STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445237	A. Building B. Wing	09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Church Hill Post-Acute and Rehabilitation Center	701 West Main Blvd Church Hill, TN 37642

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37078 Based on facility policy review, medical record review, facility investigation review, and interview the facility failed to ensure an allegation of abuse was reported to the State Survey agency for 1 resident (Resident #1) of 6 residents reviewed for abuse. The findings include: Review of the facility's undated Policy titled, Abuse, Neglect, and Exploitation, revealed .Sexual abuse is non-consensual sexual contact of any type with a resident .Alleged Violation is a situation or occurrence that is .reported by .others but had not yet been investigated .Response .Reporting of all alleged violations to the . state agency .within specific time frames .Immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse . Review of the medical record revealed Resident #1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Unspecified Psychosis, Major Depressive Disorder, and Anxiety, the resident was discharged to the hospital on 8/18/2024. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #1's Brief Interview of Mental Status (BIMS) assessment score was 15 which indicated the resident was cognitively intact. Documentation showed Delusions was checked on the behavior section. Review of the facility's investigation revealed on 8/3/2024 Resident #1 stated she had thoughts of wanting to harm herself and was sent to the emergency room (ER) for evaluation. Upon Resident #1's return to the facility, via emergency medical service (EMS), from the hospital ER, the Emergency Medical Technician (EMT) told Licensed Practical Nurse [LPN G] the ER doctor documented vaginal bruising and tearing for Resident #1. The skin assessment revealed no concern. The interviews with Resident #1 and the ER doctor revealed no allegation or documentation of sexual abuse. The allegation of sexual abuse was deemed as malicious gossip and unsubstantiated, the allegation was not reported to the State Licensing and Certification Agency. During an interview on 9/4/2024 at 1:50 PM, the Administrator stated .the comment was the person in the ER told the EMS staff that [Resident #1] had sexual assault that she had bruises and all of this stuff .everybody looked at her talked to her I even asked her if anyone had touched you inappropriately and she said no .no I didn't report it because it was deemed as malicious gossip .

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