STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115573	A. Building B. Wing	11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christian City Rehabilitation Center	7300 Lester Road Union City, GA 30291

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, family and staff interviews, record reviews, and review of the facility's policy titled Care Plans, the facility failed to follow the care plan for one of three sampled residents (R) R1 related to a two-person assist with transfers. This failure caused R1 to suffer a fall while being assisted by one staff member and placed the resident at risk of injury. Findings include:Review of the facility's policy titled, Care Plans last revised 10/21/2025, documented on page 3: the comprehensive care plan should describe the services to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.Review of the Electronic Medical Record (EMR) revealed R1 was admitted to the facility on [DATE] with diagnoses that included but not limited to: Muscle weakness (generalized), Other abnormalities of gait and mobility, Body mass index [BMI] 45.0-49.9, other muscle spasm, and spinal stenosis of cervical region.Review of the most recent Quarterly Minimum Data Set (MDS) dated [DATE] documented in section C that R1 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident had intact cognition.Review of the Care Plan dated 10/29/2025 documented under Activities of Daily Living approaches that R1 required a two person assist for transfers.Review of the Physician orders dated 10/28/2025 documented that R1 should receive physical therapy services six days a week for eight weeks regarding weakness, gait, and mobility.Phone interview with R1's family member on 11/20/2025 at 12:23 pm revealed that R1 suffered a fall on 11/6/2025 due to being transferred by one Certified Nursing Assistant (CNA) and confirmed R1 was initially care planned to receive two person assistance for transfers.Interview on 11/21/2025 at 1:47 pm with CNA AA revealed she has been employed for seven months. CNA AA revealed that when a resident is admitted to the facility, the resident is assessed by the nurses, and the nurses inform the CNAs if a resident is a one person or two person assistance. CNA AA further revealed when a resident needed maximal care, a Hoyer lift is used. CNA AA also stated she reviews the care plan to see if a resident needs one or two people to assist. Interview on 11/21/2025 at 2:28 pm with CNA BB revealed she has been employed with the facility for 9 months. CNA BB stated she reviews the care plan to know if a resident requires one person or two people to assist with transfers. CNA BB revealed if a resident requires more assistance, a Hoyer lift along with a two-person assist is required.Interview on 11/21/2025 at 2:38 pm with CNA CC revealed she has been employed with the facility for three years. CNA CC stated she reviews the care plan to know if a resident requires one person or two people to assist with transfers. Interview on 11/21/2025 at 4:00 pm with the Director of Nursing (DON) and Administrator confirmed CNA DD did not follow the care plan by transferring R1 without the assistance of a second staff member. Both confirmed R1 fell to the floor as a result. Both confirmed R1 was care planned on 10/29/2025 for two-person assistance during transfers.Interview on 11/21/2025 at 4:29 pm with CNA DD confirmed R1 sustained a fall on 11/6/2025. CNA DD stated she was the only staff member assigned to care for R1. CNA DD stated R1 requested a bedside commode so that she could comfortably have a bowel movement. CNA DD stated that she asked R1 to stand with her hands on the bed so that CNA DD could clean her and her legs gave out, and she fell onto her knees. CNA DD (continued on next page)

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

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated she immediately called for help and multiple staff came to assist. CNA DD stated it was her understanding that R1 was required to have one CNA to assist with transfers prior to 11/6/2025 and the care plan was updated after the fall on 11/6/2025 to have two people for transfers. CNA DD revealed she reviews the care plan to see if a resident requires one or two person assistance.

