

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 445314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/18/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF MORRISTOWN		STREET ADDRESS, CITY, STATE, ZIP 501 WEST ECONOMY ROAD MORRISTOWN, TN 37814	
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 F 0656	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review, observation, and interview, the facility failed to ensure the Care Plan included individualized interventions for 1 resident (#83) of 3 residents reviewed for nutrition. The findings include: Review of the facility policy titled, Resident Assessment Instrument and Care Plan, dated 4/29/2019, showed .staff from all disciplines an (are) required to develop an individualized person-centered care plan that provides a path toward the resident achieving or maintaining their highest practicable level of well-being . Resident #83 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly Minimum (MDS) data set [DATE] showed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact; the resident had lost 5% or more weight in the last month, or 10% or more in the last 6 months; and the resident was not on a physician prescribed weight loss regimen. Review of the Weights and Vitals Summary showed Resident #83 weighed 125 pounds (lbs.) after [MEDICAL TREATMENT] on 2/7/2020, and weighed 128 lbs. after [MEDICAL TREATMENT] on 3/6/2020, a 2.4% gain. Review of the Physician's Orders dated 2/12/2020 revealed .NAS (no added salt) with diet condiments, regular texture . Review of Resident #83's current Comprehensive Care Plan initiated 7/12/2019 and revised 3/17/2020, showed .Focus .At risk for weight fluctuations .Goal .Resident wishes to maintain current weight through next review .Interventions/Tasks .Diet order per physician's orders .Educate resident and family on storage and preparation of outside food .Educate resident and family regarding potential weight fluctuation .Weight monthly and prn (as needed) . The interventions were generic care plan interventions and not specific to Resident #83. Review of Resident #83's tray card (card placed on resident's tray by dietary to define contents of meal) dated 3/17/2020, showed .Reg (regular) texture, NAS (no added salt) dt (diet) cndmt (condiments) .Preferences .Breakfast .2 bowls oatmeal, fortified cereal, large portions protein, extra bacon .Lunch .large portions protein .dinner .large portions protein . Interview with the Certified Dietary Manager (CDM) on 3/17/2020 at 1:53 PM, revealed the CDM monitored the weights for weight loss, participated in the facility's nutrition at-risk meetings, completed the weight and dietary-related sections of the Care Plan, and implemented the RD's dietary recommendations. During interview, Resident #83's weight fluctuations and care plan were reviewed and the CDM confirmed the Care Plan included only general interventions. The CDM confirmed current dietary interventions in place to prevent Resident #83 from losing more weight included 2 bowls of oatmeal and fortified cereal at breakfast, and large portions of protein at each meal. The CDM confirmed these interventions should have been included on Resident #83's Care Plan. Interview with the Director of Nursing (DON) on 3/18/2020 at 7:28 AM, revealed over the course of the survey process, the facility had become aware of a lack of communication between the dietary department and nursing. The DON confirmed Resident #83's Care Plan did not reflect personalized interventions and the Care Plan did not include the dietary interventions implemented to prevent further weight loss.</p>		
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.