

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

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>445539                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>01/14/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Christian Care Center of Medina                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>401 Promise Way Lane<br>Medina, TN 38355 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                                                 |
| <p>F 0761</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on facility policy review, observation and interview the facility failed to ensure medications were properly stored when medications were unsecured and unlabeled in 1 of 3 (200 Hall Cart) medication storage carts. The findings include: 1. Review of the facility policy titled, Storage of Medications, dated 4/2019, revealed .The facility stores all drugs and biologicals in a safe, secure, and orderly manner.The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, sanitary manner. Review of the facility policy titled, Administering Oral Medications, dated 10/2010, revealed .The purpose of this procedure is to provide guidelines for the safe administration of oral medications.Select the drug from the unit dose drawer or stock supply. Check the label on medication and confirm the medication name and dose with the MAR [Medication Administration Record]. Check the expiration dated.Check the medication dose.Prepare the correct dose of medication.Confirm the identity of the resident. Explain the procedure to the resident.Remain with the resident until all medication have been taken. 2. Observation during Medication Administration on 1/14/2026 at 7:08 AM, revealed Licensed Practical Nurse (LPN) A at the 200 Hall Medication Cart. The following medications were not properly stored: a. An unlabeled and unsecured medication cup contained the following medications: Depakote (used to treat seizure or behavior disorders) 125 milligram (mg) 2 capsules (cap), Magnesium Oxide (used as a dietary supplement) 400 mg 1 tablet (tab), Docusate Sodium (used to treat constipation) 100 mg, Acidophilus (used as a probiotic supplement) 175 mg 1 cap, Multi-vitamin (used as a dietary supplement) 1 tab, Omeprazole (used to treat indigestion) 40 mg 1 cap, and Paroxetine (used to treat depression) 40 mg 1 tab. b. An unlabeled and unsecured medication cup contained the following medications: Bupropion (used to treat depression) 300 mg 1 tab, Bupropion 125 mg 1 tab, Ferrous Sulfate (used to treat anemia) 325 mg 1 tab, Vitamin D3 (used as a dietary supplement) 125 micrograms (mcg) 1 tab, Carvedilol (used to treat high blood pressure) 3.125 mg 1 tab, Celecoxib (used to treat arthritis) 200mg 1 capsule, Plavix 75 mg 1 cap, Docusate sodium 100 mg 1 tab, Furosemide (used to treat swelling) 40 mg 1 tab, Multi-vitamin 1 tab, Potassium Chloride (used as a dietary supplement) 10 milliequivalent (meq) 2 tab, Spironolactone (used to treat swelling) 25 mg 1 tab, B12 (used as a dietary supplement) 250 mcg 1 tab, and Lactobacillus (used as a probiotic supplement) 1 cap. c. An unlabeled and unsecured medication cup with the following medications: Cyclobenzaprine (used to treat muscle spasms) 10 mg 1 tab, Aspirin (used to treat cardiac/circulation) 81mg 1 tab, Citalopram (used to treat depression) 40 mg 1 tab, Colace (used to treat constipation)100 mg 1 tab, Lamictal (used to treat seizures) 25 mg 2 tabs, Vitamin D3 50 mcg 1 tab, Bupropion 1 tab, and Levetiracetam (used to treat seizures) 500 mg 1 tab. d. An unlabeled and unsecured medication cup with the following medication was stored in a drawer of the medication cart: 1 Cyclobenzaprine 10 mg 1 tab. e. An unlabeled and unsecured medication cup with the following medications: Carvedilol 3.125 mg 1 tab, Clonidine (used to treat high blood pressure) 0.1mg 1 tab, Eliquis (used to prevent blood clots) 2.5mg 1tab, Ferrous Sulfate 325 mg 1 tab, and Levetiracetam 500 mg 1 tab. f. An unlabeled and unsecured medication cup with the following medications: Ferrous Sulfate 325 mg 1 tab, Vitamin D3 50 mcg 1 cap, Acetaminophen (used (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<br>REPRESENTATIVE'S SIGNATURE | TITLE     | (X6) DATE                                                          |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID: | Facility ID:<br>445539<br><br>If continuation sheet<br>Page 1 of 3 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Christian Care Center of Medina                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>401 Promise Way Lane<br>Medina, TN 38355 |                                                 |
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| <p>F 0761</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>to treat pain) 650 mg 1 tab, Docusate Sodium 100 mg 1 tab, Hydroxyzine (used to treat anxiety or itching) 25 mg 1 tab, Methocarbamol (used to treat muscle pain) 500 mg 1 tab, Multivitamin 1 tab, Pantoprazole (used to treat indigestion) 40 mg 1 cap, Sertraline (used to treat depression) 50mg 1 tab, 25 mg 1 tab, Vitamin C (used as a dietary supplement) 500 mg 1 tab, and Zinc (used as a dietary supplement) 220 mg 1 tab. g. An unlabeled and unsecured medication cup with the following medications: Levothyroxine (used to treat hypothyroidism) 75 mcg 1 tab, Bupropion XL (extended release) 300 mg 1 tab, Quetiapine (used to treat mood or behavior disorders) 25 mg 1/2 tab, Vitamin D3 50 mcg 1 tab, Fluoxetine (used to treat depression) 40 mg 1 tab, Folic Acid (used as a dietary supplement) 1mg 1 tab, Tamsulosin (used to treat enlarged prostate) 