

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445537	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Christian Care Center of Bolivar, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 10160 Highway 64w Bolivar, TN 38008	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47835</p> <p>Based on medical record review, observation, and interview, the facility failed to revise a care plan for 1 of 2 (Resident #10) residents reviewed for indwelling urinary catheters.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #10 was admitted on [DATE], with diagnoses of Dementia, Hypertension, Depression, and a Pressure Ulcer of the Sacral Region.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #10 had a Brief Interview for Mental Status of 11, which indicated moderate cognitive impairment. Resident #10 was dependent for all Activities for Daily Living, always incontinent of bowel and bladder, and had a pressure ulcer on the sacrum.</p> <p>Review of the Physician Order dated 3/30/2024 revealed .16 Fr [French] 10cc [cubic centimeters] bulb for urinary retention .Foley [indwelling urinary catheter] Site Care Cleanse site with soap/water or peri [perineal] cleanser and dry area .May change foley catheter PRN [as needed] occlusion or leakage .</p> <p>Review of Resident #10's care plan revealed no documentation to address the resident's indwelling urinary catheter.</p> <p>During an interview on 4/18/2024 at 3:16 PM, the MDS Coordinator confirmed that the care plan should have been updated to address the indwelling urinary catheter when it was ordered by the physician.</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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46047</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to honor dietary preferences for 1 of 1 sampled resident (Resident #161) reviewed for food allergies.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, Food Safety-Infection Control, revealed .Resident with food allergies or intolerance should receive a therapeutic diet that prevents the resident from exposure to any potential food allergens .To prevent the safety of our residents. To prevent allergic reactions, including anaphylaxis, severe swelling, throat swelling, edema, hives, rash, itchiness, stomach cramps, vomiting, diarrhea, etc .</p> <p>Review of the facility's undated policy titled, Tray Assembly, revealed .Residents trays will be assembled in accordance with the physician ordered diet, diet spreadsheet, and resident food preferences .To ensure each resident receives a meal that appeals to them and meets their nutritive and therapeutic needs .All food trays will be double-checked by staff member .to ensure accuracy .</p> <p>Review of the facility's undated policy titled, Resident Food Preferences, revealed .Participants will be able to identify resident food preferences on diet ticket and be aware of the importance of allowing residents to have food choices .</p> <p>Review of the medical record revealed Resident #161 was admitted to the facility on [DATE], with diagnoses of Heart Failure, Pain, Anxiety, Psychotic Disorder, Insomnia, and Allergies to Mandarin Oranges.</p> <p>Review of the Physician Orders sheets dated 4/11/204, revealed Resident #161 .Allergies .mandarin oranges .</p> <p>Review of the admission Minimum Data Set (MDS) dated [DATE], revealed Resident #161 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.</p> <p>Review of Resident #161's meal ticket dated 4/17/2024, revealed .Allergies: Oranges .</p> <p>Observation on 4/15/2024 12:05 PM, revealed Certified Nurse Assistant (CNA #1) knocked on Resident #161's door and entered the resident's room with his meal tray. CNA #1 waked out of Resident #161's room holding a container of orange sherbet and stated, He (Resident #161) is allergic to orange .did it again.</p> <p>Observation in the resident's room on 4/17/2024 at 8:18 AM, revealed Resident #161's meal tray contained orange juice. Resident #161 stated, I cannot have that I am allergic to oranges . CNA #2 stated, Oh, I did not know that .</p> <p>(continued on next page)</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/18/2024 at 4:16 PM, the Dietary Manager confirmed kitchen staff should review the residents' meal ticket to ensure the residents are not getting anything that they are allergic to on their meal tray.</p> <p>During an interview on 4/18/2024 at 4:30 PM, CNA #3 confirmed when delivering residents' meal trays staff should review the resident's meal ticket to ensure nothing is on the meal tray that the resident is allergic to.</p> <p>During an interview on 4/18/2024 at 4:51 PM, the Director of Nursing (DON) confirmed the kitchen should not send out food items on the resident meal tray that the resident is allergic to. The DON confirmed she is aware Resident #116 received orange juice on his meal tray and Resident #161 is allergic to mandarin oranges.</p> <p>The facility failed to honor residents' dietary preferences related to food allergies.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50408</p> <p>Based on policy review, observation, and interview, the facility failed to ensure food was stored, under sanitary conditions as evidenced by a tomato in a box in the walk-in refrigerator that had black and white fur spots on the tomato with drainage from the tomato in the box, and flour, corn meal, brown sugar, frosted flakes and white sugar in undated bins in the dry storage area. The facility had a census of 66 with 65 of those residents receiving a meal tray from the kitchen.</p> <p>The findings included:</p> <p>Review of the facility's Food Storage, undated policy revealed .Food is stored and prepared in clean safe sanitary manner that will comply with state and federal guidelines .to minimize contamination and bacteria . Containers for bulk items (flour, sugar ect.) .Containers are to be label and dated with contents .</p> <p>Observation in the kitchen on 04/15/24 at 9:00 AM, and on 04/16/24 11:45 AM, revealed the following:</p> <p>A tomato in a box in the walk-in refrigerator that had black and white fur spots on the tomato with drainage from the tomato in the box.</p> <p>Flour, corn meal, brown sugar, frosted flakes and white sugar in undated clear bins in the dry storage area.</p> <p>During an observation and interview in the kitchen on 4/16/2024 at 11:45 AM, the Dietary Manager (DM) was asked about the decomposing tomato that was in the refrigerator. The DM confirmed that the tomato should have been thrown away. The DM was asked should the storage bins with the food inside have been dated. The DM stated, Yes .</p>