/19 - 1/23, 1/25 - 1/28, and 1/30. 5. Start date 1/15/2020 - ensure dressings applied to both lower leg wounds remained in place and dry. The dressings were to be checked every shift. The TAR documentation showed the dressings were not checked for 32 of 48 shifts, with no documentation the dressings were checked for the entire day on 1/16, 1/19, 1/21 - 1/23, 1/27, and 1/28. During an interview on 2/23/2020 at 11:39 AM, Resident #6 stated she had wounds to both of her legs and on her sacrum that had developed at another facility. She stated she went to the wound care clinic once per week. The wound clinic staff had been providing the dressing changes to her legs because the facility had been unable to get the dressing the wound clinic had ordered to be used. During an interview on 2/25/2020 at 8:21 AM, Licensed Practical Nurse (LPN) #3 stated she was unsure why the TAR documentation was incomplete. The wound care nurse had been sick and had frequent absences from work and was unavailable at the time of the survey. The floor nurses were to provide wound care to the residents when the wound care nurse was absent. During a phone interview with the wound care clinic Nurse Practitioner (NP #2) on 2/25/2020 at 1:43 PM, NP #2 stated the resident had been seen in the clinic on 2/24/2020 with the wound on the right calf measuring 18.5 cm by 4.7 cm by 0.6 cm. NP #2 also stated on 12/31/2019, the clinic changed the dressing to the resident's right calf and the nursing home staff was not to change the dressing until the resident was seen again at the clinic on 1/6/2020. After the nursing home had been unable to provide the Sorbact for 2 weeks, the clinic took over the dressing changes on 1/6/2020. The wound on the right calf had worsened due to the . burden of infection . in the wound. NP #2 stated the treatment needed to be provided 3 times weekly and the clinic was unable to see the resident 3 times per week. The facility's inability to provide the ordered wound care dressing and change it 3 times weekly had contributed to the continuing infection and worsening of the wound. During an interview on 2/25/2020 at 2:43 PM, Licensed Practical Nurse (LPN) #1 stated the wound care clinic had ordered Sorbact to be used for Resident #6's wound to the right calf. The facility had been unable to obtain the dressing from their supplier or their pharmacy. The LPN had not contacted the wound care clinic regarding the facility's inability to obtain the dressing and the LPN was unsure what discussions the wound care nurse (who was unavailable during the time of the survey) had with the wound care clinic in regards to the facility's inability to obtain the dressing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0686 Level of Harm - Actual harm Residents Affected - Few	During a phone interview on 2/26/2020 at 9:44 AM, the facility's NP (NP #1) stated she was not aware of the facility's inability to obtain an ordered wound care dressing for Resident #6, requiring the wound care clinic to provide the dressing changes. During an interview on 2/26/2020 at 3:05 PM, the Director of Nursing confirmed the facility's nursing staff did not complete weekly monitoring, measuring, and documentation for Resident #6's wounds.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 - Some	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** 39794 Based on facility policy review, medical record review, and interview, the facility failed to complete a fall investigation for 1 resident (Resident #10); failed to complete fall risk assessments for 2 residents (Residents #10 and #29) of 4 residents reviewed for falls; and failed to ensure assistive devices were correctly applied for 3 residents (Residents #5, #41, and #43) of 23 residents sampled. The findings include: Review of the facility policy titled, Maintenance Service, revised December 2009, showed .The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times . Review of the manufacturer's guidelines titled, Safety & Handing of Wheelchairs, revised 12/16/2014, showed .the use of anti-tippers [device used to prevent wheel chairs from tipping over] is required for . Recliner models .Anti-tippers must be fully engaged. Ensure both anti-tippers are adjusted to the same height . Review of the facility policy titled, Assessing Falls and Their Causes revised 3/2018, showed .The purposes of this procedure are to provide guidelines for assessing a resident after a fall and to assist staff in identifying causes of the fall .Residents must be assessed upon admission and regularly afterward for potential risk of falls .Observe for delayed complications of a fall for approximately forty-eight (48) hours after an observed or suspected fall, and will document findings in the medical record .Complete an incident report for resident falls no later than 24 hours after the fall occurs .Within 24 hours of a fall, begin to try to identify possible or likely causes of the incident .Evaluate chains of events or circumstances preceding a recent fall .Continued to collect and evaluate information until the cause of falling is identified or it is determined that the cause cannot be found .If the cause is unknown but no additional evaluation is done, the physician or nursing staff should note why .When a resident falls, the following information should be recorded in the resident's medical record .Completion of a falls risk assessment . Resident #10 was admitted to the facility on [DATE] with diagnoses including Peripheral Vascular Disease, Muscle Weakness, Parkinson's Disease, Epilepsy, Osteoporosis, Mood Disorder, Obsessive-Compulsive Disorder, and Hypertension. Review of the annual Minimum Data Set (MDS) dated [DATE], showed Resident #10 was cognitively intact, able to walk independently without assistive devices, and had not had any falls. Review of the Fall Prevention Care Plan updated 10/21/2019 showed a fall risk assessment was to be completed upon admission and quarterly. Review of a Situation Background Assessment and Recommendation (SBAR) Communication and progress note Form dated 10/21/2019, showed .slip/fall to knees .resident [#10] was walking down the hall when she slipped and landed on her knees. mainly on her right knee. denies pain at this time . