

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/18/2024
NAME OF PROVIDER OR SUPPLIER  Church Hill Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49792</b></p> <p>Based on facility policy review, medical record review, observation, and interview, the facility failed to administer a feeding tube formula (liquid nutrition delivered through a tube inserted into the stomach) as ordered by the physician for 1 resident (Resident #1) of 2 residents reviewed for tube feeding nutrition.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, Feeding Tube guidelines, revealed .Ensuring that the administration of enteral nutrition is consistent with and follows the practitioner's orders .</p> <p>Review of the medical record revealed, Resident #1 was admitted to the facility on [DATE] with diagnoses including Stroke, Epilepsy, Type 2 Diabetes, Gastrointestinal (GI) Bleed, Dysphagia (difficulty swallowing), and Aphasia.</p> <p>Review of the Physicians Order for Resident #1 dated 10/16/2024, revealed .Glucerna [tube feeding liquid nutrition] 1.5 at 70ML/HR [milliliters per hour] Water Flush 45ML/HR x [times] 22 hrs [hours] .Pleasure pureed [pudding like consistency], thin liquid tray as requested .</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 00, which indicated the resident was not able to complete the test due to cognitive impairment. Continued review revealed the resident had a Gastrostomy feeding tube (surgically placed device to give direct access to the stomach for feeding, hydration, and medication) for nutrition.</p> <p>Review of a comprehensive care plan dated 12/11/2024, revealed Resident #1 received tube feeding as his primary source of nutrition and hydration and was at risk for complications including malnutrition, aspiration and dehydration. Continued review revealed Resident #1 received a mechanically altered texture pleasure diet.</p> <p>Review of a Medication Administration Record (MAR) for Resident #1 dated 1/1/2025, revealed .Diet .Tube Feeding .Glucerna 1.5 at 70 ML/HR .x 22 hours . Continued review revealed .Enteral Feed Order at bedtime. Change tubing, formula and syringe every 24 hours. The MAR revealed a check mark with Licensed Practical Nurse (LPN) A's initials in the 8:00 PM time box which indicated the task was completed.</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
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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 a Nurse's Note (authored by LPN A) for Resident #1 dated 1/2/2025 at 6:32 AM, revealed .WENT INTO ROOM TO CHECK ON RESIDENT'S TUBE FEEDING .OSMOLITE 1.2 CAL [calorie] [tube feeding liquid nutrition] WAS NOTED TO BE HANGING [being administered through the tube feeding] .GLUCERNA 1.5 CAL PER MD [Medical Doctor] ORDERS .NO S/S [signs and symptoms] OF DISTRESS OR DISCOMFORT .NO N/V [nausea and vomiting] OR DIARRHEA .GLUCERNA 1.5 CAL IMMEDIATELY HUNG [administered]. DON [Director of Nursing] AND .[the Provider] WAS NOTIFIED .</p> <p>During an observation on 1/21/2025 at 1:00 PM, revealed Resident #1 had Glucerna 1.5 tube feeding formula infusing at 70 ML/HR.</p> <p>During an interview on 1/22/2025 at 11:45 AM, the Medical Director stated he was notified by the facility's nursing staff, the incorrect tube feeding formula was administered on 1/1/2025 (approximately 10 hours) to Resident #1. The Medical Director stated Resident #1 was monitored several days after the incident and did not exhibit any complications from being administered the incorrect tube feeding formula for the approximately 10 hours.</p> <p>Review of a Nutrition Progress Note for Resident #1 dated 1/22/2025 at 3:01 PM, revealed .On 1/ 2 [1/2/2025] [administration started on 1/1/2025 at 8:00 PM and ended on 1/2/2025 at 6:32 AM] .he [Resident #1] was given [administered] Osmalite [Osmolite] 1.5 .Error was discovered [by LPN A on 1/2/2025 at 6:32 AM] and feeding was changed to Glucerna 1.5 and resumed without incident .did not have signs .symptoms . distress .discomfort .GI side effects .Osmalite is a general tube feeding formula and does not contain components that would harm [Resident #1] upon administration .</p> <p>During an interview on 1/23/2025 at 10:30 AM, the Executive Director of Nursing stated it was her expectation the nurses administer the tube feeding formula as ordered by the physician.</p> <p>Multiple attempts for telephone interview of LPN A from 1/21/2025 - 1/23/2025 were unsuccessful.</p>		