

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/02/2022
NAME OF PROVIDER OR SUPPLIER Asbury Place at Maryville		STREET ADDRESS, CITY, STATE, ZIP CODE 2648 Sevierville Rd Maryville, TN 37804	

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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38390</p> <p>Based on facility policy review, medical record review, interview, and observation, the facility failed to administer treatment for a Pressure Injury for 1 resident (Resident #14) of 3 residents reviewed for Pressure Injuries.</p> <p>The findings include:</p> <p>Review of the facility policy Signing Off Physician Orders undated, showed .it is the nurse's responsibility to be sure that the physician order sheet is completed with the required and correct information prior to signing off .orders are required to be signed off by two nurses .</p> <p>Medical record review showed Resident #14 was admitted to the facility on [DATE], with diagnoses including Diabetes Mellitus Type 2, Atrial Fibrillation, Generalized Anxiety Disorder, Atherosclerotic Heart Disease, and Cerebral Infarct.</p> <p>Review of Resident #14's Annual Minimum Data Set, dated dated [DATE], showed Resident #14 had a Brief Interview for Mental Status score of 15, which indicated the resident was cognitively intact. Continued review showed the resident required extensive assistance with 1 staff member for bed mobility, transfers, dressing, and toileting, and required limited assistance from 1 staff member for walking in his room and corridor. Further review showed the resident required supervision for eating, had no pressure ulcers, but was assessed as being at risk for pressure ulcer/injuries.</p> <p>Review of Resident #14's Comprehensive Care Plan dated 12/17/2020, showed .Potential for impaired skin integrity r/t [related to] limited mobility, incontinence .</p> <p>Review of a Foot Care Clinic Progress Record dated 2/2/2022, showed .seeing the patient today related to hypertrophic [thickening of the nail] nails .he reports having very little sensation to his feet .Detailed Wound Assessment: Deep tissue injury [DTI] [an injury to a patient's underlying tissue below the skin's surface that results from prolonged pressure in an area of the body] in evolution noted to his left 2nd toe dorsal [upper] aspect. Presents as 100% blood filled blister .initiate treatment today with Betadine [skin barrier] b.i.d. [twice a day] and consult wound NP [Nurse Practitioner] .</p> <p>Review of a Physician's Telephone Order dated 2/2/2022, showed .To L [left] 2nd toe dorsal wound: Apply betadine BID [twice a day] consult wound NP to follow .</p> <p>(continued on next page)</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 445017
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Wound Progress Record dated 2/3/2022, showed .seeing patient today to follow up on a blood-filled blister to his 2nd left toe found during foot clinic .betadine was initiated as treatment to this wound .today the wound measures 0.4 x 0.4 [centimeters] and presents as 100% blood filled blister .apply betadine b.i.d .</p> <p>Review of the resident's Comprehensive Care Plan showed on 2/3/2022, the care plan was updated to include .[Resident #14] has a DTI .Lt [left] 2nd dorsal toe .cleanse and treat wound as per orders .</p> <p>Review of a Wound Progress Record dated 2/10/2022, showed .DTI to left 2nd dorsal toe .today, the wound measures 0.3 x 0.4 [centimeters] and presents as 100% stable eschar .betadine b.i.d .</p> <p>Review of Resident #14's skin assessments dated 2/1/2022 through 2/15/2022, showed no documentation of a left second toe pressure injury.</p> <p>Review of Resident #14's Physician Recapitulation Orders dated February 2022, showed no treatment order for betadine twice a day to left foot 2nd toe from 2/2/2022 through 2/14/2022.</p> <p>Review of Resident #14's EMAR and Electronic Treatment Administration Record (ETAR) for 2/2022 showed no documentation the 2nd left toe pressure injury treatment had been administered from 2/2/2022 through 2/14/2022.</p> <p>During a telephone interview on 2/14/2022 at 11:47 AM, the Wound Care Nurse confirmed Resident #14's pressure injury was .found during foot clinic .100% blood filled .very small .No skin issues prior .anyone could have missed it . Continued interview confirmed Resident #14's left 2nd dorsal toe pressure injury had improved despite the treatments not being completed as ordered.</p> <p>Observation and interview on 2/14/2022 at 1:24 PM, of Resident #14's Left foot with Registered Nurse (RN) #1, showed the resident had a wound to his left 2nd toe dorsal aspect. Interview with RN #1 confirmed she was unaware Resident #14 had a wound.</p> <p>During an interview on 2/14/2022 at 1:48 PM, RN #2 confirmed she was responsible for Resident #14 and was not aware he had a pressure injury .did not see an order for [wound care] .</p> <p>During an interview on 2/14/2022 at 3:24 PM, the Interim Director of Nursing confirmed the wound care treatment for betadine twice a day for Resident #14's left 2nd toe pressure had not been completed from 2/2/2022 through 2/14/2022 .did not see it on the TAR .</p> <p>Review of a Clinical Note dated 2/15/2022, showed .Clarification order received per wound care NP for betadine to L [left] toe bid for area 0.1 x 0.1 [centimeters] .</p> <p>Review of a Clinical Note dated 2/15/2022, showed .Medical Director and Wound NP notified of medication administration error at this time .</p> <p>During an interview on 2/16/2022 at 6:51 AM, Licensed Practical Nurse (LPN) #6 confirmed it was the responsibility of night shift nursing to complete chart checks during their shift. Continued interview confirmed LPN #6 was a night shift nurse and during the 24-hour chart check the order was entered in error</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38390</p> <p>Based on medical record review and interview, the facility failed to follow a recommendation from the Registered Dietitian for an oral nutritional supplement for weight loss for 1 resident (Resident #1) of 3 residents reviewed for weight loss.</p> <p>The findings include:</p> <p>Medical record review revealed Resident #1 was admitted to the facility on [DATE], with diagnoses including Parkinson's Disease, Fracture Right Femur, Dementia, Coronary Artery Disease, and Peripheral Vascular Disease. Resident #1 was transitioned to comfort care on [DATE] and died on [DATE] at the facility with family at bedside.</p> <p>Medical record review of Resident #1's Admission Minimum Data Set, dated dated dated [DATE], showed Resident #1 had a Brief Interview for Mental Status score of 4, which indicated severe cognitive impairment. The resident required extensive assistance of ,d+[DATE] staff members for activities of daily living except eating, where the resident required set up with supervision. The resident also had functional limitation in range of motion for 1 lower extremity, was assessed as at risk for pressure injuries, and weighed 109 pounds.</p> <p>Medical record review of a Risk Meeting note dated [DATE], showed .Resident with recent DTI [deep tissue injury] to R [right] heel .requesting dietician evaluation related to wound .</p> <p>Medical record review of a Nutrition Consult/Wound Note dated [DATE], showed .nutrition consult for new DTI to right heel. Planned positive weight gain since admit CBW [current body weight] 111 lbs [pounds] remains on diuretic; therefore, some fluctuation is expected .po [by mouth] intake had a slight decline over the weekend .possibly d/t [due to] UTI [urinary tract infection] . Continued review showed the resident received the following nutritional interventions: fortified foods for all meals, snacks in between meals, nutritional supplement shake daily, and a nutritional ice cream at bedtime.suspect resident is meeting energy/protein needs at this time .goal is weight maintenance or continued gain to a healthy BMI [body mass index] for this age .improved hydration and wound healing . Further review showed there were no new orders.</p> <p>Medical record review of a Wound Progress Record dated [DATE], showed Resident #1 had the DTI that was identified on [DATE] and a newly identified stage 3 pressure injury to the right buttock.</p> <p>Review of a Registered Dietician (RD) Progress Note dated [DATE], showed .wound/weight review .CBW 97 . loss of 5.8% x [times] 30 days noted and significant (103 lbs ,d+[DATE]) .70% intake .meeting needs po [by mouth] at this time, however, given weight loss and skin breakdown [right heel DTI and stage 3 right buttock] recommend add med pass 2.0 [high calorie nutritional supplement] 80 mL [milliliters] tid [three times a day] to provide an additional 480 kcals [calories] and 20g [grams] of protein .