STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115004	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Manor Methodist Nsg C	2001 South Lee Street Americus, GA 31709

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, staff interviews and the facility policy titled Restraints/Bed Rails, the facility failed to ensure one resident (R) (R1) from a sample of 11 residents was free from being restrained with a gait belt while in a wheelchair. The deficient practice placed R1 at risk of adverse clinical outcomes. Findings includeReview of the policy Restraints/Bed Rails dated October 2016, documented, under Intent: It is the intent of the (named) facility that right of residents to be free from any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms is honored at all times.Review of the medical records revealed R6 was admitted to the facility on [DATE], with the following diagnoses that included but are not limited to type 2 diabetes mellitus, mood disorder, hypertension, chronic obstructive pulmonary disease, and benign prostatic hyperplasia.Review of the quarterly Minimum Data Set (MDS) for R6 with an Assessment Reference Date (ARD) of 11/19/2025 revealed a Brief Interview for Mental Status (BIMS) score of 1 which indicated severe cognitive impairment. Review of the care plan dated 6/11/2025 revealed R6 showed signs and symptoms of cognitive decline with most recent Basic Interview for Mental Status test score of 5 compared to 9 on 3/10/2025. Care Plan Approaches documented, set expectations and limits for resident; respect resident rights to make decisions.Review of the progress notes dated 11/10/2025 through 1/11/2026 revealed a situation involving staff using a gait belt to restrain R6 to his wheelchair. The responsible party was notified about the incident, and the resident did not sustain any injuries.Observation on 1/27/2026 at 1:06 PM revealed R6 was sitting in a high back wheelchair with leg rest and foot pedals. R6 was at a table being assisted with lunch.During an interview on 1/29/2026 at 12:47 PM with Licensed Practical Nurse (LPN) HH revealed that she received a call from Certified Nursing Aide (CNA) II who informed her of R6 being tied to a wheelchair with a gait belt. LPN HH stated she immediately called LPN MM Unit Manager who notified the Director of Nursing (DON.)Interview on 1/29/2026 at 2:28 PM with CNA II revealed that R6 was up because he kept getting out of bed, even with mats at the bedside and was placed in his wheelchair. CNA II stated R6 started yelling about wanting to go to bed and he was a Hoyer lift transfer. CNA II stated when she was hooking the pad to the lift, she saw the gait belt was wrapped around the top portion of the resident and the outer part of the back of the wheelchair. CNA II confirmed she immediately notified LPN HH, removed the gait belt and placed R6 in his bed. Interview on 1/29/2026 at 3:16 PM with the Director of Nursing (DON) revealed that CNA DD was terminated for substantiated abuse. Interview on 1/29/2026 at 4:14 PM with the Administrator revealed that it is her expectation that no residents be restrained.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on record reviews, interviews and the facility policy titled Surveillance for Infections, the facility failed to follow the Department of Public Health (DPH) recommendations for diagnostic testing for 33 symptomatic residents on six of six Units (Unit 1, Unit 2, Unit 3, Unit 4, Unit 5, Unit 6) involved in an epidemiological qualified infectious disease outbreak. The deficient practice increased the risk for continued spread of infection.Findings includeReview of the policy Surveillance for Infections revised September 2017 documented under Policy Interpretation and Implementation: 1. The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms and Healthcare-Associated Infections, to guide appropriated interventions and to prevent future infections. 8. a. The Infection Preventionist and the Attending Physician will determine if laboratory tests are indicated, and whether special precautions are warranted.Review of the gastrointestinal illness (GI) outbreak synopsis provided by the facility, documented the Department of Public Health (DPH) was contacted on 12/12/2025 regarding guidance for a potential outbreak of Norovirus. Review of the Infection Outbreak Mapping document for the GI symptoms indicated six of six units were affected.Review of the Line listing of resident and staff with symptoms dated 12/9/2025 through 12/17/2025 documented the residents and staff that developed symptoms of nausea and/or vomiting and diarrhea during that time frame. There was a total of 33 residents and 13 staff members listed with the final date of symptom onset of 12/17/2026 affecting a resident. Review of the communication with DPH dated 12/12/2025 documented that DPH was contacted for guidance and reporting for an outbreak of possible Norovirus without a diagnostic confirmation. DPH responded on 12/15/2025 with a recommendation for individuals who are experiencing diarrhea to receive testing and asked if the facility was contracted with a commercial lab.Review of the physician standing order dated 1/28/2026 documented that if the facility has any notification with treatment or testing recommendations sent by the health department or other entities, to document that you have received them and that you have sent (preferably fax) to the Physician and retain a copy at the facility for his next visit. This will prevent communication errors. In addition, it was documented that staff may also call and let him know the fax has been sent.During an interview on 1/28/2026 at 10:28 AM with LPN AA Quality Assurance Director/Infection Preventionist, it was revealed that there were 33 residents and 13 staff with symptoms that included a combination of nausea and/or vomiting, diarrhea, and some with temperatures.During an interview on 1/29/20261/28/2026 at 11:28 AM with the Medical Director/Physician (MD) revealed that he routinely does not order stool samples for culture. The patients had diarrhea for 2-3 days and the treatment they were getting was fluids, Imodium and Zofran. MD stated that he was unaware of the DPH recommendation to collect stool samples and if he was informed that he would follow the DPH recommendation. During an interview on 1/28/2026 at 12:07 PM, the Nurse Practitioner (NP) revealed she saw some of the residents at the facility with vomiting/diarrhea during the outbreak in December 2025. NP stated she was aware of the recommendation to test for Norovirus but declined the recommendation for the residents under her care. NP stated the treatment plan would be the same and the residents were already receiving treatment from the primary care provider. NP stated by the time the recommendation was received from DPH and communicated there were no longer any residents with signs and symptoms.During an interview on 1/29/2026 at 3:16 PM with the Director of Nursing (DON), it was revealed she was not aware that the Infection Preventionist nurse had listed a diagnosis for DPH and should have listed only the symptoms. The DON confirmed the physician should have been informed of the DPH recommendation.During an interview on 1/29/2026 at 4:14 PM with the Administrator, it was revealed that she did not know the type of virus in the facility. The Administrator confirmed the report to DPH (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	should have described the symptoms with the treatment prescribed according to the doctor's order.