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 - Some	Review of the medical record showed no documentation a fall investigation or fall assessment was completed for Resident #10 after the fall on 10/21/2019. Medical record review of nurse's notes and x-ray results revealed Resident #10 began to experience swelling and pain on 10/30/2019 and the facility obtained an x-ray that showed the resident had a right knee fracture. Review of a nurse's note dated 10/31/2019 showed .Unit manager received a order for resident [#10] to go to emergency room for eval [evaluation] of fracture to her right patella .returned to facility at 1:10 PM. She is wearing a full brace to RLL [right lower leg] .Already has order for consult with ortho [orthopedic] . Review of nurse's notes dated 11/1/2019 - 11/15/2019 showed Resident #10 continued to ambulate independently with difficulty and without the right knee brace. Review of the quarterly MDS dated [DATE], showed Resident #10 was cognitively intact, able to walk independently without assistive devices, and resident had 1 fall since the last assessment. Review of the care plan revised 12/19/2019, showed Resident #10 was at risk for falls with interventions of . Review information on past falls and attempt to determine cause of falls .Record possible root causes . During observations on 2/23/2019 at 11:05 AM and 12:33 PM, 2/24/2020 at 8:30 AM, and 2/25/2020 at 7:30 AM, Resident #10 was ambulating independently. During interview on 2/23/2020 at 3:50 PM, Resident #10 stated she no longer wore the knee brace. During an interview on 2/25/2020 at 4:10 PM, the MDS Coordinator stated Resident #10 fell on [DATE] and an SBAR was completed. The MDS Coordinator stated she did not know if a fall investigation or fall risk assessment had been completed. During an interview on 2/25/2020 at 4:50 PM, the Director of Nursing (DON) confirmed the facility had not completed a fall investigation and had not completed the fall risk assessment after the fall for Resident #10. Resident #29 was admitted to the facility on [DATE] with diagnoses including Chronic Respiratory failure, Alzheimer's Disease, Anxiety Disorder, Chronic Kidney Disease, and Insomnia. Review of a fall investigation dated 1/6/2020 showed Resident #29's roommate used the call light to inform staff Resident #29 had fallen in the bathroom. Resident #29's walker was at her bedside. The resident did not sustain any injuries. Review of an admission MDS dated [DATE] showed Resident #29 had moderate cognitive impairment, required limited assistance with 1 person physical assist for transfers and ambulation, and utilized a walker and a wheelchair for mobility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 - Some	Review of a fall investigation dated 2/17/2020 showed Resident #29 was found in the floor lying beside her bed with her feet wrapped in bedding. The resident stated she thought she was walking with her husband and she must have been dreaming. The resident did not sustain any injuries. Review of a care plan revised 2/17/2020, showed Resident #29 was at risk for falls with interventions including ensuring the call light was in reach and encouraging the resident to call for assistance, ensuring the resident wore appropriate footwear when ambulating, keeping floors free from clutter, and the bed in low position. During observation and interview on 2/23/2020 at 10:45 AM, in the resident's room, Resident #29 was observed with bruising to her left eye. She stated she was dreaming while sleeping, and rolled out of her bed onto the floor. Resident #29 stated the staff lowered her bed after the fall. Observation showed the resident was in a low bed. Medical record review showed no documentation fall risk assessments had been completed on admission or after the falls on 1/6/2020 and 2/17/2020. During an interview on 2/26/2020 at 1:20 PM, the Director of Nursing confirmed fall risk assessments were not completed on admission or after the falls for Resident #29. Resident #5 was admitted to the facility on [DATE] with diagnoses including Multiple Sclerosis, Muscle Weakness, and Lack of Coordination. Review of the quarterly MDS assessment dated [DATE] showed the resident was cognitively intact, used a wheelchair for mobility, and had not experienced any falls. During observation on 2/23/2020 at 11:06 AM, Resident #5 was seated in the day room watching television. The resident was seated in a reclining wheelchair with a rear anti-tipper (equipment on the back rear of the chair to prevent it from tilting) on the right side of the chair, and no rear anti-tipper for the left side of the wheelchair. During an interview on 2/23/2020 at 12:30 PM, Licensed Practical Nurse (LPN) #3 confirmed Resident #5 had only 1 rear anti-tipper on the right side of the wheelchair. During an interview on 2/23/2020 at 12:44 PM, the Director of Rehab confirmed Resident #5 should have 2 rear anti-tippers on the wheelchair. Resident #41 was admitted to the facility on [DATE] with diagnoses including Muscle Weakness and Alzheimer's Disease. Review of the quarterly MDS revealed Resident #41 was severely cognitively impaired, required extensive assistance of 1 person for locomotion, utilized a wheelchair for mobility, and had 2 falls with no injuries since the previous assessment. During observation on 2/23/2020 at 10:55 AM, Resident #41 was self-propelling in a wheelchair in the hallway. The left side rear anti-tipper was tilted inwards and was improperly positioned (should be positioned straight and down). