

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 445167	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF CROSSVILLE		STREET ADDRESS, CITY, STATE, ZIP 80 JUSTICE ST CROSSVILLE, TN 38555	
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. Based on observation and review of a facility document entitled, Guide to Infection Prevention and Control, the facility failed to provide adequate screening for two (2) of two (2) visitors upon entry to the facility. The findings include: On 4/21/20 at 9:15 a.m. upon entry to the facility, Receptionist # 1 provided a visitor's screening for the federal surveyor, obtaining a temperature check and providing a mask. Receptionist #1 entered the federal surveyor's name in the log and the questionnaire was completed by the receptionist, without asking the federal surveyor to answer any screening questions. On 4/21/20 at 11:35 a.m. a visitor entered the facility. Receptionist #1 was observed performing a temperature check to the visitor and provided him a mask. The receptionist entered the visitor's name in the log and filled out the questionnaire, without asking the visitor any screening questions. On 4/21/20 at 11:42 a.m. the visitor log was reviewed and revealed the following screening questions: S/S (signs and symptoms) of Resp. (Respiratory) Infection (Y/N) Contact with confirmed COVID-19 person (Y/N) Restricted Travel within the last 14 days (Y/N) COVID-19 is present in your community (Y/N) Both visitor's for 4/21/20 had (N) listed for all questions. Review of the facility document entitled, Guide to Infection Prevention and Control section labeled Screening of all visitors, vendors, contractors read as: All visitors, vendors, and contractors will be screened for COVID-19 symptoms in accordance with current CDC (Centers for Disease Control), CMS (Centers for Medicare and Medicaid Services), and local and state guidelines. During an interview with the Administrator on 4/21/20 at 12:30 p.m. she stated it was her expectation the questions on the screening questionnaire be asked to all visitors.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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