</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Electronic Treatment Record (ETAR) dated ,d+[DATE], showed the ordered med pass nutritional supplement was entered on the ETAR as an as needed order .med pass 2.0 as needed starting [DATE] .med pass 2.0 60 ml tid . Continued review showed the med pass had not been administered as ordered.</p> <p>Medical record review of a Psychiatric Progress Note dated [DATE], showed Namenda (medication used to treat Dementia) was recommended to be discontinued due to the resident's recent weight loss, however, the son .denied d/c [discontinuation] of Namenda r/t [related to] requests pt [patient] to be fed r/t weight loss . continue to encourage nutrient dense calories .</p> <p>Medical record review of a Nurse Practitioner Progress Note dated [DATE], showed .poor po intake . apparently has had increased weight loss with Namenda .started on Remeron [antidepressant used to stimulate appetite] for hopeful improvement in her appetite .some potential for evaluation of Hospice .right now we are awaiting her improvement in appetite .</p> <p>Review of a Wound Progress Note dated [DATE], showed the resident's right heal wound resolved.</p> <p>Review of a Wound/Weight Review note dated [DATE], showed .Intake average past 7 days remains same as last review 72% of meals .goal reached past 30 days with no significant weight loss .history of edema BUE [bilateral upper extremities] which can contribute to some weight changes .appears po intake with [nutritional supplements] exceeding needs for weight loss prevention .</p> <p>Review of the resident's ETAR dated the month of ,d+[DATE], showed .med pass 2.0 as needed .med pass 2.0 60 ml TID . Continued review showed the med pass was only administered two times, on [DATE], for the entire month of ,d+[DATE].</p> <p>Medical record review of Resident #1's Electronic Medication Administration Record (EMAR) dated , d+[DATE], showed additional supplements were added on [DATE], and included zinc, vitamin c, and Liguacel (liquid protein) and were administered as ordered.</p> <p>Review of a Nutrition Progress Note dated [DATE], showed .CBW ,d+[DATE] 98.5 lbs [,d+[DATE] 97 lbs] . visited resident at lunch .fed by staff .ate a few bites .staff reports acceptance of supplements .</p> <p>Medical record review of a Wound Progress Record dated [DATE], showed the stage 3 right buttock wound had improved.</p> <p>Review of a Nutrition Progress Note dated [DATE] showed, .resident triggered for significant weight loss x 180 days-11.8% . Continued review showed the following weights for Resident #1:</p> <p>[DATE]-106.8 lbs</p> <p>[DATE]-100.2 lbs</p> <p>[DATE] -97 lbs</p> <p>[DATE]-97.8 lbs</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>[DATE]-94.2 lbs</p> <p>Further review showed .No significant weight changes .x [times] 90 days .visited resident at lunch .decreased intake 52% average .only consumed coke and some banana pudding, refused to eat anything else .has multiple nutrition interventions in place however weight continues to decline .recommend increasing med pass 2.0 to 120mL tid to promote weight gain and aid in wound healing [right buttock wound] .</p> <p>Medical record review of Resident #1's ETAR dated for the month of ,d+[DATE], showed 120 mL med pass 2.0 tid had been administered as ordered except when the resident refused two times on [DATE].</p> <p>Medical record review showed Resident #1 weighed 91.8 lbs on [DATE], which indicated the resident continued to lose weight after the med pass was ordered and administered.</p> <p>Medical record review of a Nutrition Progress Note dated [DATE] showed the supplements were discontinued as the resident transitioned to comfort care/hospice .per staff, resident unable to tolerate anything by mouth .</p> <p>During a telephone interview on [DATE] at 11:47 AM, the Wound Care Nurse confirmed Resident #1 developed a stage 3 pressure ulcer on the resident's buttock .gotten better .[right heel DTI] resolved .do remember staff going to try to feed her .she wasn't eating well .flat out refused .biting everything .say things .leave me alone .</p> <p>During a telephone interview on [DATE] at 4:34 PM, Registered Dietician #2 confirmed .in my practice I never put an order as needed .anything [entered] 'as needed' was entered in error .it [med pass] is not 100% of [Resident #1's] needs not even 50% of needs .it is a small amount .I don't know if it would have made the difference .was getting vitamins and minerals .turning .hydrated .getting all kinds of supplements .</p> <p>During a telephone interview on [DATE] at 12:36 PM, the Medical Director confirmed Resident #1 had .end stage Parkinson's Disease .skin failure .end stage process .adult failure to thrive .despite any intervention .continues to fail .that was in evidence with her for sure .</p>

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38390</p> <p>Based on review of Center for Disease Control and Prevention (CDC) guidelines, facility policy review, review of facility documentation, interview, and observation, the facility Administration failed to implement and monitor effective interventions once aware of employees not reporting symptoms of COVID-19 during the facility screening process and failed to ensure staff compliance with Personal Protective Equipment (PPE) usage to provide a safe and sanitary environment to prevent the development and transmission of infections. The facility had 38 residents and 48 staff test positive for COVID-19. These failures placed 38 residents, including Residents #2, #5, #8, #13 and #26, in Immediate Jeopardy (a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) when Certified Nursing Assistant (CNA) #1 and CNA #2 provided direct care to residents while having symptoms related to COVID-19 and when staff were observed entering droplet precaution rooms without wearing appropriate PPE. The facility's failure had the potential to affect all 97 residents residing in the facility.</p> <p>The Administrator was notified of the Immediate Jeopardy on 2/25/2022 at 5:00 PM.</p> <p>The facility was cited Immediate Jeopardy at F-835, F-865, and F-880 at a scope and severity of L.</p> <p>The Immediate Jeopardy was removed onsite and was effective 1/2/2022 - 3/1/2022. An acceptable Removal Plan, which removed the immediacy of the Jeopardy, was received on 3/2/2022. The corrective actions were verified onsite on 3/2/2022.</p> <p>The findings include:</p> <p>Review of the CDC COVID-19 Guidelines titled Symptoms of COVID-19 dated 2/22/2021, showed .People with COVID-19 have a wide range of symptoms reported - ranging from mild symptoms to severe illness . Anyone can have mild to severe symptoms. People with these symptoms may have COVID-19: cough .sore throat .congestion or runny nose .</p> <p>Review of the facility's Nursing Policies/Procedures Manual for Managing Covid 19 undated, showed .To provide guidance in caring for Covid-19 positive or suspected positive residents and providing a safe environment for residents and associates .each employee is responsible to answer the screening questions truthfully and it is the associate's responsibility to notify their supervisor immediately if they become ill throughout the shift. Associates should report directly to their assigned units . Continued review showed . protective eyewear .Don prior to entrance of facility along with a surgical mask or higher grade .isolation gowns .don only for transmission based precautions (contact, droplet and/or airborne) .facemasks .Universal use is recommended .Do not pull off nose/mouth and wear around neck or around head or remove .</p> <p>Review of the facility guidelines [NAME] Covid 19 Testing Guidelines, dated 10/19/2021, showed .associates vaccinated and unvaccinated with signs or symptoms must be tested .associates with symptoms onset while at work, are expected to notify their supervisor and leave the building as quickly as possible, while donning appropriate PPE .</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Certified Nursing Assistant (CNA) #1 worked with COVID-19 symptoms on 1/1/2022 and 1/2/2002, and received a positive COVID-19 test result on 1/2/2022.</p> <p>CNA #2 worked with COVID-19 symptoms on 1/9/2022 and received a positive COVID-19 test result on 1/9/2022.