0.4 mg 1 cap, Aspirin 81mg 1 tab, Depakote 250 mg 1 tab, Potassium 10 meq 2 caps, and Vitamin B1 (used as a dietary supplement) 100 mg 1 tab. h. An unlabeled and unsecured medication cup with the following medications: Lamotrigine Extended Release (ER) (used to treat seizure disorder) 50 mg 1 tab, Levothyroxine 25 mcg 1 tab, Carvedilol 6.25 mg 1 tab, Ferrous Sulfate 325 mg 1 tab, Namenda (used to treat dementia) 10 mg 1 tab, Multi-vitamin 1 tab, Vitamin D3 50 mcg 1 tab, Amiodarone (used to treat abnormal heart rhythms) 200 mg 1 tab, Aspirin 81 mg 1 tab, Eliquis` 2.5 mg 1 tab, Calcium (used as a dietary supplement) 250 mg 1 tab, Lisinopril (used to treat high blood pressure) 5 mg 1 tab, Pantoprazole (used to treat indigestion) 40 mg 1 tab, and Venlafaxine (used to treat depression) 150 mg`1 tab. i. An unlabeled and unsecured medication cup with the following medications: Aspirin 81 mg 1 tab, Plavix (used to prevent blood clots) 75 mg 1 tab, Folic Acid 1 tab, and Vitamin C 1 tab. j. An unlabeled and unsecured medication cup with the following medications: Levothyroxine 125 mcg 1 tab, Docusate Sodium 100 mg 1 tab, Ferrous Sulfate 325 mg 1 tab, Sertraline 50 mg 1/2 tab, Famotidine 20 mg 1 tab, and Vitamin D 50 mcg 1 tab. k. An unlabeled and unsecured medication cup with the following medications: Levothyroxine 50 mcg 1 tab, Famotidine 40 mg 1 tab, Fluoxetine 40 mg 1 tab, Omeprazole 40 mg 1 tab, Aspirin 81 mg 1 tab, Losartan (used for high blood pressure) 25 mg 1 tab, and Multi-vitamin 1 tab. During an interview on 1/14/2026 at 7:40 AM, LPN A stated, I pulled all of my meds [medications] when I got here this morning. LPN A was asked when medications should be administered. LPN A stated, Medications should be administered after each one [resident] is pulled. During an interview on 1/14/2026 at 8:15 AM, the Director of Nursing (DON) stated all medications should be administered after removing the medications from the packs and they should not be replaced in the medication cart.</p> |                                                                                       |                                                 |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm<br/>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>Based on facility policy review, observation, and interview, the facility failed to ensure food was stored, prepared, and served under sanitary conditions when unlabeled, undated, and expired food items were stored. The facility had a census of 59 and 59 of the residents were served from the Kitchen. The findings include: 1. Review of the facility's policy titled, Food Receiving and Storage, dated October 2017, revealed .All foods stored in the refrigerator or freezer will be covered, labeled and dated ( use by date). Review of the facility's policy titled, Food Safety - Infection Control, dated 9/25/2023, revealed .All food items must be labeled and dated.must have a label identifying the contents with the type of food item, the date received, and the date opened. Open food items must also include a use-by date. 2. Observation in the kitchen in the reach in refrigerator on 1/12/2026 at 8:03 AM, revealed the following: a. 1 plastic container with 3 boiled eggs with use by date 1/11/2026. b. 1 metal canister with pureed sausage with use by date 1/11/2026. c. 1 metal canister with pureed eggs with use by date 1/11/2026. 3. Observation in the kitchen in the walk-in refrigerator on 1/12/2026 at 8:05 AM, revealed the following: a. 1 canister of beets dated with use by date of 1/7/2026. b. 1 canister of tomato sauce with use by date of 1/7/2026 c. 2 half sheet pans of red Jelly-like substance covered with plastic wrap not labeled or dated. d. bowl of Jelly-like substance with a use by date of 1/11/2026. e. 1 undated peeled onion wrapped in plastic wrap. f. 1 opened container of chicken base (a concentrated flavoring) with a use by date of 1/8/2026. g. 4 (9x12) aluminum pans of cooked lasagna dated 12/16/2025. 4. Observation and interview in the kitchen on 1/12/2026 at 9:33 AM, revealed an unlabeled, undated glass containing a brownish colored liquid on a shelf in the reach in cooler. The Certified Dietary Manager (CDM) was asked what the brownish colored liquid was in the glass. The CDM stated, It was nectar thick tea. The CDM started to place the glass on the tray with the other items to be served to the residents. The CDM was asked if items should be labeled and dated prior to being stored. The CDM stated Yes. 5. Observation in the Kitchen on 1/12/2026 at 3:19 PM, revealed 4 (9x12) aluminum pans of cooked lasagna dated 12/16/2025 in the walk-in refrigerator. 6. Observation and interview in the Kitchen on 1/13/2026 at 8:25 AM, revealed 1 opened and outdated container of chicken base in the walk-in refrigerator. The CDM was asked if the container of chicken base should still be in the refrigerator with a use by date of 1/8/2026. The CDM shook her head No. 7. Observation and interview in the Kitchen on 1/12/2026 at 3:21 PM, revealed 4 (9x12) aluminum pans of cooked lasagna in the walk-in refrigerator. Dietary [NAME] B was shown the pans and asked the date on the lasagna. Dietary [NAME] B stated, 12/16/2025. Dietary [NAME] B was asked when it should be discarded. The Dietary [NAME] B stated, after 3 days. During an interview on 1/14/2026 at 12:00 PM, the CDM was asked how food should be stored. The CDM stated, It should be labeled and dated with a use by date and discarded after 3 days.</p> |                                                                                       |                                                 |