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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>445537 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>04/09/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Christian Care Center of Bolivar, LLC |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>10160 Highway 64w<br>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.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50408</p> <p>Based on policy review, medical record review, and interview, the facility failed to maintain or enhance resident's dignity and respect when 2 of 2 (Resident #5 and #48) sampled residents were not given showers on their assigned shower days per their preference.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the Resident Rights, dated 11/2018, revealed .The resident has a right to a dignified existence, self-determination .the resident's wishes and preferences must be considered .receive services in the facility with reasonable accommodation of resident needs and preferences .</li> <li>2. Review of the medical record review revealed Resident #5 was admitted to the facility on [DATE], with diagnoses including Parkinson's Disease, Diabetes, Heart Disease, and Spondylosis.</li> </ol> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating Resident #5 was cognitively intact. Resident #5 needs moderate assistance with bathing/showers.</p> <p>During an interview on 4/07/2025 at 11:33 AM, Resident #5 stated, My shower days are on Tuesday, Thursdays and Saturdays. I haven't been getting them here lately, and I really like them better than baths.</p> <p>Review of the facility SHOWER ROOM LIST form updated 3/4/2025, revealed Resident #5 should receive his showers on Tuesdays, Thursdays, and Saturdays on day shift.</p> <p>Review of Resident #5's Hygiene Record . revealed Resident #5 did not receive showers on the days of 1/14/2025, 2/25/2025, 3/1/2025, 3/8/2025, 3/11/2025, 3/15/2025, 3/20/2025, 3/22/2025, and 3/29/2025.</p> <ol style="list-style-type: none"> <li>3. Review of the medical record review revealed Resident #48 was admitted to the facility on [DATE], with diagnoses including Atherosclerosis, Heart Disease, Heart Failure, Atrial Fibrillation, and Diabetes.</li> </ol> <p>Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 15, indicating Resident #48 was cognitively intact. Resident #48 was dependent on staff for bathing/showers.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 4/7/2025 at 3:41 PM, Resident #48 stated, I don't get enough showers, they don't offer me showers as much as they use to.</p> <p>Review of the facility SHOWER ROOM LIST form updated 3/4/2025, revealed Resident #48 should receive his showers on Monday, Wednesday, and Fridays on second shift.</p> <p>Review of Resident #48's Hygiene Record . revealed Resident #48 did not receive showers on the days of 1/1/2025, 1/8/2025, 1/10/2025, 1/13/2025, 1/20/2025, 1/22/2025, 1/24/2025, 1/29/2025, 1/31/2025, 2/3/2025, 2/5/2025, 2/12/2025, 2/14/2025, 2/17/2025, 2/19/2025, 2/21/2025, 2/24/2025, 2/26/2025, 3/3/2025, 3/10/2025, 3/12/2025, 3/17/2025, 3/21/2025, 3/24/2025, 3/26/2025, 3/28/2025, and 3/31/2025.</p> <p>During an interview on 4/9/2025 at 11:57 AM, the Director of Nursing (DON)</p> <p>confirmed residents should get their showers on their facility assigned days.</p> |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51671</b></p> <p>Based on policy review, medical record review, and interview, the facility failed to provide a communication process, including how the communication will be documented between the facility and the hospice provider to ensure resident needs are addressed and met for 1 of 1 (Resident #21) sampled residents.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the facility policy titled, Hospice Services Policy, revised 10/2021, revealed .A communication process, including how the communication will be documented between the facility and the hospice provider to ensure the needs of the Resident are addressed and met 24 hours per day .</li> <li>2. Review of the medical record revealed Resident #21 was admitted to the facility on [DATE], with diagnoses including Diabetes Mellitus, Cerebral Infarction, Chronic Obstructive Pulmonary Disease, and Hypertension.</li> </ol> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 11, which indicated Resident #21 was moderately cognitively impaired. Further review revealed Resident #21 was assessed for hospice services.</p> <p>Review of Physician's orders dated 5/22/2024, revealed .Hospice Services provided .</p> <p>Review of the facility's hospice communication log revealed that no hospice visits were documented for November 2024, December 2024, January 2025, February 2025, and March 2025.</p> <p>During an interview on 4/8/2025 at 12:26 PM, Licensed Practical Nurse (LPN) D was asked where documentation of hospice visits were made. LPN D stated, .They should be signing the hospice book [communication log] when they come.</p> <p>During an interview on 4/8/2025 at 2:31 PM, the Director of Nursing (DON) was asked if the facility should maintain current up to date communication with hospice regarding hospice visits. The DON stated, Yes.</p> |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51992</p> <p>Based on the facility policy review, medical record review, observations and interviews, the facility failed to ensure residents were free from accident hazards when staff failed to properly store and secure a portable oxygen cylinder for 1 of 1 (Resident #47) sampled resident.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Review of the facility policy titled, Precautions-Oxygen Safety, dated 12/2013, revealed .One must remember that safety comes first. We expect these regulations to be followed as well as any others that may become necessary .Cylinders shall never be left free-standing .</li> <li>2. Review of the medical record revealed Resident #47 was admitted to the facility on [DATE], with diagnoses including Chronic Obstruction Pulmonary Disease (COPD), Chronic Respiratory Failure with Hypoxia, Anxiety Disorder, and Muscle Weakness.