**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(x1) PROVIDER/SUPPLIER/CLA identification number</th>
<th>(x2) MULTIPLE CONSTRUCTION</th>
<th>(x3) DATE SURVEY COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>446480</td>
<td>A. BUILDING</td>
<td>09/03/2011</td>
</tr>
<tr>
<td></td>
<td>B. WING</td>
<td></td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**

CHRISTIAN CARE CENTER OF SPRINGFIELD, LLC

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

704 5TH AVENUE EAST
SPRINGFIELD, TN 37172

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>CCM COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 322</td>
<td>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</td>
<td>F 322</td>
<td>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 Springfield of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. Christian Care Center of Springfield 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 fail to exceed the standards of care. This document is not intended to waive any defense, legal or equitable, in administrative, civil or criminal proceedings.</td>
<td>8-22-11</td>
</tr>
</tbody>
</table>

Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and naso-pharyngeal ulcers and to restore, if possible, normal eating skills.

This REQUIREMENT is not met as evidenced by:

Based on policy review, observation, and interview, it was determined the facility failed to ensure 1 of 3 (Nurse #2) nurses provided care and services appropriately during the administration of medications to a resident with a Percutaneous Endoscopic Gastrostomy (PEG) tube.

The findings included:

Review of the facility's "Medication Administration Feeding Tube" policy documented, "...9. Verify tube placement...10. Flush feeding tube with 20-30 mL [milliliter] of water...13. Allow medication to flow down tube via gravity...14. Flush tube with 20 - 30 mL of water to clear tubing..."

Medical record review for Random Resident (RR) #2 documented an admission date of 3/28/11 with diagnoses of Dysphagia, Seizures, Hypertension, and PEG.

Observations in room 101B on 8/1/11 at 3:15 PM, revealed Nurse #2 flushed the PEG tube with 10 mL of water.

**LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE**

**TITLE**

**DATE**

**PROCEDURE**

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 patient. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 60 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 required to continued program participation.
### Statement of Deficiencies and Plan of Correction

**Provider/Supplier Identification Number:** 445480

**Multiple Construction**

- **A. Building:**
- **B. Wing:**

**Date Survey Completed:** 08/03/2011

**Name of Provider or Supplier:**

CHRISTIAN CARE CENTER OF SPRINGFIELD, LLC

**Street Address, City, State, Zip Code:**

704 5TH AVENUE EAST

SPRINGFIELD, TN 37172

#### Summary Statement of Deficiencies

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<tr>
<td>F 322</td>
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<td>Continued From page 1 ml of water prior to giving medication. Nurse #2 flushed with 10 ml of water after the medication was given. During an interview in the Director of Nursing (DON) office on 8/3/11 at 8:31 AM, the DON stated &quot;...we go by our policy which is 30 cc [cubic centimeters] between each medication and at the end with 20 – 30 cc...unless doctor specifies differently...&quot;</td>
</tr>
<tr>
<td>F 441</td>
<td>SSD</td>
<td>INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</td>
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#### Corrective Actions for Targeted Residents:

- **Random Resident (RR) #2** is currently receiving care and services appropriately during the administration of medications through a Percutaneous Endoscopic Gastrostomy (PEG) tube. Nurse #2 was in-serviced on 8-2-11 regarding facility Medication Administration: Feeding Tube Policy by the ADON. Identification of Other Residents with Potential to be Affected: Current residents who receive medication through a PEG tube are at risk to be affected by this practice. Systematic Changes: Licensed Nurses have been in-serviced on Medication Administration: Feeding Tube Policy beginning 8-2-11 and will be completed by 8-22-11 by the ADON. Newly hired licensed nurses will be observed during medication administration via a PEG Tube during orientation and then annually by the DON/ADON. Pharmacy Consultant and DON/ADON will perform Medication Pass Observations on residents who receive medication through PEG tubes with return demonstration to assure adherence to proper procedure monthly for three months.

**Correction Date:** 8-22-11
Continued From page 2

(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens
Personal must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:
Based on observation and interview, it was determined the facility failed to ensure practices to prevent the potential spread of infection was maintained by properly cleaning and storing scissors used for wound care during 1 of 2 dressing changes.

The findings included:

Observations in the 100 hallway on 8/2/11 at 10:15 AM, revealed Nurse #1 cleaned a pair of scissors with an alcohol wipe and placed on top of the medication cart. Nurse #1 then gathered all other supplies and entered Random Resident (RR) #1's room to perform a dressing change. Nurse #1 placed the scissors and other supplies on the barrier on the overbed table. After changing the dressing to the sacral area, Nurse #1 used the scissors to slit the tegaderm dressing covering the wound on the sacrum for the wound vac. Nurse #1 cleaned the scissors with an alcohol wipe and placed the scissors in her pocket.

Medication Pass Observation findings and return demonstration results will be reported monthly X3 months by the DON to the Performance Improvement (PI) Committee for review and recommendations. PI committee consists of the Medical Director, Administrator, Director of Nursing, ADCN, Pharmacy Consultant, MDS Coordinator, Medical Records Clerk, Business Office Manager, Activities Director, Social Services Director, Maintenance Director, Dietary Manager and Director of Housekeeping and Laundry.

