

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2024
NAME OF PROVIDER OR SUPPLIER Bell Minor Home, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Old Hamilton Place NE Gainesville, GA 30507	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>40475</p> <p>Based on interviews and observations, the facility failed to ensure a safe and secure environment free from accident hazards by not keeping cabinets locked in the shower rooms on A and B Halls that contained cleaning supplies, toiletries, and disposable razors. This failure had the potential to harm two of 15 sampled residents (R) R13 and R14 that wandered the facility.</p> <p>Findings include:</p> <p>Observation of the shower room on A Hall on 9/4/2024 at 9:10 am revealed that the cabinet containing the following items, shaving cream, disposable razors, deodorants, cleaning solution, shampoos, body lotions was opened and unlocked. Further observation revealed the lock hanging on the right door of the cabinet without a key present.</p> <p>Observation of the shower room on B Hall on 9/4/2024 at 9:15 am revealed the cabinet containing the following items, deodorants, shave cream, men's cologne, disposable razors, shower gel, shampoos, lotions, hair spray, and wound cleanser was unlocked. There was no lock observed on either door of the cabinet or in the shower room.</p> <p>During an observation on 9/4/2024 at 9:25 am in the shower room on A Hall with Licensed Practical Nurse (LPN) BB, the LPN verified the cabinet in the shower room on A Hall was unlocked. He stated that the lock was broken, and they would have to get another one.</p> <p>During an observation on 9/4/2024 at 9:30 am in the shower room on B Hall with the Certified Medical Assistant (CMA-Tech) CC, the CMA-Tech CC verified the cabinet in the shower room on B Hall was unlocked, and verified there was no lock present.</p> <p>In an interview with the Director of Nursing (DON), the Assistant Director of Nursing (ADON) and the Minimum Data Set (MDS) Coordinator on 9/5/2024 at 2:55 pm, the DON stated that they currently had three residents who were not receiving showers; one was due to surgical wounds/dressings that could not get wet and two were hospice residents who refused to shower. She further stated that they do not have any residents who shower independently.</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2024
NAME OF PROVIDER OR SUPPLIER Bell Minor Home, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Old Hamilton Place NE Gainesville, GA 30507	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the DON on 9/9/2024 at 9:45 am who stated that she was not aware that the cabinets in the two shower rooms were not locked. She stated that at some point, staff must have realized that the keys were lost, and that staff maybe had maintenance to break the locks, but did not let anyone in Administration know. She further stated that the cabinets were to remain locked after showers were given.</p> <p>On 9/9/2024 at 10:10 am, the facility's policy was requested by the survey regarding how shower rooms and supplies were maintained from the Administrator however, the policy was not received prior to exit.</p> <p>In a post telephone interview with the Administrator on 9/10/2024 at 11:55 am, he stated the facility currently had two residents who wander about the facility. He stated, the residents seldom go into other residents' rooms and usually just wander in the hallways.</p>