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 - Some	Medical record review revealed Resident #43 was admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis, Lack of Coordination, Major Depressive Disorder, and Abnormal Posture. Review of the quarterly MDS assessment revealed Resident #43 had moderately impaired cognition, required extensive assistance of 1 person for locomotion, and had 1 fall with no injuries since the previous assessment. Observation of Resident #43 on 2/23/2020 at 10:57 AM, in the wheelchair in the hallway, revealed the right side rear anti-tipper was tilted inward and was improperly positioned. During an interview on 2/23/2020 at 11:40 AM, the DON confirmed the rear anti-tippers to Resident #41 and Resident #43's wheelchairs were improperly positioned. During an interview on 2/26/2020 at 7:42 AM, the Director of Nursing (DON) confirmed it was her expectation for missing anti-tippers to be reported so the items could be repaired or replaced. 36449

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39794 Based on review of facility policy, medical record review, observation, and interview, the facility failed to document the amount of a nutritional supplement consumed and failed to discuss artificial nutrition (feeding tube in the stomach to infuse liquid nutrition) after an unavoidable weight loss for 1 resident (Resident #19); and failed to implement dietitian recommendations to increase the rate of enteral nutrition (tube feeding) for 1 resident who had a significant weight loss (Resident #44) of 5 residents reviewed for nutrition. The findings include: Review of the facility policy titled, Weight Assessment and Intervention, Revised 9/2018, showed . Assessment information shall be analyzed by the multidisciplinary team and conclusions shall be made regarding the .Resident's target weight range .The relationship between current medical condition or clinical situation and recent fluctuations in weight .Whether and to what extent weight stabilization or improvement can be anticipated .Interventions for undesirable weight loss shall be based on careful consideration of the following .Resident choice and preferences .The use of supplementation and/or feeding tubes .End of life decisions and advance directives . Review of the facility policy titled, Diet Orders and RDN [Registered Dietitian Nutritionist] Order Writing, dated 2017 showed .Diet orders will be written by the physician or .a qualified dietician .The physician will delegate order-writing to a qualified dietician or other clinically qualified nutrition care professional who is acting within the scope of practice as defined by state law . Resident #19 was admitted to the facility on [DATE] with diagnoses including Non-displaced Fracture of Greater Trochanter of Right Femur, Muscle Weakness, Other Symbolic Dysfunctions, Dysphagia, Anemia, and Chronic Atrial Fibrillation. Review of the Physician's Order for Scope of Treatment (POST) form dated 2/15/2018 showed Resident #19's wished included artificial nutrition to be administered for long term. Review of Resident #19's weight record showed the resident weighed 115 pounds on 9/11/2019. The resident refused to be weighed in October. Review of a Speech Therapy Plan of Care dated 11/19/2019, showed .Staff reports resident with poor PO [by mouth] intake resulting in steady weight loss. Pt. [patient] is unable to maintain adequate hydration and nutrition .IMPRESSIONS .Patient presents with mild oral phase dysphagia [difficulty swallowing] d/t [due to] poor dentition impacting ability to bite and masticate certain textures/food items .Cognitive impairments may contribute to pre-oral phase deficits impacting patient's reasoning & [and] judgement ability and acceptance of PO intake in order to maintain adequate hydration and nutrition . Review of a Diet Order Communication dated 11/22/2019 revealed the resident was on a regular diet with whole milk for breakfast; Mighty Shake (nutritional supplement) for breakfast, lunch and dinner; and Magic Cup (nutritional supplement) for lunch and dinner. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #19's weight record showed the resident weighed 97 pounds on 11/30/2019. Review of a Diet Order Communication form by the Speech Language Pathologist (SLP) dated 12/2/2019 showed Resident #19 had chewing and swallowing problems and the diet was changed to pureed with soup added for lunch and supper. Review of the Physician's Order Summary Report showed an order with a start date of 12/11/2019 for the addition of a nutritional supplement, MedPass 120 milliliters (ml) 4 times a day, and to record the amount consumed. Review of the annual Minimum Data Set (MDS) dated [DATE] showed Resident #19 had severe cognitive impairment. The resident required extensive assistance of 1 person for eating. The resident weighed 97 pounds and had non-prescribed weight loss. Review of Resident #19's weight record showed the resident weighed 97 pounds on 12/30/2019. Review of a Registered Dietitian note dated 12/30/2019 showed Resident #19 had a 10% weight loss in 90 days, but had a stable weight for 30 days. The