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

Corrective Action for Targeted Residents:
Practices to prevent the potential spread of infection are currently in place for Random Resident (RR) #1. Scissors used during dressing changes are being cleaned and stored properly. On 8-3-11 Nurse #2 was educated by DON and directly observed following proper infection control procedures for cleaning and storage of scissors.

Identification of Other Residents with Potential to be Affected:
Current residents who require treatments that utilize scissors have the potential to be affected by this practice.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:**
445480

**(X2) MULTIPLE CONSTRUCTION**
A. BUILDING

**(X3) DATE SURVEY COMPLETED:**
08/03/2011

**NAME OF PROVIDER OR SUPPLIER:**
CHRISTIAN CARE CENTER OF SPRINGFIELD, LLC

**STREET ADDRESS, CITY, STATE, ZIP CODE:**
704 5TH AVENUE EAST
SPRINGFIELD, TN 37172

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| F 441      | Continued from page 3  
During an interview in the 100 hallway on 8/3/11 at 10:20 AM, Nurse #1 was asked what was the facility protocol for cleaning of scissors between use. Nurse #1 stated, "Clean scissors with a bleach wipe. I couldn't find my bleach wipes yesterday, but I have them today."  

During an interview in the 100 hallway on 8/3/11 at 10:50 AM, Nurse #1 was asked what was the facility protocol for storage of scissors between use. Nurse #1 stated, "I have my own pair of scissors. I keep them in my pocket and I just got them, put the ones I used for the treatment in my pocket. [Scissors] Should be stored in the cart."  

During an interview in the Director of Nursing's (DON) office on 8/3/11 at 11:00 AM, the DON was asked what is the facility protocol for cleaning and storing of equipment such as scissors. The DON stated, "Clean scissors between uses, before and after each resident, with chlorine bleach wipe and store in the cart." |
| F 441      | Systematic Changes:  
In-service training on proper cleaning and storage of scissors was implemented on 8-3-11 for licensed nursing staff and will be completed by 8-22-11 by the ADON.  
Newly hired licensed nurses will complete dressing change observations during orientation and then annually by the Unit Manager or Treatment Nurse. Nurses who perform dressing changes will be monitored for proper procedure for infection control by the ADON monthly for three months.  
Monitoring:  
ADON will report the findings of dressing change observations monthly X3 months to the PI Committee for review and recommendations. The PI committee consists of Medical Director, Administrator, Director of Nursing, ADON, Pharmacy Consultant, MDS Coordinator, Medical Records Clerk, Business Office Manager, Activities Director, Social Services Director, Maintenance Director, Dietary Manager and Director of Housekeeping and Laundry. |

**(X5) COMPLETION DATE:**
8-22-11

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| F 465      | SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT  
The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.  

This REQUIREMENT is not met as evidenced by:  
Based on policy review, observation and interview, it was determined the facility failed to ensure the environment was clean and sanitary as evidenced by a large clump of black/brown substance on the inner plastic pipe near the seat |
| F 465      | F 465  
Christian Care Center of Springfield believes its current practices were in compliance with the applicable standard of care; but that in order to respond to this citation from the surveyors, the facility is taking the following additional actions:  

**COMPLETION DATE:**
8-22-11
**Corrective Action for Targeted Residents:**
The facility is currently providing a safe, functional, sanitary and comfortable environment for residents, staff and the public. Substance was removed from inner plastic pipe on bottom of shower chair; shower bench seat grooved area and stand up lift foot rest area by Housekeeping Director on 8-3-11. Maintenance Director replaced stainless steel shelf with new shelving unit.

**Identification of Other Residents with Potential to be Affected:**
Current residents have potential to be affected by this practice.

**Systematic Changes:**
The cleaning schedules was revised for nursing and housekeeping personnel with training completion by 8-22-11 for both departments by the DON and Housekeeping Supervisor. Newly hired nursing and housekeeping employees will be in-serviced on proper cleaning of re-usable medical equipment by the Unit Manager and Housekeeping Supervisor during orientation and annually. The Housekeeping Supervisor will perform monthly audits regarding the cleaning of re-usable equipment.
F 465  |  Continued From page 5

During an interview in the back hall women's shower room on 8/3/11 at 8:00 AM, the Director of Nursing (DON) was asked if the mauve shower chair, shower bench, and stand up lift were clean. The DON stated, "...I see it, could be BM [bowel movement]."

F 465  |  Monitoring:
The Housekeeping Supervisor will report audit findings monthly for three months to the PI committee for review and recommendations. The PI committee consists of the Medical Director, Administrator, Director of Nursing, ADON, Pharmacy Consultant, MDS Coordinator, Medical Records Clerk, Business Office Manager, Activities Director, Social Services Director, Maintenance Director, Dietary Manager and Director of Housekeeping and Laundry.

8-22-11