</p> <p>During an interview and review of the facility's COVID-19 outbreak investigation documentation with the Infection Control Preventionist (ICP) on 2/14/2022 at 10:45 AM, the ICP confirmed an outbreak investigation started after she learned CNA #1 worked a full shift with COVID-19 symptoms and was observed without appropriate PPE on 1/1/2022. CNA #1 reported to work again while symptomatic on 1/2/2022 and received a positive COVID-19 test result the same day. Continued interview confirmed anyone who entered the facility was required to screen for COVID-19, including all staff, visitors, vendors, and contractors. The screening process required anyone who entered the facility have their temperature taken and were required to report signs and symptoms of illness including cough, congestion, and/or runny nose. The screening questions were to be answered on an App using either a personal cell phone or a facility tablet. Once the questions were answered, a pass or fail screen was to be shown to the facility screener prior to entry. The screener was to document the information on a Temp Logs and Surveillance Checks form. If the person failed the screening, an email was automatically generated and sent to the ICP. Facility documentation review showed CNA #1 was not listed on the Temp Logs and Surveillance Checks on 1/1/2022 and had passed the facility screening on 1/2/2022 (CNA #1 denied any symptoms of COVID-19). On 1/2/2022, the ICP .immediately started an outbreak investigation .put the 2 units where [CNA #1] worked in droplet precautions [used to prevent the spread of pathogens that are passed through respiratory secretions] .started outbreak testing the next day .[CNA #1] is no longer an employee .was dishonest on screening .she had a sore throat .congestion .thought it was just allergies .no fever .[CNA #1] visited .friends on different floors .inappropriately wearing PPE .was told [CNA #1's] mask was down .shield was up .did contact tracing .on 1/4/2022 and 1/6/2022, residents became symptomatic .found more positives as we continued to test .</p> <p>During an observation and interview on 2/14/2022 at 2:12 PM, CNA # 4 entered a droplet precautions room without a gown or gloves and turned off the call light, performed hand hygiene, and left the room. Interview with CNA #4 confirmed the CNA did not don a gown or gloves prior to entering a droplet precautions room (gown and gloves are required PPE for droplet precautions) .I know basics .if not doing direct care I do not need a gown .gloves .I sanitized .that is just my understanding as a CNA .</p> <p>During a telephone interview on 2/16/2022 at 6:10 PM, CNA #1 confirmed .Only thing I had 1/1/2022 .was my nose was stopped up .I was aware of it January the 2nd .my congestion was gone .what I experienced was nothing in the COVID guidelines .I didn't feel bad .little tickle in my throat .itch in ear .no fever .shortness of breath .diarrhea .vomiting .no coughing .no sneezing .all I had was congestion .I went to the main building .checked in .then I drove to Chestnut [facility unit] .both days .</p> <p>During an interview on 2/17/2022 at 11:00 AM, the ICP confirmed while rounding on 1/2/2022, the ICP observed CNA #2 not wearing a mask while feeding a resident. Continued interview confirmed on 1/9/2022, CNA #2 received a positive COVID-19 test and was observed working while symptomatic. The ICP confirmed CNA #2 reported to have .sniffles .sinuses . The ICP confirmed CNA #2 did not report the symptoms on the facility screening questionnaire.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an observation and interview on 2/22/2022 at 10:07 AM, Registered Nurse (RN) #3 enter a droplet precaution room without donning a gown or gloves. Interview with RN #3 confirmed she failed to don appropriate PPE prior to entering a droplet precautions room (quarantined resident) .I had ran and got this [a pen] .to write on the whiteboard .I am a good nurse .I can't believe I just did that .</p> <p>During an interview on 2/22/2022 at 10:41 AM, Laundry Aid #1 confirmed she came to work sometime in January 2022 with COVID-19 symptoms including sinus issues .been to doctor .was negative .feel better . took sinus medication .worked .next day .was positive [for COVID-19] .</p> <p>During an interview on 2/22/2022 at 1:08 PM, the ICP confirmed PPE compliance and screening was discussed during morning meeting after the outbreak .with department heads .talked about the importance of truthful staff .manager's responsibility .ensure communication to their staff .pulled education .from these individuals .they thought nothing of it .it's not like I am not doing an effective job .because people can't control their truthfulness . Continued interview confirmed prior to the facility's COVID-19 outbreak on 1/2/2022, all staff had been educated on hire and periodically during the pandemic on the facility screening process and how to report symptoms of illness. The ICP confirmed she would audit screening logs if there was a concern with a specific staff member not screening in prior to their shift but does not document it. Further interview confirmed the ICP did not pull the screening logs for CNA #1. Continued interview confirmed audits for PPE compliance were last completed on 2/11/2021 and no concerns were identified. On 10/19/2021, staff had been educated on universal eye protection and CDC changes regarding COVID-19 testing, masking, and appropriate PPE use. Further interview confirmed no additional processes were in place prior to the outbreak to monitor staff compliance/adherence to PPE usage and/or the facility's screening process .3 people who are dishonest .we educate .and reeducate .can't control them being dishonest .educate these are the symptoms .I don't know how else I can make people do the right thing .I can't .</p> <p>During an interview on 2/22/2022 at 4:38 PM, CNA #2 confirmed on 1/2/2022 .my mask was on my ear [dangling from the ear and not covering the face] .didn't have my shield with me . Continued interview confirmed CNA #2 reported to work on 1/9/2022 with COVID-19 symptoms .did not know with Omicron it was like a cold .I have sinuses and allergies and asthma .I have medicine I take .realize now .</p> <p>During an interview on 2/25/2022 at 11:34 AM, the Interim Director of Nursing (DON) confirmed she was aware CNA #1 failed to don appropriate PPE and worked with symptoms of COVID-19 .I believe it [outbreak] can be tracked and trended back to that 1 associate .I know [ICP] reached out to the state .to get instruction on what they needed to do .started education across the board .spoke in person with a lot of staff .what to do .who to call .[ICP] covered the education .donning and doffing audits .hand washing audits .no way to ever know what you are doing works .until you know you have a problem .you don't know you have a problem until a problem comes up .bottom line is out of 100 people there will always be those 5 people that are going to do what they want to do .</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During a telephone interview on 2/25/2022 at 12:04 PM, the Administrator confirmed she was responsible for oversight of the facility and staff and confirmed .contact tracing .that was primarily [the ICP's] arsenal .the screening process was in place .understood associates fill out that .I trusted [ICP] to do the contact tracing . The Administrator confirmed she was made aware of the ICP's conclusions after contact tracing connected the current outbreak back to CNA #1 and CNA #2 .an employee lied .an associate .a person lied .I can tell you that .I can just tell you the system is the system .can't stop people from lying .we can temp .screen .ask them questions .temp when they leave . Continued interview confirmed the Administrator was not aware of staff non-compliance with PPE .made aware yesterday .QAPI meeting .2/21/22 .I know infections were discussed .can't recall if the outbreak was specifically discussed at this point . When asked about the facility's effort to correct staff non-compliance, the Administrator confirmed the facility was .tracking trending and making sure anybody that identifies with symptoms and/or if a questionnaire is not done .they are turned away .if it is an employee .yes they are asked to leave .if they don't follow infection control protocol they are asked to leave .there is a process that [the ICP] managed .I defer to [ICP] on all of those questions .if an employee fails to do that or lies on a form .it's terrible .the system works if the employees follow it .</p> <p>Facility corrective actions included:</p> <p>Corrective Action 1: Education to the Administrator by the [NAME] President of Operations on the use and application of the screening tool when associates enter the healthcare center.</p> <p>On 2/25/2022, the [NAME] President of Operations initiated education with the Administer on the current associate Screening Tool (records signs and symptoms, COVID-19 exposure, etc) to be completed when associates enter the facility.</p> <p>On 3/2/2022, the surveyor reviewed the education, Inspection for Screening Tool, and in-service sign in sheet which validated the corrective action plan.</p> <p>On 3/2/2022, the surveyor validated the corrective actions onsite through interviews with the Administrator. The Administrator was able to verbalize understanding of the Screening tool and was able to verbalize understanding of steps or actions to take in the event any staff or associate presented with a fever or illness while on duty. The Administrator was also able to verbalize understanding of the facility's Inspection for Screening audit tool, when to utilize the audit, and with whom to report the findings.</p> <p>Corrective Action 2: The Administrator and/or designee will provide education to all associates who staff the screening area on the use and application of the screening tool when associates/visitors/contractors enter the healthcare center.</p> <p>On 3/2/2022, the surveyor reviewed the in-service education sign-in sheet dated 2/25/2022 and entitled Screening Tool Use and Application. The sign in sheet had been signed by the 4 facility screeners and observation of documentation validated the associates/staff received the mandatory education in-services prior to returning to work.</p> <p>The facility's noncompliance at F-835 continues at a scope and severity of F for monitoring the effectiveness of the corrective actions.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>The facility is required to submit a Plan of Correction.</p> <p>Refer to F-880.</p>		