</li> </ol> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #47 was cognitively intact.</p> <p>Review of the Physician's Orders dated 2/24/2025, revealed Oxygen @ [at] 2.5 LPM [liters per minute] by NC [nasal cannula] . to decrease the risk for Hypoxia R/T [related to] diagnoses for COPD and Chronic Respiratory Failure.</p> <p>Review of the Care Plan dated 4/1/2025, revealed .Respiratory or any distress and need oxygen for shortness of breath. Interventions .Staff to observe breath sounds as indicated, give oxygen per Medical Doctor [MD] orders, observe for shortness of breath (SOB) or any respiratory difficulty and report to the physician .</p> <p>Observation in Resident #47's room on 4/7/2025 at 9:27 AM, and 11:07 AM, revealed an unsecured portable oxygen cylinder that was free standing between dresser and chair.</p> <p>During an interview on 4/7/2025 at 11:09 AM, LPN D confirmed that the portable oxygen cylinder should not be free standing and should be secured in a roller, sling bag attached to back of wheelchair or secured in the oxygen storage room.</p> <p>During an interview on 4/8/2025 at 12:29 PM, the Director of Nursing (DON) confirmed that the portable oxygen cylinder should be secured in the oxygen storage room, in a roller or in a sling bag.</p> <p>Reviewed by [NAME] RN, PHNC1</p> |   |  |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49269</p> <p>Based on policy review, observation, and interview, the facility failed to ensure food was served under sanitary conditions when staff failed to properly label food items stored in the nourishment refrigerator and when 1 of 1 staff (Dietary [NAME] C) failed to perform hand hygiene when preparing meal trays. The facility had a census of 61 with 61 of those residents receiving a tray from the kitchen.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Review of the facility policy titled, Handling, Serving, and Transporting Foods, dated 5/15/2020, revealed . Foods will be presented attractively, under sanitary conditions .Practice good personal hygiene .</li> <li>Review of the facility policy titled, Cleaning and Sanitation, dated 9/2/2020, revealed .Food service employees are educated on the use of Personal Protective Equipment (PPE), including aprons, gloves .</li> <li>Review of the facility policy titled, Hand Hygiene, dated 1/2025, revealed .Use an alcohol-based hand rub .or alternatively soap and water for the following .After contact with hair, uniform, or any object .</li> </ol> <ol style="list-style-type: none"> <li>Observation in the Nourishment Room on 4/9/2025 at 11:30 AM, revealed an opened and undated container of vanilla ice cream in the nourishment freezer. Certified Nursing Assistant (CNA) B confirmed that she did not know which resident it belonged to.</li> <li>Observation in the Kitchen on 4/9/2025 starting at 12:09 PM, revealed Dietary [NAME] C was on the serving line preparing meal trays. Dietary [NAME] C touched her neck, face/nose, and side of head multiple times with ungloved hand and continued to prepare meal trays.</li> </ol> <p>During an interview on 4/9/2025 at 1:00 PM, the Certified Dietary Manager (CDM) confirmed that all food items stored in the nourishment refrigerator should be labeled with resident's name and date. The CDM confirmed that staff should perform hand hygiene after touching face/body or contaminated items before returning to preparing or serving meal trays at the serving line.</p> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50408</b></p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to ensure proper infection control practices were followed during medication administration when 1 of 3 nurses (Licensed Practical Nurse (LPN) A) completed a Percutaneous Gastrostomy, (Peg- peg tube a tube inserted into the stomach for nutrition and medications) medication administration and immediately gave eye drops to resident without changing gloves or perform hand hygiene.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the facility policy titled, .Hand Hygiene, dated 1/2025, revealed .This facility considers hand hygiene to be the single most important factor in the control of infection .Alcohol based hand sanitizer is the preferred method of hand hygiene .for the following situations .Before moving from a contaminated body site to a clean body site during resident care .after contact with blood or bodily fluids .Wash hands with soap and water .when hands are visibly soiled .</li> <li>2. Review of the medical record review revealed Resident #33 was admitted to the facility on [DATE], with diagnoses including Cerebral Infarction with Dysphagia, Hemiplegia, and Hypertension.</li> </ol> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #33 had a Brief Interview for Mental Status (BIMS) score of 14, indicating Resident #33 was cognitively intact. Further review revealed Resident #33's eating ability is not attempted due to medical condition and resident depends on staff for most activities of daily living.</p> <p>Review of the Physician Orders dated 5/29/2024, revealed .TUBE .Enteral Flush Orders .before and after medication administration .</p> <p>Review of the Physician Orders dated 10/22/2024, revealed .REFRESH OPTIVE ADVANCED .1 gtt. (drop) to both eyes .</p> <p>Observation during medication administration on 4/9/2025 at 7:36 AM, in Resident #33's room revealed LPN A completed administration of the Peg tube medications to Resident #33. LPN A then immediately administered eye drops to both eyes without changing gloves or doing hand hygiene.</p> <p>During an interview on 4/9/2025 at 10:01 AM, the Director of Nurses (DON) was asked should a nurse complete a peg tube administration and immediately move to administering eye drops without hand hygiene. The DON stated No . he should have removed his gloves and performed hand hygiene, then applied another pair of gloves.</p> |   |  |