resident was to continue receiving MedPass 120 ml 4 times daily, Magic Cup twice daily, and Fortified Foods. Review of the Medication Administration Record (MAR) for December 2019 revealed the MedPass was administered to the resident, but no documentation of the amount consumed. Review of the care plan revised 1/1/2020, showed Resident #19 had Activities of Daily Living (ADL) self-care performance deficit with interventions including assistance of 1 staff for eating and had an . unplanned/unexpected weight loss r/t [related to] Poor food intake and cognitive deficits impacting pre-oral phase of swallowing .Dysphagia .Monitor and record food intake . The resident had an Advance Directives POST and .Advance Directive will be followed as needed . Review of Resident #19's weight record showed the resident weighed 98.6 pounds on 1/28/2020. Review of the MAR for 1/2020 showed an order for MedPass 120 ml 4 times a day for weight loss and instructions to indicate the amount consumed, with a start date of 12/11/2019. The MedPass was documented as given 4 times a day, but there was no documentation of the amount consumed. Review of the Nutrition Report showed the resident had an average meal intake of 41% for the week of 1/31/2020, 43% for the week of 2/7/2020, 46% for the week of 2/14/2020, and 50% for the week of 2/21/2020. Review of the MAR for 2/2020 showed an order for MedPass 120 ml 4 times a day for weight loss and instructions to indicate the amount consumed. The MedPass was documented as given 4 times a day, but there was no documentation of the amount consumed. Review of Resident #19's weight record showed the resident weighed 93.6 pounds on 2/12/2020. Review of a dietary note dated 2/13/2020 showed .Weight Variance with appropriate diet order and nutritional interventions in place, increased MedPass 240 ml TID [three times daily] . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Verbal Physician's Order dated 2/14/2020 showed MedPass 120 ml 4 times per day was discontinued and the MedPass was increased to 240 ml 3 times daily, with instructions to document the amount consumed. Review of the MAR for 2/2020 showed an order for MedPass 240 ml 3 times a day for weight loss and instructions to indicate the amount consumed, with a start date of 2/14/2020. The MedPass was documented as given 3 times a day, but there was no documentation of the amount consumed. Review of a Nurse Practitioner Progress Note dated 2/20/2020 showed .ACTIVE PROBLEMS .Weight Loss . social worker is asking if patient is hospice appropriate .her weight has gone down. she is at 93.6 [pounds] . Systemic symptoms weight loss . Appetite poor .Not well nourished .would recommend hospice care, related to advanced dementia, progression of disease, and weight loss .social services will talk to family about conditions and hospice recommendations . Observation on 2/24/2020 at 8:15 AM showed Resident #19 consumed 25% of breakfast and drank 100% of a Mighty Shake. During an interview on 2/24/2020 at 3:45 PM, the Registered Dietitian stated Resident #19's weight had remained stable and then the resident's weight decreased to 93.6 pounds on 2/12/2020. The MedPass was then increased to 240 ml 3 times a day. The RD confirmed she had not seen documentation of the specific amount of MedPass consumed and did not know how much of the MedPass the resident consumed at each administration. The RD reviewed the resident's record and stated she did not know when the Mighty Shake and Magic Cup were ordered and she did not see documentation of when they were ordered. During an interview on 2/24/2020 at 4:50 PM, Licensed Practical Nurse (LPN) #5 stated the resident only consumed 2 ounces (60 ml) of the MedPass at each administration and the resident did not like the taste of the MedPass. LPN #5 stated she did not document the amount of MedPass that was consumed on the MAR because there was not a place to document it on the facility's MAR. Observation on 2/25/2020 at 8:30 AM showed Resident #19 consumed 75% of breakfast, and 100% of a Mighty Shake. During interview on 2/25/2020 at 8:35 AM, Certified Nursing Assistant (CNA) #1 stated the MedPass amounts were documented in the computer. I think you can put a percentage or amount in there. CNA #1 was unable to provide the documentation on the amount of the MedPass consumed by Resident #19. During an interview on 2/25/2020 at 10:30 AM, the RD stated she was not aware of Resident #19's wishes on the POST form for a feeding tube. The RD stated she was not aware of the amount of MedPass consumed by Resident #10. The RD was not aware the amount of MedPass had not been documented on the MAR. The RD was not aware Resident #19 preferred the mighty shake over the MedPass. The RD stated the facility staff had not advised her Resident #10 had not consumed the ordered amount of the MedPass. During telephone interview on 2/25/2020 at 11:00 AM, Resident #19's family member stated he was aware the resident had declined and had weight loss. The family member reported the facility had not discussed the option of a feeding tube with him but he did want to discuss the pros and cons with the facility staff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/25/2020 at 1:32 PM, the Director of Nursing (DON) confirmed the percentage of MedPass had not been documented on the 1/2020 and 2/2020 MARs. During observation on 2/26/2020 at 7:40 AM, Resident #19 consumed 50% of breakfast and drank 100% of the Mighty Shake. During telephone interview on 2/26/2020 at 9:33 AM, the Nurse Practitioner (NP #1) stated she was aware of the resident's weight loss and had recently recommended hospice