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<p>F 0865</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38390</p> <p>Based on review of facility policy, review of the Facility Assessment, review of facility documentation, interview, and observation, the Quality Assurance Performance Improvement (QAPI) committee failed to ensure an effective QAPI program to identify issues related to infection control and prevention and develop plans of action for breaches in infection control and failed to ensure systems and processes were in place and consistently followed by staff to address quality concerns. Failure of the QAPI Committee placed 38 residents in Immediate Jeopardy (IJ) (a situation in which the provider's noncompliance with one or more requirements of participation has caused or is likely to cause serious injury, harm, impairment, or death to a resident) when COVID-19 symptomatic staff provided direct care to residents and staff failed to follow Personal Protective Equipment (PPE) requirements for the mitigation and control of COVID-19 in the facility. The facility had 38 residents and 48 staff members test positive for COVID-19 from 1/2/2022 through 2/10/2022. The facility's failure had the potential to affect all 97 residents residing in the facility.</p> <p>The Administrator was notified of the Immediate Jeopardy (IJ) on 2/25/2022 at 5:00 PM.</p> <p>The Immediate Jeopardy was removed onsite and was effective 1/2/2022 - 3/1/2022. An acceptable Removal Plan, which removed the immediacy of the Jeopardy, was received on 3/2/2022. The corrective actions were verified onsite by a surveyor on 3/2/2022.</p> <p>The findings include:</p> <p>Review of the facility's Quality Assurance Performance Improvement policy dated 1/1/2014, showed .to provide ongoing, data driven assessment of care and services and team driven projects to promote improvement .to make decisions and guide our day-to-day operations. Decisions are made based on data, which includes the input and experience of associates, residents and families .</p> <p>Review of the Facility assessment dated ,d+[DATE] through 11/2021, showed .Our community conducts an infection control risk assessment which evaluated and determined the risk or potential vulnerabilities within the resident population and the surrounding community .review mid-year resulted in deficiencies cited .we conduct daily surveillance for Covid 19 of all people entering the building to include temperature checks, questions related to Covid 19 symptoms, travel, practicing physical distancing and PPE .we have a 'see something say something' program ensuring everyone shares with their supervisors anything, they believe may not be a good practice. Thus, keeping the entire team throughout the campus on alert to always practice appropriate infection control practices. We have educated our teams many times in various ways about infections including Covid 19 .PIP [Performance Improvement Project] Plan - Surveillance .screening of anyone entering the building on campus .ensuring PPE is used appropriately .test according to guidelines .</p> <p>(continued on next page)</p>		

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<p>F 0865</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the facility's COVID-19 outbreak investigation documentation showed Certified Nurse Assistant (CNA) #1 worked a full shift with COVID-19 symptoms and was observed without appropriate PPE on 1/1/2022, and later received a positive COVID-19 test result on 1/2/2022. Continued review showed CNA #2 was observed without appropriate PPE on 1/2/2022 and worked with COVID-19 symptoms on 1/8/2022 and 1/9/2022, and later received a positive COVID-19 test result on 1/9/2022. Further review showed from 1/4/2022 through 2/10/2022, 38 residents tested positive for COVID-19, including 3 unvaccinated residents and 4 residents not up to date with COVID-19 vaccinations, and 48 staff members tested positive for COVID-19.</p> <p>During an interview on 2/14/2022 at 10:45 AM, the Infection Control Preventionist (ICP) confirmed the facility had a .large . COVID-19 outbreak after CNA #1 and CNA #2 worked with COVID-19 symptoms, did not report their symptoms on the COVID-19 screening questionnaire (a required questionnaire that prompts staff, visitors, vendors and/or contractors to answer questions related to COVID-19 symptoms, recent travel, pending COVID-19 test result, or exposures prior to entry into the facility) and were observed without appropriate PPE.</p> <p>During an observation and interview on 2/14/2022 at 2:12 PM, CNA #4 entered a droplet precautions room (used to prevent the spread of pathogens that are passed through respiratory secretions and requires use donning gown and gloves) without a gown or gloves. During interview with CNA #4, the CNA stated because he did not provide direct resident care, a gown and gloves were not required.</p> <p>During a telephone interview on 2/16/2022 at 6:10 PM, CNA #1 confirmed on 1/1/2022, she worked an entire shift with symptoms of COVID-19 .my nose was stopped up .what I experienced was nothing in the COVID guidelines .I didn't feel bad .little tickle in my throat .itch in ear .no fever .all I had was congestion .I went to the main building .checked in .then I drove to Chestnut [facility unit] .both days .</p> <p>During a telephone interview on 2/16/2022 at 7:30 PM, CNA #14 stated .staff [were] slack in wearing [isolation] gowns if [the] room does not have box [PPE disposal box] .50% of the time we will [don and doff appropriate PPE] .if I see it .let them know they are on droplet precautions .don't tell on other CNAs .so no I don't report it .</p> <p>During an interview on 2/17/2022 at 11:00 AM, the ICP confirmed she attended monthly QAPI meetings and provided infection control related updates. Continued interview confirmed .everyone in the facility was responsible for monitoring the effectiveness of the education and training related to COVID-19 screening and PPE compliance .I round on the floor everyday .we were not doing audits [just prior to the outbreak] . The ICP confirmed education was provided to staff on 7/28/2021, 7/30/2021, and 10/19/2021, regarding mask use, eye protection, and Centers for Disease Control (CDC) updates related to COVID-19 testing. The ICP confirmed after the outbreak on 1/3/2022 and 1/6/2022, staff were educated on demonstration, knowledge, and understanding of appropriate PPE to prevent the spread of infection, transmission-based precautions, including droplet precautions, proper handwashing, and current data on infection prevention and hospital acquired infections. The ICP confirmed the facility conducted PPE and hand washing audits on 2/11/2022 and found no concerns. However, no additional documentation was provided that monitored the effectiveness of the education related to the facility screening process or an understanding of COVID-19 signs and symptoms and what to do should staff become symptomatic .outside of notes I don't have any [evidence] .verbal education .on the spot education .</p> <p>(continued on next page)</p>		

