Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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	02/12/2026

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 0850 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Hire a qualified full-time social worker in a facility with more than 120 beds. Based on facility policy review, facility documentation review, and interviews, the facility failed to employ a qualified social worker on a full-time basis.Review of the facility's undated policy titled, Social Services guidelines, revealed .A facility will employ a social worker on a full-time basis . Review of a facility typed document dated 2/12/2026, signed by the Administrator revealed from 5/9/2025 to 5/27/2025, 6/10/2025 to 8/11/2025, 10/8/2025 to 11/26/2025, and from 1/5/2026 to current (2/12/2026) the facility did not employ a qualified social worker for approximately 167 days or 5.5 months out of 9 months reviewed. During an interview on 2/10/2026 at 8:15 AM, the Social Worker stated .I [Social Worker] started here [employed by the facility] in October .it was the 13th [10/13/2025] .I was concierge from October 13th thru January the 5th .now I am the Social Worker .no I don't have a social worker degree or training .I am helping out with the social worker stuff until they get [hire] a social worker . During an interview on 2/12/2026 at 12:30 PM, the Administrator confirmed the facility did not have a qualified social worker employed from 5/9/2025 to 5/27/2025, from 6/10/2025 to 8/11/2025, from 10/8/2025 to 11/26/2025, and from 1/5/2026 to current (2/12/2026).

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