**Plan of Correction**

A facility must use the results of the assessment to develop, review, and revise the resident's comprehensive plan of care.

The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).

This REQUIREMENT is not met as evidenced by:

Based on medical record review and interview, it was determined the facility failed to ensure care plans were revised to address the potential side effects and the effectiveness of antihypertensive and antihyperlipidemic medications for 2 of 25 residents #63 and 121) sampled residents of the 35 residents included in the stage 2 review.

The findings included:

1. Medical record review for Resident #63 documented an admission date of 6/26/12 with a diagnosis for 4/1/13 to 4/21/13.

**Disclaimer for Plan of Correction**

Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by Christian Care Center of Bedford County of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. Christian Care Center of Bedford County files this Plan of Correction solely because it is required to do so for continued state licensure as a health care provider and/or for participation in the Medicare/Medicaid program. The facility does not admit that any deficiency existed prior to, at the time of, or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal and any other applicable legal or administrative proceedings. This Plan of Correction should not be taken as establishing any standard of care, and the facility submits that the actions taken by or in response to the survey findings do not exceed the standard of care. This document is not intended to waive any defense, legal or equitable, in administrative, civil or criminal proceedings.

**F 279**

Christian Care Center of Bedford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:

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<th>DATE</th>
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<td>4/4/13</td>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be exempted from correcting providing it is determined that other safeguards provide sufficient protection to the patient. (See instructions.) Except for nursing homes, the findings stated above are dischargeable 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 dischargeable 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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<td>F 279</td>
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**Continued From page 1**

1. Diagnoses of Diabetes Mellitus Type 2, Peripheral Neuropathy, Chronic Obstructive Pulmonary Disease, Latent Effect Cerebrovascular Accident (CVA) with Left Side Hemiparesis, Coronary Artery Disease, Hypertension, Peripheral Vascular Disease, Major Depression, Bipolar Disorder and Hypercholesterolemia. Review of the physician’s recertification orders dated 1/2/13 documented, "...SIMVASTATIN 40MG [milligrams] TAB [tablet], TAKE 1 TABLET(s) BY MOUTH OR VIA TUBE AT BEDTIME..." Review of a physician’s order dated 1/31/13 documented, "...LISINOPRIL 5MG... TAKE 1 TABLET(s) BY MOUTH IN THE MORNING..." Review of the care plan dated 2/18/13, revealed the care plan was not revised to include Simvastatin and Lisinopril or the potential side effects and effectiveness of these medications.

2. Medical record review for Resident #121 documented an admission date of 9/6/12 with diagnoses of Altered Mental Status, Dementia, Hallucinations, Hypertension, Depression, Hypothyroidism, Post CVA. Review of the physician’s recertification orders dated 3/11/13 documented, "...AMLODIPINE BESY [besylate] 5MG TAB... TAKE 1 TABLET(s) BY MOUTH AT BEDTIME... ZETIA 10MG TAB... TAKE 1 TABLET(s) BY MOUTH AT BEDTIME..." Review of the care plan dated 9/26/12 and updated on 12/26/12, revealed the care plan was not revised to include Amlodipine Besylate and Zetia or the potential side effects and effectiveness of these medications.

3. During an interview at nursing station #1 on 3/20/13 at 2:30 PM, Nurse 32 was asked about antilipemic and antihypertensive medications.

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**Corrective Actions for Targeted Residents**

On 3/26/13, the care plan for resident #63 was revised by the MDS department to include Simvastatin and Lisinopril, the potential side effects, and to monitor for the effectiveness of these medications. On 3/26/13, the care plan for resident #121 was revised by the MDS department to include Amlodipine Besylate and Zetia, the potential side effects, and to monitor for the effectiveness of these medications.

**Identification of Other Residents with Potential to be Affected**

An audit of residents to determine which are receiving an antihypertensive and/or antilipemic medications was completed by 4/1/13. Care plans were revised to include the medication and the potential side effects and to monitor for the effectiveness of these medications by the MDS department.