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<p>F 0865</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During a telephone interview on 2/17/2022 at 12:36 PM, the Medical Director confirmed she was aware of the facility's COVID-19 outbreak .[ICP] reports to me daily .when we do have a positive .she notifies me directly .we discuss that in Risk [meeting] .we are following CDC guidance .anyone in quarantine .or suspected or active .full PPE .[ICP] does contact tracing .so they did that initially [placed everyone in quarantine] .we had concerns for close contact with everyone in the building .I agreed with her .until we could confirm widespread activity .I didn't have any issues with that .I know we were able to trace [the outbreak] to a visitor .[the visitor] not forthright with active symptoms and tested positive .the facility is going by guidance .shift monitoring .was heightened .the screening is quite robust .we have done education .I assisted with [ICP] at some point .not aware of any staff non-compliance .I observe people wear PPE .I feel pretty good about it . I think [ICP] is auditing pretty regularly .reports in QAPI .being done .no need to question it .last [QAPI] meeting was January 10th .[ICP] gives infection control report .we review other infection issues . Continued interview confirmed she was not aware of the results of the ICP's contact tracing which concluded staff coming to work symptomatic and not donning appropriate PPE had led to the outbreak.</p> <p>During an observation and interview on 2/22/2022 at 10:07 AM, Registered Nurse (RN) #3 entered a droplet precaution room without donning a gown or gloves. Interview with RN #3 confirmed she should have donned appropriate PPE .I can't believe I just did that .</p> <p>During an observation and interview on 2/22/2022 at 10:30 AM, CNA #13 was observed with a face shield not pulled down to cover the face .just came out of the shower. Forgot to put it back on .cooling off .</p> <p>During an interview on 2/22/2022 at 10:41 AM, Laundry Aid # 1 confirmed she worked with symptoms of COVID-19 .felt better after taking sinus medications .next day .tested positive [for COVID-19] .</p> <p>During an interview on 2/22/2022 at 4:38 PM, CNA #2 confirmed on 1/2/2022 .my mask was on my ear [dangling from ear and not covering face] .didn't have my shield with me . Continued interview confirmed CNA #2 reported to work on 1/9/2022 with COVID-19 symptoms .did not know with Omicron it was like a cold .I have sinuses and allergies and asthma .I have medicine I take .</p> <p>During an interview on 2/25/2022 at 11:34 AM, the Interim Director of Nursing (DON) confirmed she became the Interim DON .Sometime in the middle of January . and attended the QAPI meetings on 12/13/2021 and 2/21/2022. Continued interview confirmed she was made aware of CNA #1 and CNA #2 working with symptoms of COVID-19 and non-compliance with PPE .started education across the board .understanding what they are supposed to do [if symptomatic with COVID-19 symptoms] .spoke in person with a lot of staff . [ICP] covered the education . When asked what was done related to staff compliance with the facility's COVID-19 screening guidelines, the Interim DON confirmed .don't have anything to do with screening . bottom line is out of 100 people there will always be those 5 people that are going to do what they want to do .</p> <p>(continued on next page)</p>

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<p>F 0865</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview on 2/25/2022 at 12:04 PM, the Administrator confirmed she became employed by the facility on 2/1/2022, was responsible for facility and staff oversight, and was made aware of the ICP's conclusions after contact tracing connected the outbreak back to CNA #1 and CNA #2. Continued interview confirmed she attended the most recent QAPI meeting on 2/21/2022 .I know infections were discussed .the screening process was in place .understood associates fill out that . Further interview confirmed when asked to provide evidence of the QAPI committee's activities after 2/21/2022, to ensure mitigation efforts to control the spread of COVID-19 had been put into place, including efforts to prevent staff from working with symptoms of illness or to increase staff compliance with PPE, documentation provided showed handwashing and PPE audits were completed on 2/11/2022, however, no further audits had been completed, and no additional evidence was provided.</p> <p>Facility corrective actions included:</p> <p>Corrective Action: The Quality Assurance Performance Improvement Steering committee, which is comprised of but not limited to, the Licensed Nursing Home Administrator, Interim Director of Nursing, Infection Preventionist, and Medical Director will convene an ad hoc meeting to review remedy plan by 3/2/22.</p> <p>On 3/2/2022, the surveyor reviewed the QAPI Ad Hoc Meeting sign in sheet dated 3/2/2022. The sign in sheets had been signed by the Administrator, the ICP, the Interim DON, and the Medical Director.</p> <p>On 3/2/2022, the corrective actions were validated onsite by the surveyor through interviews with the ICP and Interim DON. Both confirmed the topics discussed during the QAPI ad hoc meeting included: the facility's IJ removal plan, a Performance Improvement Project related to PPE compliance, additional staff education, and continued audits/monitoring of infection control related topics.</p> <p>The facility's noncompliance at F-865 continues at a scope and severity of F for monitoring of the effectiveness of the corrective actions.</p> <p>The facility is required to submit a Plan of Correction.</p> <p>Refer to F-880</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38390</p> <p>Based on review of Centers for Disease Control (CDC) Guidelines, review of the facility's Nursing Policies/Procedures Manual for Managing COVID-19, facility documentation review, interview, medical record review, and observation, the facility failed to prevent COVID-19 symptomatic staff from providing direct care to residents and failed to ensure staff followed Personal Protective Equipment (PPE) requirements for the mitigation and control of COVID-19 in the facility. The facility had 38 residents, including Residents #2, #5, #8, #13 and #26, and 48 staff members test positive for COVID-19 from 1/2/2022 through 2/14/2022. The facility's failure placed 38 residents in Immediate Jeopardy (a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) and had the potential to affect all 97 residents residing in the facility.</p> <p>The Administrator was informed of the Immediate Jeopardy (IJ) on 2/25/2022 at 5:00 PM.</p> <p>The Immediate Jeopardy was removed onsite and was effective 1/2/2022 - 3/1/2022. An acceptable Removal Plan, which removed the immediacy of the Jeopardy, was received on 3/2/2022. The corrective actions were verified onsite by a surveyor on 3/2/2022.</p> <p>The findings include:</p> <p>Review of the CDC COVID-19 Guidelines titled Symptoms of COVID-19 dated 2/22/2021, showed .People with COVID-19 have a wide range of symptoms reported - ranging from mild symptoms to severe illness . Anyone can have mild to severe symptoms. People with these symptoms may have COVID-19: cough .sore throat .congestion or runny nose .</p> <p>Review of the facility's Nursing Policies/Procedures Manual for Managing Covid 19 undated, showed .To provide guidance in caring for Covid-19 positive or suspected positive residents and providing a safe environment for residents and associates .each employee is responsible to answer the screening questions truthfully and it is the associate's responsibility to notify their supervisor immediately if they become ill throughout the shift. Associates should report directly to their assigned units . Continued review showed . protective eyewear .Don prior to entrance of facility along with a surgical mask or higher grade .isolation gowns .don only for transmission based precautions (contact, droplet and/or airborne) .facemasks .Universal use is recommended .Do not pull off nose/mouth and wear around neck or around head or remove . Further review showed COVID-19 positive residents required .complete active monitoring and documentation at least 3 times daily to include .respiratory exam .signs and symptoms (improvement, resolution) .vital signs .</p> <p>Review of the facility guidelines [NAME] Covid 19 Testing Guidelines, dated 10/19/2021, showed .These guidelines are required for use by skilled nursing centers .symptomatic individual identified .associates vaccinated and unvaccinated with signs or symptoms must be tested .associates with symptoms onset while at work, are expected to notify their supervisor and leave the building as quickly as possible, while donning appropriate PPE .</p> <p>Review of the facility's training documentation Covid 19 What You Need to Know (New Hires) undated, showed .Know the symptoms of Covid 19 .cough .sore throat .congestion or runny nose .