services. NP #1 was not aware the resident's POST form indicated a desire for artificial nutrition. NP #1 stated when the facility recognized the significant weight loss, the facility staff should have communicated with the family and discussed the resident's wishes. NP #1 stated she had not spoken with the family regarding a feeding tube. Resident #44 was admitted to the facility on [DATE] with diagnoses including Huntington's Disease, Dysphagia, Dementia, Anxiety Disorder, and Dysthymic Disorder (Depressive Disorder). Review of a care plan dated 11/24/2019 showed Resident #44 required a feeding tube with interventions including .RD to evaluate quarterly and PRN [as needed] .Make recommendations for changes to tube feeding as needed . Review of the quarterly MDS dated [DATE] showed Resident #44 had severe cognitive impairment, had a feeding tube, and had a weight loss of 5% or more in the last month or loss of 10% or more in the last 6 months (significant weight loss). Review of a dietary progress note dated 2/14/2020 showed .spoke with nursing and resident tolerating rate and formula .increasing rate to 65 ml [milliliter]/24 hour . Observation on 2/23/2020 at 10:55 AM, in Resident #44's room, showed a feeding pump infusing tube feeding formula at 55 ml/hour. During an interview on 2/24/2020 at 1:20 PM, LPN #3 stated there was a physician's order for Resident #44's tube feeding to infuse at 55 ml/hour. During observation and interview on 2/24/2020 at 2:55 PM, the RD confirmed the tube feeding was infusing at 55 ml/hour. The RD stated on 2/14/2020 she discussed the recommendation of increasing the enteral feeding from 55 ml/hour to 65 ml/hour with LPN #4 and was told LPN #4 .would take care of it . Review of a Medication Administration Record dated 2/1/2020-2/29/2020 and the Order Summary Report showed the tube feeding was increased to 65 ml/hr on 2/24/2020. 36449

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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** 41292 Based on policy review, medical record review, observation, and interview, the facility failed to properly store a nebulizer mask and tubing in a sanitary manner for 1 resident (Resident #38) of 6 residents reviewed receiving respiratory care. The findings include: Review of the facility policy titled, Department (Oxygen Respiratory Therapy) - Prevention of Infection, dated 10/1/2018, showed .To provide a guide to prevention of infection associated with oxygen respiratory therapy tasks and equipment .Keep the oxygen cannula .in a plastic bag when not in use . Resident #38 was admitted to the facility on [DATE] with diagnoses including Anemia, Non-Alzheimer's Dementia, Anxiety, and Chronic Obstructive Pulmonary Disease. Review of the quarterly Minimum Data Set (MDS) dated [DATE] showed Resident #38 received oxygen therapy. Review of the care plan revised 2/21/2020 showed Resident #38 had a respiratory infection with an intervention of bronchodilators (medication to open airways) via nebulizer (aerosol treatment machine) as ordered by the physician. Review of the Physician's order dated 2/21/2020, showed .Ipratropium-Albuterol [bronchodilator] Solution . inhale orally four times a day for dyspnea [difficulty breathing/shortness of breath] . Observation on 2/23/2020 at 11:13 AM, showed Resident #38 had a nebulizer treatment machine with the treatment tubing and mask lying in the chair beside the resident's bed, uncovered, and not stored in a bag. During an interview conducted on 2/23/2020 at 11:20 AM, in Resident #38's room, Licensed Practical Nurse #2 confirmed the nebulizer mask was not stored in a plastic bag. During an interview with the Director of Nursing (DON) on 2/23/2020 at 3:31 PM, the DON confirmed it was her expectation for nebulizer tubing and masks to be stored in a plastic bag when not in use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40105 Based on medical record review and interview, the facility failed to maintain complete and accurate documentation of behavior monitoring for 5 residents (Residents #26, #29, #32, #38, and #41) of 5 residents reviewed for unnecessary medications. The findings include: Review of the facility's Behavior/Intervention Monthly Flow Record revealed, Directions: Enter target behavior in one of the Behavior Sections. Record the number of episodes by shift with initials. Enter the Intervention Code, Outcome Code and Side Effects Codes with initials for each shift .This monitoring form is to be used for the following drug classes when appropriate .Antianxiety Agent, Antidepressant, Antipsychotic, Sedative/Hypnotic . Resident #26 was admitted to the facility on [DATE] with diagnoses including Unspecified Dementia without Behavioral Disturbance, Anxiety Disorder, Delusional Disorders, Adjustment Disorder, and Attention and Concentration Deficit. Review of the admission Minimum Data Set (MDS) dated [DATE] showed Resident #26 had moderate cognitive impairment. The resident had delusional behaviors and had received antipsychotic and antidepressant medications. Record review revealed no documentation a Behavior/Intervention Monthly Flow Record had been completed for Resident #26 for the months of 12/2019 or 1/2020. Review of the Behavior/Intervention Monthly Flow Record dated 2/2020 showed it was not completed 2/1/2020, 2/2/2020, 2/4/2020-2/8/2020, and for 6 of 51 shifts between 2/9/2020-2/25/2020. Resident #29 was admitted to facility on 12/31/19 with diagnoses including Chronic Respiratory Failure, Alzheimer's Disease, Anxiety Disorder, Dyspnea, Generalized Edema, Dementia without behavioral Disturbance, and Insomnia. Review of the admission MDS dated [DATE] showed Resident #29 had moderate cognitive impairment and received antianxiety and antidepressant medications. Record review revealed there was no documentation a Behavior/Intervention Monthly Flow Record had been completed for Resident #29 for the month of 1/2020. The Flow Record was not completed for the dates of 2/1/2020, 2/2/2020, 2/4/2020-2/8/2020, and for 7 of 51 shifts between 2/9/2020-2/25/2020. Resident #32 was admitted to the facility on [DATE] with diagnoses including Conduct Disorder, Dysthymic Disorder (Depressive Disorder), Convulsions, Psychosis, and Dementia without Behavioral Disturbance. Review of Resident #32's quarterly MDS dated [DATE] showed the resident was cognitively intact. The resident had received antipsychotic, antidepressant, and antianxiety medications daily. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Behavior/Intervention Monthly Flow Record dated 9/2019 showed it had not been completed for 19 of 90 shifts. Review of the Behavior/Intervention Monthly Flow Record dated 10/2019 showed it had not been completed for 45 of 93 shifts. Review of the medical record showed there was no documentation a Behavior/Intervention Monthly Flow Record had been completed for Resident #32 for the months of 11/2019, 12/2019, or 1/2020. Review of the Behavior/Intervention Monthly Flow Record dated 2/2020 showed it was not completed for the dates of 2/1/2020-2/2/2020, 2/4/2020-2/8/2020, and for 8 of 51 shifts between 2/9/2020-2/25/2020. Resident #38 was admitted to the facility on [DATE] with diagnoses including Anemia, Coronary Artery Disease, Non-Alzheimer's Dementia, Anxiety, Depression, and Chronic Obstructive Pulmonary Disease. Review of the quarterly MDS assessment dated [DATE] showed Resident #38 had severe cognitive impairment and received antianxiety medication 2 days and antidepressant medication 7 days of the past 7 days. Review of the Behavior/Intervention Monthly Flow Record dated 9/2019 showed it had not been completed for 17 of 90 shifts. Review of the Behavior/Intervention Monthly Flow Record dated 10/2019 showed it had not been completed for 43 of 93 shifts. Review of the medical record showed there was no documentation a Behavior/Intervention Monthly Flow Record had been completed for Resident #38 for the months of 11/2019, 12/2019, 1/2020, or 2/2020. Resident #41 was admitted to the facility on [DATE] with diagnoses including Dementia with Behavioral Disturbance, Insomnia, Dysthymic Disorder, and Parkinson's Disease. Review of the quarterly MDS dated [DATE] showed Resident #41 had severe cognitive impairment and had received antidepressant medications. Review of the Behavior/Intervention Monthly Flow Record dated 9/2019 showed it had not been completed for 19 of 90 shifts. Review of the Behavior/Intervention Monthly Flow Record dated 10/2019 showed it had not been completed for 45 of 93 shifts. Review of the medical record showed there was no documentation a Behavior/Intervention Monthly Flow Record had been completed for Resident #41 for the months of 11/2019, 12/2019, or 1/2020. Review of the Behavior/Intervention Monthly Flow Record dated 2/2020 showed it had not been completed for the dates of 2/1/2020-2/2/2020, 2/4/2020-2/8/2020, and for 31 of 51 shifts between 2/9/2020-2/25/2020. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 2/26/2020 at 2:55 PM, the Director of Nursing (DON) confirmed the medical records were incomplete for Residents #6, #26, #29, #32, #38, and #41.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39794 Based on medical record review and interview, the facility failed to ensure a PRN (as needed) anti-anxiety medication was not used beyond 14 days without a rationale and without documentation of duration for 2 Residents (Residents #26 and #29) of 5 residents reviewed for unnecessary medications. The findings include: Resident #26 was admitted to the facility on [DATE] with diagnoses including Unspecified Dementia without Behavioral Disturbance, Anxiety Disorder, Delusional Disorders, Adjustment Disorder, and Attention and Concentration Deficit. Review of a Physician's order dated 12/30/2019 showed an order for Ativan (anti-anxiety medication) 0.5 milligrams (mg) every 8 hours PRN for anxiety. The order did not have a date the medication was to be discontinued. Review of the admission Minimum Data Set (MDS) dated [DATE] showed Resident #26 had moderate cognitive impairment, delusional behaviors, and received antipsychotic and antidepressant medications for 7 days of the past 7 days. Review of a Physician's order dated 1/16/2020 showed an order for Ativan 0.5 mg twice daily PRN for breakthrough of anxiety, with 2 refills and no documentation of when the medication was to be discontinued. Review of a Consultant Pharmacist Communication to the Physician dated 2/14/2020 (almost 1 month after the last Ativan order) showed a recommendation .Ativan 0.5 mg q [every] 12 hours prn anxiety .All PRN psychotropic orders to be complete should include drug, dose, schedule and PRN Reason to give and only 14 day duration. Please d/c [discontinue], add 14 day stop date, or document with a detailed progress note explaining continual need past 14 days to make the order complete . The physician replied .Continue PRN dt [due to] SOB [shortness of breath], Anxiety. PRN dose necessary for comfort . Resident #29 was admitted to the facility on [DATE] with diagnoses including Chronic Respiratory Failure, Alzheimer's Disease, Anxiety Disorder, Dyspnea, Chronic Kidney Disease, and Insomnia. Review of Resident #29's Order Summary Report showed orders written 12/31/2019 for lorazepam (Ativan) 0. 