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(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 - Few	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** Based on family and staff interviews, record review, and review of the facility's policy titled, Occurrences, the facility failed to provide assistance to prevent a fall for one of three sampled residents (R) (R1) assessed for falls. This deficient practice had the potential to cause injury to the resident. Findings include:Review of the facility's policy titled, Occurrences last revised on 11/17/2025 documented on page 1: Occurrence hazards are physical features in the healthcare center environment which may pose a risk to a patient/resident's safety, including but not limited to any event, accident, or incident, on or off healthcare center property which results in an injury or has the potential for an injury.Review of the Electronic Medical Record (EMR) revealed R1 was admitted to the facility on [DATE] with diagnoses that included but not limited to: Muscle weakness (generalized), Other abnormalities of gait and mobility, Body mass index [BMI] 45.0-49.9, other muscle spasm, and spinal stenosis of cervical region.Review of the most recent Quarterly Minimum Data Set (MDS) dated [DATE] documented in section C that R1 had a Brief Interview for Mental Status (BIMS) score of 15 indicated the resident had little to no cognitive impairment.Review of the Care Plan dated 10/29/2025 documented under Activities of Daily Living approaches that R1 required a two person assist for transfers.Review of the Physician orders dated 10/28/2025 documented that R1 should receive physical therapy services six days a week for eight weeks regarding weakness, gait, and mobility.Review of the progress note dated 11/6/2025 documented for R1 revealed, observed the patient kneeling on her knees at her BS [bedside] with both therapy staff and nursing staff attempting to get her off the floor into bed. A Hoyer lift was used to safely get patient back onto the bed.Review of the progress note dated 11/7/2025 at 10:18 am for R1 revealed, Report for x-rays done on resident when she went down on her knees were completed. The results of her bilateral hips, knees, femur and skull were negative for any fractures or dislocation. Resident, MD [Medical Doctor] and family was notified.Review of the progress note dated 11/7/2025 at 5:01 pm for R1 revealed, Fall/slide to floor Day 2 - Patient has been resting quietly most of shift with no complaints voiced. CNA [Certified Nursing Assistant] making rounds every two hours checking on patient needs and providing care. Two CNAs provide care for bed mobility care. Mobile imaging here this shift to complete imaging. Patient took all medications offered. No sxs [signs or symptoms] of delayed injuries noted related to her slide to the floor incident.Review of the progress note dated 11/8/2025 at 4:44 am by LPN GG revealed, F/u [follow-up] Fall, res in bed resting call light within reach for safety. Incontinent of B/B [bowel and bladder] 2 people assist needed with care. No s/s [signs or symptoms] of discomfort at time, plan of care ongoingPhone interview with R1's family member on 11/20/2025 at 12:23 pm revealed that R1 suffered a fall on 11/6/2025 due to being transferred by one Certified Nursing Assistant (CNA) and confirmed R1 was initially care planned to receive two person assistance for transfers.Interview on 11/21/2025 at 1:47 pm with CNA AA revealed she has been employed for seven months. CNA AA revealed that when a resident is admitted to the facility, the resident is assessed by the nurses, and the nurses inform the CNAs if a resident is a one- person or two-person assistance. CNA AA further revealed when a resident needed maximal care, a Hoyer lift is used. CNA AA also stated she reviews the care plan to see if a resident needs one or two people to assist.Interview on 11/21/2025 at 2:28 pm with CNA BB revealed she has been employed with the facility for 9 months. CNA BB stated she reviews the care plan to know if a resident requires one person or two people to assist with transfers. CNA BB revealed if a resident requires more assistance, a Hoyer lift along with a two-person assist is required.Interview on 11/21/2025 at 2:38 pm with CNA CC revealed she has been employed with the facility for three years. CNA CC stated she reviews the care plan to know if a resident requires one person or two people to assist with transfers. Interview on 11/21/2025 at 2:48 pm with Licensed Practical Nurse (LPN) EE revealed she has been employed with the facility for one year. LPN EE (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	revealed the incident with R1 occurred before she entered the room. LPN EE confirmed R1 was on her knees in a prayer position, and six staff members were in the room attempting to get her back into bed. LPN EE stated R1 was assessed for injuries, and no injuries were reported. LPN EE continued and stated R1 complained of pain in her lower extremities, and imaging was ordered, performed and resulted with no injuries. Interview on 11/21/2025 at 4:00 pm with the Director of Nursing (DON) and Administrator confirmed CNA DD transferred R1 without the assistance of a second staff member, which resulted in R1 falling on the floor. Both confirmed R1 was care-planned on 10/29/2025 for two person assistance during transfers. It was confirmed R1 was discharged from the facility on 11/9/2025 due to respiratory distress and not because of injuries from the fall.Interview on 11/21/2025 at 4:29 pm with CNA DD confirmed R1 sustained a fall on 11/6/2025. CNA DD stated she was the only staff member assigned to care for R1. CNA DD stated R1 requested a bedside commode so that she could comfortably have a bowel movement. CNA DD stated that she asked R1 to stand with her hands on the bed so that CNA DD could clean her when her legs gave out and she fell onto her knees. CNA DD stated she immediately called for help and multiple staff came to assist. CNA DD stated it was her understanding that R1 was required to have one CNA to assist with transfers prior to 11/6/2025 and the care plan was updated after the fall on 11/6/2025 to have two people for transfers. CNA DD revealed she reviews the care plan to see if a resident requires one or two person assistance.