CHRISTIAN CITY REHABILITATION CENTER

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§ 1 Facility Identity

Facility	CHRISTIAN CITY REHABILITATION CENTER
CCN	115573
Location	7300 LESTER ROAD, UNION CITY, GA, 30291
Ownership type	For profit - Individual
Certified beds	200

§ 2 CMS Federal Record

Civil money penalties on file	$0
Deficiency citations — current cycle	20 (up from 0 in the prior 24 months)
Deficiency citations — prior 24 months	0
Immediate Jeopardy — current cycle	0
Actual-harm (G+) citations — current cycle	0
Special Focus Facility status	Not listed
Abuse icon	No

§ 3 Federal Penalties in Context

This facility — penalties on file	$0
GA state average	$14,035 (this facility is 0.0× the GA average)
National average	$31,239 (this facility is 0.0× the national average)

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

§ 4 Current-Cycle Deficiencies

The current survey cycle records the following 20 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

F-TAG	FINDING (CMS)	SCOPE/SEV.	SOURCE
F755	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.	E	Complaint
F656	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.	D	Complaint
F689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	D	Complaint
F558	Reasonably accommodate the needs and preferences of each resident.	D	Complaint
F584	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.	D	Complaint
F609	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.	D	Complaint
F637	Assess the resident when there is a significant change in condition	D	Complaint
F640	Encode each resident’s assessment data and transmit these data to the State within 7 days of assessment.	D	Complaint
F641	Ensure each resident receives an accurate assessment.	D	Complaint
F655	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted	D	Complaint
F657	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.	D	Complaint
F677	Provide care and assistance to perform activities of daily living for any resident who is unable.	D	Complaint

F684	Provide appropriate treatment and care according to orders, resident's preferences and goals.	D	Complaint
F686	Provide appropriate pressure ulcer care and prevent new ulcers from developing.	D	Complaint
F688	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.	D	Complaint
F690	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.	D	Complaint
F692	Provide enough food/fluids to maintain a resident's health.	D	Complaint
F698	Provide safe, appropriate dialysis care/services for a resident who requires such services.	D	Complaint
F761	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.	D	Complaint
F880	Provide and implement an infection prevention and control program.	D	Complaint

§ 5 Ownership & Chain Context

Ownership record	Chain: PRUITTHEALTH (99 facilities); Owner on file: DAVIS, TONI (individual)
Ownership chain	PRUITTHEALTH (99 facilities)
Penalties vs chain average	$0 vs $15,492 (0.0× the chain average)
Current deficiencies vs chain average	20 vs 4.7 (4.3× the chain average)

§ 6 CMS Care Compare Star Ratings

Overall	2 / 5 (state avg 2.7 · US avg 3)
Health inspection	2 / 5 (state avg 2.8 · US avg 2.8)
Staffing	3 / 5 (state avg 2.3 · US avg 2.9)
Quality measures (QM)	4 / 5 (state avg 3 · US avg 3.7)

§ 7 Record Provenance

CMS data as of	Jun 2026
Independent verification	https://www.medicare.gov/care-compare/details/nursing-home/115573
Snapshot SHA-256	e5b622c91fc18b7c798778dc5c30f15455486288cea8675e0a160df9629656eb
Methodology & version	v1.0 — https://www.caregiverhelpnow.com/methodology

§ 8 For Your Attorney

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 115573.
3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash e5b622c91fc1.
4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).

This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at https://www.caregiverhelpnow.com/methodology; the Snapshot SHA-256 above pins this record to that methodology version.

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