5 mg every 4 hours as needed for anxiety, and lorazepam 0.5 mg 2 tablets every 4 as needed for anxiety and air hunger, with no documentation of when the lorazepam was to be discontinued. Review of the admission MDS dated [DATE] showed Resident #29 had moderate cognitive impairment, received antianxiety and antidepressant medications, and received hospice services. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Consultant Pharmacist Communication dated January 2020 for the Ativan 1 mg every 4 hours prn showed, .Please d/c, add 14 day stop date, or document with a detailed progress note explaining continual need past 14 days to make the order complete . The physician's response dated 2/6/2020 (over 1 month after the order was written) stated .[Resident #29] Has periodic anxiety in which a longer dose is necessary. Under Hospice care. Necessary for patient's comfort . Review of a Consultant Pharmacist Communication dated January 2020 for the Ativan 0.5 mg every 4 hours prn showed, .Please d/c, add 14 day stop date, or document with a detailed progress note explaining continual need past 14 days to make the order complete . The physician's response dated 2/6/2020 (over 1 month after the Ativan order was written) stated .Hospice Care. Has periodic episodes of Anxiety in which Ativan is necessary. Necessary for patient's comfort . Interview with the Director of Nursing (DON) on 2/26/2020 at 2:58 PM, confirmed Resident #26 and Resident #29 had PRN antianxiety medication orders for longer than 14 days without a rationale and without a specified duration. 36449

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 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** 39794 Based on facility policy review, observation, and interview, the facility failed to maintain dome covers and dietary equipment in clean working condition, failed to ensure food was covered and dated, and failed to discard expired items in the dietary department which had the potential to affect 44 of 46 residents residing in the facility. The findings include: Review of the facility policy titled, Food Safety and Sanitation, dated 2017, showed .Food Storage .When a food package is opened, the food item should be marked to indicate the open date. This date is used to determine when to discard the food .Leftovers are used within 72 hours (or discarded) .Perishable food with expiration dates is used prior to the use by date on the package . Review of the facility policy titled, Food Storage, dated 2017, showed .Food will be stored, at appropriate temperatures and by methods designed to prevent contamination or cross contamination .Date marking to indicate the date or day by which a ready-to-eat, time/temperature control for safety food should be consumed, sold, or discarded will be visible on all high-risk food .Foods will be stored and handled to maintain the integrity of the packaging until ready for use . Review of the facility policy titled, Dry Storage Areas, dated 2017, showed .Refrigerated and frozen foods will be dated upon delivery. Foods with expiration dates are used prior to the date on the package . Observation and tour of the kitchen on [DATE] at 10:12 AM, with the Dietary Aide showed the following: * 29 of 88 plastic dome cover lids for plate service had flaking and peeling plastic under the lid * 33 slices of chocolate pie on a rack in the walk in cooler were uncovered and undated * 8 Pieces of salami in a plastic bag in the walk in cooler was open to air and undated * 3 pieces of sliced ham with an expiration date of [DATE] in the walk in cooler * 10 pound box sausage patties, less than ,d+[DATE] used, open to air in the freezer with no open date * 7 loaves of white sandwich bread with a best by date of [DATE] * 12 packs of hamburger buns with a best by date of [DATE] * Dried food debris on the can opener, oven, and microwave. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on [DATE] at 10:20 AM, the Dietary Aide confirmed the plastic dome cover lids were in poor and unsanitary condition, with peeling and flaking plastic inside the lid. The Dietary Aide confirmed the chocolate pies were uncovered and undated; the 8 pieces of salami in the cooler was open to air and undated; and the 3 slices of ham in the walk in cooler, the sandwich bread, and hamburger buns had expired and all were available for resident use. The Dietary Aide confirmed there was dried debris and food on the can opener and inside the microwave, and the oven and was not in a clean and sanitary condition. During an interview on [DATE] at 12:35 PM, the Certified Dietary Manager confirmed expired foods were to be discarded, opened foods were to be properly stored and dated, the dome lids for food service were peeling and flaking plastic material and were not in a safe and sanitary condition. During an interview on [DATE] at 4:30 PM, the Registered Dietitian confirmed the ham, salami, and sausage patties were to be discarded when left open to air or expired, and the chocolate pies were to be covered to prevent cross contamination.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a plan that describes the process for conducting QAPI and QAA activities. 