

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER Abundant Christian Living Community Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2012 Sherwood Drive Johnson City, TN 37601	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48100</p> <p>Based on facility policy review, medical record review, observations, and interviews the facility failed to provide a clean and homelike environment for 1 resident (Resident #41) of 94 residents reviewed for a homelike environment.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Cleaning Assignments, dated 4/2024, revealed .maintain a neat, clean . homelike environment .</p> <p>Medical record review revealed Resident #41 was admitted to the facility on [DATE] Diabetes Mellitus, Need for Assistance with Personal Care, and Muscle Weakness.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #41 was cognitively intact.</p> <p>During an observation in room [ROOM NUMBER] on 7/7/2024 at 11:50 AM, revealed the privacy curtain for Resident #41 had a large brown stain to the left bottom corner.</p> <p>During an interview on 7/7/2024 at 11:52 AM, Resident #41 stated the large brown stain to the bottom corner of the privacy curtain had been present awhile and was unsure of the substance.</p> <p>During an observation in room [ROOM NUMBER] on 7/8/2024 at 8:10 AM, revealed the privacy curtain for Resident #41 had a large brown stain to the left bottom corner.</p> <p>During an interview on 7/9/2024 at 7:31 AM, the Housekeeping Director (HD) stated privacy curtains located in the resident rooms are routinely cleaned at least quarterly and when visibly soiled. The HD confirmed the privacy curtain in room [ROOM NUMBER] should have been changed due to the presence of an unknown substance on the privacy curtain and did not reflect a clean, homelike environment for Resident #41.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27405</p> <p>Based on facility policy review, medical record review, observations, and interviews the facility failed to follow the policy for restraint usage for 1 resident (Resident #65) of 5 residents reviewed for restraints.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Restraints, dated 7/2023, revealed .It is the policy of this facility that restraints only be used for the safety and well-being of the Resident(s) .Before placing a Resident in a restraint, a pre-restraining assessment must be done to determine the need .a physician's order must be obtained indicating the specific reason, type, and medical reason for restraint .</p> <p>Medical record review revealed Resident #65 was admitted to the facility on [DATE] with diagnoses including Dementia, Hypertension, and Muscle Weakness.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #65 had severe cognitive impairment, required total to maximum staff assistance with bed mobility and transfers. Further review revealed restraints were not used.</p> <p>Review of the comprehensive care plan for Resident #65 dated 6/13/2024, revealed a restraint was not in use.</p> <p>Medical record review revealed Resident #65 had no order for a restraint, restraint consent, assessment, or ongoing re-assessment for restraint usage.</p> <p>During an observation on 7/7/2024 at 12:10 PM, revealed Resident #65 was asleep in the bed with the bilateral bed bolsters (a type of restraint) in place.</p> <p>During an observation on 7/8/2024 at 8:30 AM, revealed Resident #65 was asleep in the bed with the bilateral bed bolsters in place.</p> <p>During an observation and interview on 7/8/2024 at 2:06 PM, the Assistant Director of Nursing (ADON) stated he was not aware of Resident #65 having a restraint (bolsters)placed on the bed.</p> <p>During an interview on 7/8/2024 at 2:15 PM, the Director of Nursing (DON) stated when restraints are used it was her expectation an initial assessment, signed consent, and a physician's order was to be obtained. The DON confirmed Resident #65 did not have an order, signed consent, or an initial assessment prior to the use of a restraint.</p>		