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview and review of the facility's COVID-19 outbreak investigation documentation with the Infection Control Preventionist (ICP) on 2/14/2022 at 10:45 AM, the ICP confirmed an outbreak investigation started after she learned Certified Nurse Assistant (CNA) #1 worked a full shift with COVID-19 symptoms, had not reported the symptoms during screening when she reported to work, and was observed without appropriate PPE on 1/1/2022. CNA #1 reported to work again while symptomatic on 1/2/2022, and later the same day at work received a positive COVID-19 test result. Continued interview confirmed anyone who entered the facility was required to screen for COVID-19, including all staff, visitors, vendors, and contractors. The screening process required anyone who entered the facility to have their temperature taken and were required to report signs and symptoms of illness including cough, congestion, and/or runny nose. The screening questions were to be answered on an App using either a personal cell phone or a facility tablet prior to beginning their scheduled shift. Once the screening questions were answered, a pass or fail screen was to be shown to the facility screener prior to entry in the facility. The screener was to document the information on a Temp Logs and Surveillance Checks form. If the employee failed the screening, an email was automatically generated and sent to the ICP. Facility documentation review showed CNA #1 was not listed on the Temp Logs and Surveillance Checks on the day she worked 1/1/2022, and had passed the facility screening on 1/2/2022, but had reported no symptoms upon screening. On 1/2/2022, the ICP .put the 2 units where [CNA #1] worked in droplet precautions .started outbreak testing the next day .[CNA #1] is no longer an employee .was dishonest on screening .she had a sore throat .congestion .thought it was just allergies .no fever .[CNA #1] visited .friends on different floors .inappropriately wearing PPE .on 1/4/2022 and 1/6/2022, residents became symptomatic .found more positives as we continued to test .</p> <p>Medical record review showed Resident #2 was admitted to the facility on [DATE], with diagnoses including Congestive Heart Failure, End Stage Renal Disease, Dementia, and Peripheral Vascular Disease.</p> <p>Review of Resident #2's Complete Vaccination Record showed the resident was up to date for the COVID-19 vaccination series on 10/21/2021.</p> <p>Review of Resident #2's Rapid SARS CoV-2 test (rapid test to detect presence of COVID-19 virus) dated 1/4/2022, showed Resident #2 received a positive test result.</p> <p>Medical record review of a Daily COVID-19 Daily Evaluation dated 1/5/2022, showed Resident #2 had a new onset of cough and fatigue.</p> <p>Review of facility documentation showed Resident #2 recovered from COVID-19 on 1/15/2022.</p> <p>Medical record review showed Resident #5 was admitted to the facility on [DATE], with diagnoses including Major Depressive Disorder, Muscle Weakness, Anxiety Disorder, and Reduced Mobility.</p> <p>Review of facility documentation showed Resident #5 was offered the COVID-19 vaccination but declined on 10/29/2021.</p> <p>Medical record review of a Nurse Progress Note dated 1/4/2022, showed .resident c/o [complained of] not feeling well .fatigue, sore neck, and dry cough .[temperature] 100.7 .rapid covid test performed showing positive test .</p> <p>Review of facility documentation showed Resident #5 recovered from COVID-19 on 1/15/2022.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Medical record review showed Resident #13 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disorder, Rheumatoid Arthritis, Acute on Chronic Respiratory Failure with Hypoxia, and Femur Fracture.</p> <p>Review of Resident #13's COVID-19 Vaccination Record showed the resident was up to date for the COVID-19 vaccination series on 10/29/2021.</p> <p>Medical record review of Activities of Daily Living (ADL) documentation showed Resident #13 received care from CNA #1 on 1/1/2022.</p> <p>Review of the facility's COVID-19 outbreak investigation documentation showed Resident #13 tested positive for COVID-19 on 1/6/2022, with symptoms including lethargy, congestion, and a low-grade fever.</p> <p>Review of the COVID-19 Daily Evaluation dated 1/7/2022, showed the resident was asymptomatic for COVID-19. Continued review showed from 1/7/2022 through 1/17/2022, active monitoring and documentation of vital signs, respiratory status, and signs and symptoms or improvement or resolution were not completed at least 3 times daily, as indicated in the facility policy.</p> <p>Review of facility documentation showed Resident #13 recovered from COVID-19 on 1/17/2022.</p> <p>Medical record review showed Resident #26 was admitted to the facility on [DATE], with diagnoses including Dementia, Osteoarthritis, Schizoaffective Disorder, and Weakness.</p> <p>Review of Resident #26's COVID-19 Vaccination Record and facility documentation review showed the resident received one dose of the COVID-19 vaccination on 1/8/2021. Continued review showed the resident declined the second dose of the COVID-19 vaccination due to an adverse reaction.</p> <p>Review of the facility's COVID-19 outbreak investigation documentation showed Resident #26 tested positive for COVID-19 on 1/20/2022, with symptoms including decreased oxygenation and increased confusion.</p> <p>Review of a Nurse Practitioner (NP) COVID Monitoring note dated 1/20/2022, showed .called to the patient's room for a temp [temperature] of 103.8 .and a positive covid test .has been given Tylenol .weak and lethargic. Noted to have Dementia .unable to carry on a conversation with me .right shoulder is red and swollen, and warm to touch. There has been no recent reported injury or fall .I am concerned with infection in that shoulder .has had some hypoxic episodes per nursing staff .currently at 92 [percent oxygenation saturation] on room air .did ask that nursing staff place on oxygen .will send this patient to the hospital as her clinical presentation is significantly different than baseline for her .</p> <p>Review of Resident #26's hospital History and Physical dated 1/20/2022, showed .tested positive for covid 19 virus, febrile and confusion .fever .103.7 .Upon arrival her [oxygenation saturation] were in the mid 80's on room air. Was quite confused and agitated. Received a small dose of Ativan [antianxiety medication] with improvement of symptoms. Chest x-rays as well as her baseline labs were unremarkable .does not have respiratory distress or evidence of pneumonia .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of Resident #26's hospital Discharge Summary dated 1/25/2022, showed .primary diagnosis .covid [positive] .hospital course .decision not to treat covid 19 was made on admit as minimal symptoms and on and off room air .CXR [chest x-ray] w/o [without] infiltrates [associated with pneumonia] .</p> <p>Review of facility documentation showed Resident #26 recovered from COVID-19 on 2/10/2022.</p> <p>Review of the facility COVID-19 outbreak investigation documentation showed from 1/4/2022 through 2/10/2022, 38 residents tested positive for COVID-19, including 3 unvaccinated residents and 4 residents not up to date with COVID-19 vaccinations.</p> <p>Review of facility employee documentation dated 1/2/2022 - 2/10/2022, showed staff members who tested positive for COVID-19 included: 12 CNAs, 12 LPNs, 3 RNs, including the Interim DON, 1 Nurse Practitioner, 3 Physical Therapist Assistants (PTAs), the Therapy Director, 1 Certified Occupational Therapist Assistant, 1 Speech Therapist, 3 Dining Staff, 1 Housekeeper, 2 Screeners, 2 Laundry Aides, 1 Information Technician, the Clinical Nurse Educator, 1 Business Office staff member, the Receptionist, 5 Maintenance employees, including the Facilities Director, 1 Transportation Driver, 1 Bistro Staff Member, the Executive Assistant, and 1 Activities Assistant.</p> <p>During an observation and interview on 2/14/2022 at 2:12 PM, CNA #4 entered a droplet precautions room, did not don a gown or gloves, turned off the call light, performed hand hygiene, and left the room. Interview with CNA #4 confirmed the CNA did not don a gown or gloves prior to entering a droplet precautions room (gown and gloves are required PPE for droplet precautions) .I know basics .if not doing direct care I do not need a gown .gloves .I sanitized .that is just my understanding as a CNA .</p> <p>Review of CNA #4's employee file confirmed the CNA received infection control education related to donning and doffing PPE for droplet precaution rooms prior to working in the facility.</p> <p>During a telephone interview on 2/15/2022 at 10:32 PM, CNA #3 stated .[CNA #1] was on the elevator with me and co-worker and [CNA #1] did not have her mask on .back in January .had no mask or no shield or nothing .told our supervisor .immediately .</p> <p>During a telephone interview on 2/15/2021 at 10:37 PM, CNA #1 stated .I took mask off .put mask back on . we have to take a picture on the kiosk .in the nurses office I would take my shield off .had my glasses on . CNA #1 denied working with symptoms of COVID-19 .I have asthma .it's nothing symptomatic to COVID .so yeah I am short of breath .when I have asthma I have sinus pressure .when that happens .I get Tylenol sinus .took them went to work .worked whole shift [1/1/2022] no problem .I blew my nose .in the med room .nurse was standing out there .she could see me .trying to sneeze but couldn't come out .asked do you need anything . was going to take another sinus pill .next day [1/2/2022] tested positive .