<table>
<thead>
<tr>
<th>F 253</th>
<th>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS=D</td>
<td>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the environment was clean, sanitary and odor free in 1 of 3 (North hall men's shower room) shower rooms. The findings included: Observations of the North hall men's shower room on 7/8/13 at 11:00 AM and 3:00 PM, on 7/9/13 at 9:45 AM and on 7/10/13 at 3:35 PM, revealed urine and foul odors and missing caulkings around the base of the commode. During an interview in the east hall on 7/10/13 at 3:45 PM, the Director of Housekeeping stated, &quot;There is an odor problem in that [men's] shower room...&quot; During an interview in the conference room on 7/10/13 at 4:15 PM, the Administrator stated, &quot;We realize there is an odor problem in that [men's] shower room.&quot;</td>
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<tr>
<th>F 371</th>
<th>483.35(i) FOOD PROCUREMENT, STORE/PREPARE/SERVE - SANITARY</th>
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<tbody>
<tr>
<td>SS=E</td>
<td>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</td>
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**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 far exceed the standards of care. This document is not intended to waive any defense, legal or equitable, in administrative, civil or criminal proceedings.

F253 Christian Care Center of Springfield believes it's 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:

1. **Acceptable for 7/11/13**
2. **Administration 7/17/13**

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 verifiable 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.

**Administrative 7/17/13**
Continued From page 1

This REQUIREMENT is not met as evidenced by:

Based on policy review, observation and interview, it was determined the facility failed to ensure resident food trays were delivered under sanitary conditions as evidenced by food and beverages delivered uncovered down the halls and lack of hand hygiene by staff members during the delivery of meal trays during 2 of 2 (7/8/13 and 7/9/13) dining observations.

The findings included:

1. Dining observations on the west hall on 7/8/13 beginning at 11:55 AM, revealed 14 trays transported down the hall with uncovered desserts and beverages.

Dining observations on the east hall on 7/8/13 beginning at 12:15 PM, revealed 9 trays transported down the hall with uncovered desserts and beverages.

Dining observations on the north hall on 7/8/13 beginning at 12:30 PM, revealed 19 trays transported down the hall with uncovered desserts and beverages.

Dining observations on the east hall on 7/8/13 beginning at 5:40 PM, revealed 9 trays transported down the hall with uncovered desserts and beverages.

Dining observations on the north hall on 7/8/13

Corrective Action for Targeted Residents:
The facility is providing housekeeping and maintenance services necessary to maintain a sanitary, orderly and comfortable interior for all residents who use the north hall men’s shower room. On 7-8-13 a lingering odor was noted in the above mentioned shower room. Staff unable to determine the cause of the odor initially but when deep cleaning around toilet, it was noted to be loose at base which would allow sewer odors to escape into room. Some older tile also noted around base of toilet that could have contributed to odor issue. Tile cleaned by housekeeping supervisor 7/8, 9,10/13. Toilet tightened and caulking replaced by Maintenance Director the evening of 7-9-13. Bids obtained for replacing floor tile in north hall men’s shower room with anticipated completion date of 8-9-13.

Identification of Other Residents with Potential to be Affected:
All residents who use facility shower rooms are at risk to be affected by practice therefore education of all housekeeping and maintenance personnel initiated by Administrator 7-10-13 with 100% in-serviced by 7-19-13 on maintaining a sanitary, orderly, and comfortable interior.

Systematic Changes:
Plumbing fixtures will be inspected for proper fitting and function by maintenance personnel and...
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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

**SUMMARY STATEMENT OF DEFICIENCIES**
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

<table>
<thead>
<tr>
<th>ID PREFIX TAG</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>COMPLETION DATE</th>
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<td>F 371</td>
<td>F 253</td>
<td>documented on Preventive Maintenance Monthly Inspection Checklist and Report. Monitoring: Findings of Preventive Maintenance Inspections will be reported to the facility's Performance Improvement (PI) Committee monthly for three months. If findings are within an acceptable threshold for a period of three months, the frequency of PI monitoring may be reduced to quarterly or per recommendations of the PI Committee. PI committee consists of Medical Director, Administrator, Director of Nursing or 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.</td>
<td>8-9-13</td>
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**STREET ADDRESS, CITY, STATE, ZIP CODE**
704 5TH AVENUE EAST
SPRINGFIELD, TN 37172

<table>
<thead>
<tr>
<th>(X) PROVIDER/SUPPLIER/CIA IDENTIFICATION NUMBER</th>
<th>(X) MULTIPLE CONSTRUCTION</th>
<th>(X) DATE SURVEY COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>445480</td>
<td>A. BUILDING</td>
<td>07/10/2013</td>
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<tr>
<td></td>
<td>B. WING</td>
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**F 371** Continued From page 2
beginning at 6:00 PM, revealed 19 trays transported down the hall with uncovered desserts and beverages.

2. Dining observations on the west hall on 7/9/13 beginning at 5:25 PM, revealed 13 trays transported down the hall with uncovered desserts and beverages.

During an interview in the Dietary Manager's office on 7/9/13 at 6:16 PM, the Certified Dietary Manager (CDM) was asked about the procedure for delivering trays to residents' rooms. The CDM stated, "...Once the tray cart is delivered to the hall... they [staff] are allowed to take it from the cart to the room on the hall... if they [staff] have to take it further than on that hall they have to cover everything with the plastic wrap that is on the coffee cart... We don't have a policy for delivering trays..."

During an interview at the front nurses' station on 7/10/13 at 7:45 AM, the Administrator was asked why beverages and desserts were transported from the food cart down the hall to residents' rooms without covers and why saran wrap was on the beverage cart. The Administrator stated, "...we were under the impression that we could transport on the same hall without covers, but if we took a tray off the unit the transport cart is on to another hall then it had to be covered... we even looked for a policy that said what distance the tray could be transported without being covered and we don't have one..."

During an interview on the east hall on 7/10/13 at 9:00 AM, the Administrator, stated, "...We thought that the carts were considered the covers... the
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<td>F 371</td>
<td>Continued From page 3 trys come out to the hall on the cart, and then they take them to the room straight from the cart... We thought that was all right...“</td>
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<tr>
<td>F 371</td>
<td>Manager that all desserts and beverages must be covered before leaving kitchen effective 7-10-13. Occupational Therapist #1 and Social Worker re-educated on hand washing policy related to assisting with meal tray delivery 7-15-13.</td>
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3. Review of the facility's "Hand Washing" policy documented, "...All employees shall utilize proper hand washing for each of the following conditions... Before preparing or serving food... After attending to your own personal body functions, such as use of toilet, wiping the nose, smoking or combing hair..."

Observations in the kitchen hall on 7/8/13 at 11:36 AM, Occupational Therapist #1 took a tray from the kitchen staff without washing her hands.

Observations on the east hall on 7/9/13 at 5:25 PM, the Social Worker touched her hair, obtained a tray from the cart, handed the tray off to another staff member, reached into the cart and obtained another tray, touched the drink cart, set the tray down, touched an overbed table, pulled the drink cart down the hall and then washed her hands with gel.

During an interview in the conference room on 7/10/13 at 9:55 AM, the Director of Nursing (DON) was asked what the policy is for handwashing during meal tray delivery. The DON stated, "They [staff] should wash their hands with gel if they actually touch a resident..." The DON was then asked what if the staff touch their hair while serving trays. The DON stated, "Then they should wash their hands..."