

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2020
NAME OF PROVIDER OF SUPPLIER WEST HILLS HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919	
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 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, medical record review, observation, and interview, the facility failed to maintain a sanitary for one resident (Resident #1) of 3 residents reviewed for a homelike environment. The findings included: Review of the facility's policy titled, Quality of Life-Homelike Environment, last revised on 5/2017, showed .The staff and management shall maximize to the extent possible, the characteristics of the facility to reflect a .homelike setting .these .include .Clean, sanitary and orderly environment Review of the medical record showed Resident #1 was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the 5 Day Minimum Data Set (MDS) assessment dated [DATE] revealed the resident scored a 7 (moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS) and required assistance of 2 or more persons for all activities of daily living (ADLS). Observation of Resident #1's room on 9/8/2020 at 1:55 PM showed 2 trash cans containing personal protective equipment (PPE) that were full and overflowing. Further observation showed a large blue opened plastic bag, which contained soiled bed linens and towels stored on the floor at the foot of the resident's bed. Observation of Resident #1's room with the Director of Nursing (DON) on 9/8/2020 at 2:05 PM showed the full trash cans containing the PPE and the bag of dirty linen continued to be stored in the resident's room. During an interview on 9/8/2020 at 2:06 PM, the DON stated the trash cans containing PPE were overfilled and should have been emptied and the soiled linens should have been removed from the room immediately after the resident's bed had been changed. The DON confirmed the facility failed to maintain a sanitary and homelike environment for Resident #1.		
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.