**Systematic Changes**

The Director of Nursing In-serviced the licensed nursing staff on care planning antihypertensive and antilipemic medications, the potential side effects, and to monitor for the effectiveness of these medications, beginning 3/26/13 and completed 4/1/13. Care plans were updated by the MDS department to include antihypertensive and antilipemic and to monitor for side effects and effectiveness.
UNIT 1

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**[X1] PROVIDER/SUPPLIER/CLAUS
**

**IDENTIFICATION NUMBER:**

446171

**A. BUILDING:**

**B. WING:**

**[X2] MULTIPLE CONSTRUCTION**

**DATE SURVEY COMPLETED:**

03/20/2013

**NAME OF PROVIDER OR SUPPLIER:**

CHRISTIAN CARE CENTER OF BEDFORD COUNTY, LLC

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

836 UNION STREET
SHELBYVILLE, TN 37160

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**ID PREFIX TAG** | **SUMMARY STATEMENT OF DEFICIENCIES** | **ID PREFIX TAG** | **PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)** | **COMPLETION DATE**
---|---|---|---|---
F279 | Continued From page 2 being included on the care plan. Nurse #2 stated, "...I can't say they are on there..." | F279 | Monitoring Care plans will be audited monthly for medication revisions by the MDS department. Results of the audit will be reported to the Performance Improvement Committee by the MDS department monthly until 100% compliance is achieved for three consecutive months. The PI committee consists of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Social Services Director, Activity Director, Dietary Manager, Maintenance Director, Medical Records, and Housekeeping Director. | 4/10/13
F328 | The facility must ensure that residents receive proper treatment and care for the following special services: injections; parenteral and enteral fluids; colostomy, urostomy, or ileostomy care; tracheostomy care; tracheal suctioning; respiratory care; foot care; and prostheses. This REQUIREMENT is not met as evidenced; Based on medical record review, observation and interview, it was determined the facility failed to ensure a resident received proper treatment for respiratory care by not ensuring the filter on the oxygen (O2) concentrator was clean for 1 of 2 (Resident #29) sampled residents receiving O2 of the 85 residents included in the stage 2 review. | F328 | Christian Care Center of Bedford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: **Corrective Actions for Targeted Residents** On 3/19/13 the oxygen concentrator filter was cleaned for resident #29 by the Director of Nursing. **Identification of other Residents with Potential to be Affected** An audit for residents utilizing oxygen concentrators was completed by the Director of Nursing on 3/26/13 and filters cleaned. |
### Statement of Deficiencies and Plan of Correction

**K1. Provider/Supplier Identification Numbers:**
- ID: 445171
- B. Name: Christian Care Center of Bedford County, LLC

**K2. Multiple Construction:**
- A. Building
- B. Name

**K3. Date Survey Completed:**
- 03/20/2013

<table>
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<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>Summary Statement of Deficiencies (each deficiency must be preceded by full regulatory or local identifying information)</th>
<th>ID PREFIX</th>
<th>TAG</th>
<th>Provider's Plan of Correction (each corrective action should be cross-referenced to the appropriate deficiency)</th>
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| F 279     |     | **Continued From page 2**

**F 328 TREATMENT/CARE FOR SPECIAL NEEDS**

The facility must ensure that residents receive proper treatment and care for the following special services:
- Injections;
- Parenteral and enteral fluids;
- Colostomy, urostomy, or ileostomy care;
- Tracheostomy care;
- Tracheal suctioning;
- Respiratory care;
- Foot care; and
- Prostheses.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, observation and interview, it was determined the facility failed to ensure a resident received proper treatment for respiratory care by not ensuring the filter on the oxygen (O2) concentrator was clean for 1 of 2 (Resident #29) sampled residents receiving O2 of the 35 residents included in the stage 2 review.

The findings included:

Medical record review for Resident #29 documented an admission date of 2/16/13 with diagnoses of Gastroesophageal Reflux Disease, Osteoarthritis, Irritable Bowel Syndrome, Chronic Obstructive Pulmonary Disease, Peripheral Neuropathy, Pneumonia, Non Hodgkins Lymphoma, Hypertension, Progressive Dementia, Depressive Disorder, Anxiety and Psychotic

**Systematic Changes**

Beginning 3/25/13 and completed by 4/1/13, the Director of Nursing in-serviced the licensed nursing staff on ensuring the oxygen concentrator filters are cleaned bimonthly and as needed. Licensed nursing staff will clean concentrator filters bimonthly and as needed.