32792 Based on facility policy review, review of the Plan of Correction (POC) and interview, the facility's Quality Assurance Performance Improvement (QAPI) Committee failed to implement the facility's POC for resident trust funds. The findings include: Review of the policy titled, Quality Assurance and Performance Improvement (QAPI) Program, dated 2/2020, showed .provides a means to measure .outcomes of care and quality of life .process for identifying and correcting quality deficiencies .tracking and measuring .developing and implementing corrective action . Review of the facility's POC with a compliance date of 4/14/2020 revealed, .The Facility Administrator and Business Office Manager [BOM] will review all discharges for the month for three months to ascertain that any funds remaining in resident trust were conveyed within thirty days of discharge. The findings of these reviews will be reported to the Quality Assurance Performance Improvement Committee x [times] months for review and further recommendations . During an interview with the Administrator, on 8/4/2020 at 11:15 AM, in the Administrator's office, the Administrator stated he looked at the resident trust refund balance daily, and was aware discharged residents funds had not been returned within 30 days. During an interview with the Administrator on 8/5/2020 at 10:20 AM, the Administrator confirmed the QAPI committee met monthly. During the interview, the Administrator confirmed his role was .organizer, timekeeper, and facilitator . of the committee. He confirmed he reviewed and reported discharged residents trust fund balances .there was an awareness of an issue there .my corrective action was to get them [corporate billing] to do research and be paid in a timely manner . He stated the committee looked at it . periodically .we didn't do it formally . The Administrator confirmed the QAPI Committee failed to monitor and evaluate corrective actions for the return of discharged resident's funds within 30 days. In summary, the QAPI Committee failed to maintain compliance with the POC for Notice and Conveyance of Personal Funds. Upon review of the POC, the QAPI Committee, after identifying the issue of nonpayment of resident funds within 30 days, failed to develop, implement, and refund 4 discharged resident funds.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 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** 40105 Based on facility policy review, medical record review, observation, and interview, the facility failed to follow infection control practices for 1 resident (Resident #6) of 14 sampled residents. The findings include: Review of the facility policy titled, Isolation- Categories of Transmission-Based Precautions, revised 1/2012, showed .Transmission-Based Precautions will be used whenever measures more stringent than Standard Precautions are needed to prevent or control the spread of infection .Contact Precautions .implement Contact Precautions for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident care items in the resident's environment .wear gloves .when entering the room .remove gloves before leaving the room and perform hand hygiene .wear a disposable gown upon entering the Contact Precautions room . Resident #6 was admitted to the facility on [DATE] with diagnoses including Local Infections of the Skin and Subcutaneous Tissue, Peripheral Vascular Disease, Muscle Weakness, Stiffness of Right Hip, Stiffness of Right Knee, Stiffness of Left Hip, Stiffness of Left Knee, Type 2 Diabetes Mellitus, Chronic Pain, and Adjustment Disorder with Depressed Mood. Review of a Physician's order dated 2/24/2020 showed the resident required isolation with Contact Precautions due to an infection in a wound. Observation of Resident #6's room on 2/25/2020 at 7:30 AM, showed a Contact Isolation sign was on the resident's door. The Social Service Director (SSD) was observed in the resident's room with no gloves or gown on. The SSD exited the room carrying juice in her hand, without performing any type of hand hygiene. Interview with the SSD confirmed there was a Contact Isolation sign on the door. The SSD confirmed she had not donned gloves or gown prior to entering the room, and had not performed any type of hand hygiene prior to exiting the room. During observation of wound care for Resident #6 on 2/25/2020 at 3:02 PM, 2 Licensed Practical Nurses (LPN) donned gloves and gowns prior to entering the resident's room. LPN #3 exited the room at 3:07 PM still wearing the gown and gloves. She re-entered the room at 3:08 PM with the same gown and gloves on, and carrying a package of incontinence wipes to provide incontinence care to the resident. LPN #3 then removed the dirty gloves she had on and put clean gloves on, without performing hand hygiene. LPN #3 exited the room again at 3:14 PM to obtain gauze to clean a wound. She removed her gloves, but did not remove the gown prior to exiting the room, and did not perform any type of hand hygiene. LPN #3 exited the room again at 3:21 PM to obtain a measuring device to measure a wound. She removed her gloves prior to leaving the room, but did not remove her gown. LPN #3 exited the room again at 3:25 PM to obtain a dressing for one of the resident's wounds. She removed the gloves, but did not remove the gown. LPN #3 returned to the room at 3:26 PM and donned clean gloves, without performing any type of hand hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445205	A. Building B. Wing	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Viviant Healthcare of Chattanooga	8249 Standifer Gap Road Chattanooga, TN 37421

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/25/2020 at 3:32 PM, LPN #3 confirmed she had exited the room [ROOM NUMBER] times during wound care to obtain supplies, without removing her gown, and did not always perform hand hygiene prior to exiting the room or with glove changes. During an interview on 2/25/2020 at 4:43 PM, the Director of Nursing confirmed it was her expectation for staff to remove the gown and gloves and to wash the hands prior to exiting an isolation room.