</p> <p>Review of CNA #1's employee file confirmed the CNA received infection control education related to COVID-19 symptoms, the facility screening process, and donning and doffing PPE prior to working in the facility.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an additional telephone interview on 2/16/2022 at 6:10 PM, CNA #1 stated .Only thing I had 1/1/2022 . was my nose was stopped up .I was aware of it January the 2nd .my congestion was gone .what I experienced was nothing in the COVID guidelines .I didn't feel bad .little tickle in my throat .itch in ear .no fever .shortness of breath .diarrhea .vomiting .no coughing .no sneezing .all I had was congestion .I went to the main building .checked in .then I drove to Chestnut [facility unit] .both days . CNA #1 denied being on the elevator without appropriate PPE.</p> <p>During a telephone interview on 2/16/2022 at 7:05 PM, Registered Nurse (RN) #5 stated .[CNA #1] . had a bad scratchy throat [on 1/2/2022] .coughing .I screened her .before she went into work .came back positive on our rapid [COVID-19] screen .don't recall her coughing or complaining [on] 1/1/2022 .I would have done a COVID test on her at that time .asked her how she felt .said not great .we asked her to leave .she had no contact with residents on that day .tested every patient on Chestnut .spoke with [ICP] .</p> <p>During a telephone interview on 2/16/2022 at 7:30 PM, CNA #14 stated .staff [were] slack in wearing [isolation] gowns if [the] room does not have box [PPE disposal box] .50% of the time we will [don and doff appropriate PPE] .if I see it .let them know they are on droplet precautions .don't tell on other CNAs .so no I don't report it .</p> <p>During an interview on 2/17/2022 9:52 AM, Licensed Practical Nurse (LPN) #8 stated .I work at Chestnut . night shift .I was getting off [work] that morning .one of the CNAs .instantly .showing signs and symptoms [COVID-19] on 1/2/2022 .I was getting off .[CNA #1] said she had asthma .that is still a symptom so we tested her .immediately turned positive .right after I swabbed [CNA #1] was going to leave her mask down we told her to pull it up .had a raspy voice .it is still a symptom .said her voice felt itchy .we educated her . sent her home .</p> <p>During an interview on 2/17/2022 at 11:00 AM, the Infection Control Preventionist confirmed after she began rounding on 1/2/2022, she observed CNA #2 feeding a resident without wearing her mask. She confirmed CNA #2 was not symptomatic at the time. Continued interview confirmed after routine weekly testing on 1/6/2022, CNA #2 received a positive COVID-19 result on 1/9/2022. The ICP confirmed at the time she reported the positive results to CNA #2 on 1/9/2022, the CNA appeared to be symptomatic with illness. CNA #2 reported to the ICP it was just .sniffles .sinuses . Further interview confirmed CNA #2 did not report the symptoms on the facility's COVID-19 screening questionnaire.</p> <p>Review of facility documentation for CNA #2 who tested positive for COVID-19 showed CNA #2 worked on 1/8/2022, reported for work on 1/9/2022, symptomatic for COVID-19, and received a positive COVID-19 test result on 1/9/2022.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During a telephone interview on 2/17/2022 at 12:36 PM, the Medical Director confirmed she was aware of the facility's COVID-19 outbreak .[ICP] reports to me daily .when we do have a positive .she notifies me directly .we discuss that in Risk [meeting] .we are following CDC guidance .anyone in quarantine .or suspected or active .full PPE .[ICP] does contact tracing .so they did that initially [placed everyone in quarantine] .we had concerns for close contact with everyone in the building .I agreed with her .until we could confirm widespread activity .I didn't have any issues with that .I know we were able to trace [the outbreak] to a visitor .[the visitor] not forthright with active symptoms and tested positive .and then once in the facility .with Omicron .transmission is widespread .anticipated that after the 1st positive .the facility is going by guidance .shift monitoring .was heightened .the screening is quite robust .we have done education .I assisted with [ICP] at some point .not aware of any staff non-compliance .I observe people wear PPE .I feel pretty good about it .I think [ICP] is auditing pretty regularly . Continued interview confirmed the Medical Director was not aware the results of the ICP's contact tracing concluded staff coming to work symptomatic and not donning appropriate PPE had led to the outbreak.</p> <p>During an interview on 2/17/2022 at 1:09 PM, the ICP confirmed visitors did not cause the outbreak .not the original cause .they were outliers on that floor .they had the least number of residents and staff affected by COVID cases .feel like .[CNA #1 and CNA #2] that caused the initial outbreak .</p> <p>Observation on 2/22/2022 at 10:07 AM, on 1 North showed RN #3 enter a droplet precaution room without donning a gown or gloves. Interview with RN #3 confirmed she failed to don appropriate PPE prior to entering a droplet precautions room (quarantined resident) .I had ran and got this [a pen] .to write on the whiteboard .I am a good nurse .I can't believe I just did that .</p> <p>During an interview on 2/22/2022 at 10:41 AM, Laundry Aid #1 stated she came to work sometime in January 2022, with symptoms related to COVID-19 .have problem with sinuses .one time come to work . been to doctor .was negative .feel better .took sinus medication .worked .next day .was positive [for COVID-19] .</p> <p>During an interview on 2/22/2022 at 11:04 AM, LPN #2, when asked about the difference between allergies and COVID-19, stated .with allergies you don't have a fever .</p> <p>During an interview on 2/22/2022 at 12:31 PM, Utility Worker #2 stated kitchen staff were observed without appropriate PPE .seen with [masks] down .not completely off .[Utility Worker #1] .was reprimanded .had COVID .out 3-4 weeks ago .had to be before that .[mask] hanging down .is in the front [of the kitchen] .I think I may have said something to the supervisor .said [Utility Worker #1] was already being talked to .</p> <p>During an interview on 2/22/2022 at 12:41 PM, Food Operations Manager #1 stated .[Utility Worker #1] was seen without a face shield .I don't know about the mask .caught in the hallway without a shield .hasn't happened again .I don't personally [audit for handwashing and PPE] we just go around and look .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview on 2/22/2022 at 1:08 PM, the ICP stated PPE compliance and screening was discussed . with department heads .talked about the importance of truthful staff .manager's responsibility .ensure communication to their staff .pulled education .from these individuals .they thought nothing of it .it's not like I am not doing an effective job .because people can't control their truthfulness .3 people who are dishonest . we educate .and reeducate .can't control them being dishonest .educate these are the symptoms .I don't know how else I can make people do the right thing .I can't .</p> <p>During an interview on 2/22/2022 at 4:38 PM, CNA #2 stated they had reported to work with COVID symptoms .we didn't know .we knew with Delta .what the signs and symptoms were .did not know with Omicron it was like a cold .like I said I have sinuses and allergies and asthma .I have medicine I take in the AM and PM . During interview, CNA #2 confirmed they had failed to adhere to the facility PPE guidelines on 1/9/2022, .went to the bathroom .come out .my mask was on my ear [dangling from the ear and not covering the face] .[ICP] said put your mask back on .got a face shield because I didn't have my shield with me .I was about 3 feet from residents .did get disciplinary action .apologized .realize now .</p> <p>During an interview on 2/25/2022 at 11:34 AM, the Interim Director of Nursing (DON) confirmed she was aware CNA #1 failed to don appropriate PPE and worked with symptoms related to COVID-19 .I believe it [outbreak] can be tracked and trended back to that 1 associate .I know [ICP] reached out to the state .to get instruction on what they needed to do .started education across the board .spoke in person with a lot of staff . what to do .who to call .[ICP] covered the education .donning and doffing audits .hand washing audits .no way to ever know what you are doing works .until you know you have a problem .you don't know you have a problem until a problem comes up .bottom line is out of 100 people there will always be those 5 people that are going to do what they want to do .