**Monitoring**

The oxygen concentrator filters will be audited bimonthly for cleanliness by the Restorative Nursing Assistant. The Director of Nursing or Assistant Director of Nursing will report the results of the audit to the Performance Improvement Committee monthly until 100% compliance is met for three consecutive months. The PI Committee consists of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Social Services Director, Activity Director, Dietary Manager, Maintenance Director, Medical Records, and Housekeeping Director.
### Statement of Deficiencies and Plan of Correction

#### Name of Provider or Supplier

**Christian Care Center of Bedford County, LLC**

**Address:** 836 Union Street, Shelbyville, TN 37160

#### Summary Statement of Deficiencies

- **F 328**
  
  Continued from page 3.
  
  Disorder, Proximal Atrial Fibrillation and a history of Smoking 50 Years. Review of the physician's recertification orders dated 2/28/13 documented, "...O2 @ [at] 2LPM [liters per minute] NlC [nasal cannula].... Check O2 Sat [saturations] every shift..."

  Observations in Resident #29's room on 3/17/13 at 4:30 PM and on 3/18/13 at 7:40 AM, revealed Resident #29 receiving O2 at 2LPM per nasal cannula. The filter on the oxygen concentrator was white with dust.

  During an interview in Resident #29's room on 3/19/13 at 2:00 PM, the Director of Nursing stated, "We [facility] have a cleaning schedule... they [the filters] need to be cleaned... have a protocol and a cleaning schedule... they [staff] remove the concentrator and replace the filters..."

  During interview at nursing station #1 on 3/20/13 at 12:50 PM, Nurse #4 stated, "We change the O2 tubing weekly... do not check the filters... maintenance does that [check the filters]..."

- **F 371**
  
  Food Procure, Store/Prepare/Serve - Sanitary

  The facility must:
  
  1. Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and
  
  2. Store, prepare, distribute and serve food under sanitary conditions.

#### Provider's Plan of Correction

- **F 328**
  
  Continued from page 3.

- **F 371**
  
  Christian Care Center of Bedford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:
This REQUIREMENT is not met as evidenced by:

Based on policy review, observation and interview, it was determined the facility failed to ensure proper kitchen sanitation practices were maintained as evidenced by staff not wearing beard restraints on 2 of 4 (3/17/13 and 3/19/13) days of the survey.

The findings included:

1. Review of the facility's "PERSONAL HYGIENE" policy documented, "...Beards or any body hair that may be exposed... must be covered,..."

2. Observations in the kitchen on 3/17/13 at 10:45 AM, revealed the Administrator entered the kitchen with no beard restraint covering his beard.

Observations in the kitchen on 3/17/13 at 10:50 AM, revealed Dietary Aide #1 in the kitchen preparing food with no beard restraint covering his beard.

3. Observations in the kitchen on 3/19/13 at 11:40 AM, revealed Dietary Aide #2 in the kitchen with no restraint covering his moustache.

4. During an interview in the Dietary Manager's office on 3/20/13 at 1:50 PM, the Registered Dietitian was asked about hair restraints in the kitchen. The Registered Dietitian stated, "Staff are supposed to put on a hair net when in the

Corrective Actions for Targeted Areas
Registered Dietitian instructed staff to apply beard/moustache covers and applicable staff did so on 3/20/13.

Identification of Others with the Potential to be Affected
On 3/20/13, Registered Dietitian completed an inspection of kitchen staff to ensure proper use of beard/moustache covers.

Systematic Changes
Education for kitchen staff and Administrator on proper use beard/moustache covering was conducted by the Registered Dietitian beginning on 3/20/13 and completed on 4/1/13. Education for other staff was completed by the Director of Nursing by 4/1/13.

Monitoring
An audit for appropriate use of beard/moustache restraint coverings for any person in the kitchen will be conducted daily by the Dietary Manager or Cook to ensure proper kitchen sanitation practices are maintained. The results will be presented by the Dietary Manager monthly to the Performance Improvement Committee until 100% compliance is achieved for three consecutive months. The PI Committee consists of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Social Services Director, Activity Director, Dietary Manager, Maintenance Director, Medical Records, and Housekeeping Director.

4/10/13
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<th>COMPLETION DATE</th>
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<td>F 371</td>
<td>Continued From page 5 kitchen... It should cover the hair on their head and their beard...&quot;</td>
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