STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445077	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christian Care Center of Unicoi County	100 Greenway Circle Erwin, TN 37650

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policies, medical record review, observations, and interviews, the facility failed to provide a clean and homelike environment for 1 resident (Resident #53) of 46 residents reviewed for a homelike environment.The findings include: Review of the undated facility's policy titled, A Safe, Clean, Comfortable, and Homelike Environment, revealed .the resident has a right to a .homelike environment .the facility provides .maintenance services necessary to maintain a sanitary, orderly, and comfortable interior . Review of the facility's policy titled, Wheelchairs-Transfer and Transport, reviewed 10/25, revealed .Clean wheelchair weekly and PRN [As Needed] . Resident #53 was admitted to the facility on [DATE] with diagnoses including Cerebral Palsy, Speech and Language Deficits, and Dementia. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was cognitively intact. Review of the Equipment Cleaning Schedules showed no documentation Resident #53's electric wheelchair had been cleaned and sanitized. Review of the Maintenance Logs from January 2026-April 2026 showed no work order had been submitted for the left-handed vanity cabinet door. During an observation in room [ROOM NUMBER], on 4/13/2026 at 10:10 AM, revealed a 2-door vanity cabinet with a left-handed door missing. Continued observation revealed Resident #53 sitting in an electric wheelchair which had a large amount of dust and thick debris on the rear of the wheelchair. During an interview on 4/14/2026 at 12:40 PM, Registered Nurse (RN) A stated all staff completed a work order to notify maintenance of any concerns related to equipment that needed repaired. RN A stated wheelchairs should be cleaned weekly on night shift. RN A confirmed the left-handed vanity cabinet door was missing and the wheelchair had large amounts of dust and thick debris on the rear. During an interview on 4/15/2026 at 10:50 AM, the Maintenance Director confirmed the left-handed cabinet door was missing on the vanity cabinet and maintenance was responsible for ensuring the room was properly maintained and repaired. During an interview on 4/15/2026 at 11:00 AM, the Director of Nursing (DON) confirmed the left-handed cabinet door was missing and the wheelchair had large amounts of dust and thick debris on the rear of the wheelchair.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445077	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christian Care Center of Unicoi County	100 Greenway Circle Erwin, TN 37650

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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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observations, and interviews, the facility failed to ensure 1 of 2 nurses administered medications with a medication error rate of less than 5% (percent). A total of 2 errors were observed out of 27 opportunities, resulting in a medication error rate of 7.41%. The findings include:Review of the facility's policy titled, Medication Administration - Unit Dose Cart System, dated 1/2026, revealed .To correctly administer medications as prescribed .Verify the right ordered medication .Read label three times before administering medication .Check label against Medication Administration Record .Review of the medical record revealed Resident #28 was admitted to the facility on [DATE] with diagnoses including Urinary Tract Infection, Essential Hypertension, Benign Prostatic Hyperplasia, and Obstructive and Reflux Uropathy. Review of a Physician's Order dated 4/3/2026, revealed .FLORASTOR 250 MG [milligram] CAPSULE [a medication used to prevent the growth of harmful bacteria in the stomach and intestines] .1 cap [capsule] Oral for Preventative Give while on ABT [antibiotic] and 7 days post ABT completion .Review of a Physician's Order dated 4/6/2026, revealed .ASPIRIN 81 MG TABLET, ENTERIC COATED .1 TABLET Oral One time daily .Essential .hypertension . During an observation of medication administration on 4/14/2026 at 7:28 AM, Registered Nurse (RN) A administered 1 Aspirin 81mg chewable tablet and 1 Acidophilus Probiotic Dietary Supplement (a dietary supplement that helps maintain a healthy balance of friendly bacteria in the digestive tract) 1 Billion Per Serving capsule to Resident #28. During an interview on 4/14/2026 at 12:41 PM, RN A confirmed she administered Aspirin 81 mg chewable tablet and Acidophilus Probiotic 1 Billion Per Serving capsule to Resident #28. RN A confirmed the Physician Orders for Resident #28 included Aspirin 81 mg tablet enteric coated and Florastor 250 mg capsule, and confirmed the incorrect medications were administered to Resident #28. During an interview on 4/15/2026 at 12:49 PM, the Assistant Director of Nursing confirmed Aspirin 81 mg enteric coated tablet and Florastor 250 mg capsule were not administered to Resident #28 as ordered by the physician.