</p> <p>During an interview on 2/25/2022 at 12:04 PM, the Administrator confirmed she became employed by the facility on 2/1/2022, and was made aware of the ICP contact tracing conclusions for the facility's recent COVID-19 outbreak .an employee lied .an associate .a person lied .I can tell you that .I can just tell you the system is the system .can't stop people from lying .we can temp .screen .ask them questions .temp when they leave . Continued interview confirmed she was not aware prior to the survey that staff were non-compliant with PPE guidelines. When asked about the facility's effort to correct staff non-compliance with screening of COVID-19 symptoms and PPE adherence, the Administrator replied .tracking, trending, and making sure anybody that identifies with symptoms and/or if a questionnaire is not done .they are turned away .if it is an employee .yes they are asked to leave .if they don't follow infection control protocol they are asked to leave .there is a process that [the ICP] managed .defer to [ICP] on all of those questions .staff know to call [the ICP] .if symptomatic .[ICP] will report to me .make sure they are clear when the employee comes back .what the next steps are .you know as well as I do it is contagious .don't want to have an employee that comes to work with symptoms .if an employee fails to do that or lies on a form .it's terrible .the system works if the employees follow it .</p> <p>Facility corrective actions included:</p> <p>Corrective Action 1: Education to the Administrator by the [NAME] President of Operations on the use and application of the screening tool when associates enter the healthcare center.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 2/25/2022, the [NAME] President Operations initiated education with the Administer on the current associate Screening Tool (records signs and symptoms, COVID-19 exposure, etc) to be completed when associates enter the facility.</p> <p>On 3/2/2022, the surveyor reviewed the education, Inspection for Screening Tool, and in-service sign in sheet which validated the corrective action plan.</p> <p>On 3/2/2022, the surveyor validated the corrective actions onsite through interviews with the Administrator. The Administrator was able to verbalize understanding of the Screening tool and was able to verbalize understanding of steps or actions to take in the event any staff or associate presented with fever or signs and symptoms of illness while on duty. The Administrator was also able to verbalize understanding of the facility's Inspection for Screening audit tool, when to utilize the audit and with whom to report the findings.</p> <p>Corrective Action 2: The Administrator and/or designee will provide education to all associates who staff the screening area on the use and application of the screening tool when associates/visitors/contractors enter the healthcare center.</p> <p>On 3/2/2022, the surveyor reviewed the in-service education sign-in sheet dated 2/25/2022 and entitled Screening Tool Use and Application. The sign in sheet had been signed by the 4 facility screeners and observation of documentation validated the associates/staff received the mandatory education in-services prior to returning to work.</p> <p>On 3/2/2022, the surveyor validated the corrective actions onsite through interviews with 2 of the facility screeners. The Screeners were able to verbalize understanding of the screening tool and were able to verbalize understanding of steps or actions to take in the event any staff or associate presented with fever or signs and symptoms of COVID illness while on duty.</p> <p>Corrective Action 3: The Infection Preventionist will provide educational in-services to all associates on the following:</p> <ol style="list-style-type: none"> 1. Management of COVID-19 which included: Understanding of COVID symptoms, screening guidelines, how to address symptoms if present on screening, and return to work guidelines for exposed and/or symptomatic associates 2. CDC Guidance on Donning and Doffing PPE 3. Transmission Based Precautions <p>On 3/2/2022, the surveyor reviewed the in-service education sign-in sheets dated 2/25/2022, related to the education listed in the corrective action plan. The sign in sheets had been signed by most of the facility associates. An associate check-off list was also observed and validated the associates/staff received the mandatory education in-services either via telephone or prior to returning to work. Documentation was provided by the Administrator and showed all staff that had not received the education were not scheduled to work and/or would be educated by the Infection Preventionist upon return to work.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 3/2/2022, surveyor observed a Knowledge Verification Posttest workstation at the facility's main entrance screening station which contained a sign in sheet along with instructions on how to complete the test.</p> <p>On 3/2/2022, the corrective actions were validated onsite by the surveyor through interviews onsite and via telephone with 4 CNAs, 2 LPNs, 2 RNs, the ICP, 1 Maintenance Technician, 1 Housekeeper, 1 Cook, 1 Dietary Aid, and 2 Food Operations Managers. The staff were able to verbalize understanding of steps or actions to take in the event any staff or associate presented with a fever or signs and symptoms of illness while on duty. The staff were able to verbalize understanding of how to review the Associate Screening Log upon entrance and exit for signs or symptoms of COVID-19 and fevers and steps or actions to take if discovered. The staff verbalized understanding if they were to become ill while on duty to continue with appropriate PPE, report to supervisor and/or administration and leave any resident care area and go home.</p> <p>Corrective Action 4: Infection Preventionist will educate Department Heads/designee on the PPE observation tool to facilitate identification of opportunities for improvement to mitigate risks for the spread of COVID-19 by 2/28/2022.</p> <p>On 3/2/2022, the surveyor reviewed an In-Service/Education Sign-in Sheet dated 2/28/2022 and entitled Personal Protective Equipment (PPE) Competency Evaluation. The sign in sheets had been signed by all Department Heads, including the Food Service Manager, Director of Food Services, Registered Dietician, Director of Environmental Services, Director of Facilities, Dietary General Manager, Activities Lifestyle Coordinator, Social Worker, and the Director of Rehabilitation and was used to identify knowledge and understanding associated with the appropriate use of PPE, when to screen staff, how often, and who to report the findings.</p> <p>On 3/2/2022, the corrective actions were validated onsite by the surveyor through interviews with Food Service Manager, Director of Food Services, and Director of Environmental Services who were able to verbalize understanding of the random associate PPE screening with use of the PPE Observation Tool to begin on 3/3/2022 with twice weekly audits until 4/2/2022, then weekly until 5/7/20202, then every other week until 6/18/2022, then once monthly until 8/18/2022, and with whom to report the findings.</p> <p>On 3/2/2022, interview with the Interim DON and ICP confirmed the facility had implemented observations and audits on use of PPE and infection control practices and how often the tools were to be utilized (twice weekly until 4/2/2022, then weekly until 5/7/20202, then every other week until 6/18/2022, then once monthly until 8/18/2022). Review of PPE compliance audits were reviewed, and the findings were validated by the surveyor onsite.</p> <p>Corrective Action #5: The Quality Assurance Performance Improvement Steering committee, which is comprised of but not limited to the Licensed Nursing Home Administrator, Interim Director of Nursing, Infection Preventionist, and Medical Director will convene an ad hoc meeting to review remedy plan by 3/2/22.</p> <p>On 3/2/2022, the surveyor reviewed the QAPI Ad Hoc Meeting sign in sheet dated 3/2/2022. The sign in sheets had been signed by the Administrator, the ICP, the Interim DON, and the Medical Director.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/02/2022
NAME OF PROVIDER OR SUPPLIER Asbury Place at Maryville		STREET ADDRESS, CITY, STATE, ZIP CODE 2648 Sevierville Rd Maryville, TN 37804	
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)		
<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 3/2/2022, the corrective actions were validated onsite by the surveyor through interviews with the ICP and Interim DON, both confirmed the topics discussed during the QAPI ad hoc meeting included: the facility's IJ Removal Plan, a Performance Improvement Project related to PPE compliance, additional staff education and continued audits/monitoring of infection control related topics.</p> <p>The facility's noncompliance at F-880 continues at a scope and severity of F for monitoring of the effectiveness of the corrective actions.</p> <p>The facility is required to submit a Plan of Correction.</p>		