STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115025	A. Building B. Wing	07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glenwood Health Center by Harborview	4115 Glenwood Rd Decatur, GA 30032

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (continued on next page)

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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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations, staff interviews, and review of the facility policy titled, Abuse, Neglect and Exploitation, the facility failed to protect the residents' right to be free from sexual abuse by another resident for two of seven sampled residents (R) (R2 and R3). Specifically, R2 was seen touching the breast of R3. Findings include:Review of the facility policy titled Abuse, Neglect and Exploitation with an implementation date of 3/1/2022 and a revision date of 7/1/2024 revealed under the section Protection of Resident: The facility will make efforts to ensure all residents are protected from physical and psychosocial harm, as well as additional abuse, during and after the investigation. Examples include but are not limited to: . (C) increased supervision of the alleged victim and residents.1. Review of the Facility Reported Incident (FRI) dated 11/3/2024 revealed while in the dining room, R2 was seen touching the breast of R3. Review of the admission record for R2 revealed admission to the facility with diagnoses of but not limited to essential (primary) hypertension, type 2 diabetes mellitus with diabetic amyotrophy, unspecified sequelae of unspecified cerebrovascular disease, iron deficiency anemia, unspecified, hyperlipidemia, unspecified, constipation, atherosclerotic heart disease of native coronary artery without angina pectoris (, personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits, other psychoactive substance dependence, uncomplicated, major depressive disorder, recurrent, moderate, muscle weakness (generalized) other symbolic dysfunctions, cognitive communication deficit, other lack of coordination, other fatigue, other abnormalities of gait and mobility, hypokalemia, unspecified glaucoma, unspecified lack of coordination, unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.Review of the Minimum Data Set (MDS) dated [DATE] showed that R2 has a Brief Interview for Mental Status (BIMS) score of 99, indicating that resident's cognitive impairment could not be scored. A review of the MDS dated [DATE] showed a BIMS score of 3, indicating severe cognitive impairment.Resident is also care planned for having a psychological well-being problem (actual or potential) related to unwanted physical contact with another resident. Interventions included allow resident to answer questions and to verbalize feelings perceptions, and fears. Intervention was initiated on 8/30/2024.Further review of the care plan for R2 showed that resident has displayed behaviors that include inappropriate sexual contact with female residents (squeezing female breasts). Interventions included assess resident's coping skills and support system. Assess resident understanding of situation and allow time for the resident to express self and feelings towards the situation. Do not seat resident around others who could disturb them. Let physician know if any of resident's behaviors are interfering with daily living. Offer resident something they like as a diversion. When negative behaviors begin, remove resident from current activity; return/resume when behavior subsides.A review of the progress notes for R2 dated 11/10/2025 showed a progress note stated that R2 was still inappropriately touching staff during medication pass.A review of the progress notes for R2 dated 12/6/2024 revealed, This note is to provide accurate details to the observations with the residents this am. Resident was seen from afar reaching toward another resident while sitting next to them in his wheelchair. Upon, approaching the residents, the resident was only observed touching the other residents coat. The resident was redirected and moved to another resident. Both residents continued about their normal activity.During the initial tour of the facility on 7/16/2025 at 3:15 pm, R2 and R3 were both observed in activities in the main dining room. R2 was sitting at the table and R3 was observed in the doorway to the dining room sitting in a wheelchair. An attempt was made to interview R2, but resident was confused and could not be interviewed.During an observation on 7/28/2025 at 12:22 pm R2 was observed sitting at dining room table and R3 was sitting right beside R2. Staff was not near, but were passing trays to other residents.Information was requested in reference to the monitoring of R2 after the incident occurred until he was seen by psych (psychiatric) services. As of 7/29/2025, no information was received. Also, information was requested in relation to what measures had been taken to ensure that other residents were kept safe. No information was received as of 7/29/2025, prior to survey exit.2. A review of the admission record for R3 showed that resident was admitted to the facility with diagnoses of but not limited to injury, unspecified, initial encounter, displaced intertrochanteric fracture of unspecified femur, initial encounter for closed fracture, fracture of lateral orbital wall, right side, initial encounter for closed fracture, fracture of orbital floor, right side, initial encounter for closed fracture, displaced intertrochanteric fracture of right femur, initial encounter for closed fracture, unspecified speech disturbances, maxillary fracture, right side, initial encounter

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. (continued on next page)

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on staff interviews, record review, and review of the facility policy titled, Transfer and Discharge (including AMA (against medical advice), the facility failed to have an effective discharge planning process in place for one (R13) of three residents reviewed for discharge. Specifically, the facility failed to ensure that R13, who required wound care services, was referred and accepted for services prior to discharge. Findings include:Review of the facility policy last revised 7/1/2024, titled Transfer and Discharge (including AMA) documented under Policy Explanation and Compliance Guidelines:.14. Anticipated Transfer or Discharges.c. Orientation for transfer or discharge must be provided and documented to ensure safe and orderly transfer or discharge from the facility, in a form and manner that the resident can understand. d. Assist with transportation arrangements to the new facility and any other arrangements as needed.Review of the electronic medical record (EMR) for R13 revealed admission to the facility with diagnoses that included but was not limited to heart failure, acute respiratory failure, type 2 diabetes and acute hematogenous osteomyelitis (infection and inflammation of bone and bone marrow).Review of R13's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/24/2024 indicated the facility assessed R13 to have a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R13 was cognitively intact. Review of R13's Order Audit Report dated 11/27/2024 documented R13 to be discharged home with home health agency (HHA), Social Worker (SW), Skilled Nursing (SN) Wound Care, Physical Therapy (PT) and Occupational Therapy (OT) on 11/29/2024.Review of R13's Order Audit Report dated 12/5/2024 documented R13 may be discharged on 12/6/2024 to a homeless shelter with discharge instructions and medications. The facility will provide R13 with a wheelchair, seat cushion, leg rest and bedside commode. An outside medical provider will provide wound care services to R13's left toe.Review of a Social Services progress note dated 12/5/2024 documented the Social Worker (SW) spoke with the durable medical equipment (DME) company and was told that R13's insurance had not been active since 7/1/2024. Another insurance was obtained and the DME company was unable to verify. It was attempted to utilize R13's Medicaid insurance, however he did not have any benefits. The SW spoke with the Rehab Director and permission was granted for R13 to keep the wheelchair he had been utilizing while at the facility.Review of R13's Discharge Planning Assessments signed by R13 on 12/5/2024 documented R13 was discharged with their medications and orders. It was documented that R13 was instructed to follow up with their primary care provider (PCP), however there was no information listed for PCP contact information. Discharge assessment also did not document if R13 was educated on how to care to their left foot wound or who to reach out to if in need of care.Interview on 7/24/2025 at 10:36 am with the SW, the SW stated they were responsible for setting up discharges to the community. The SW stated she would bring up the discharge in the morning meeting and ensure outside referrals were set up prior to residents being discharged . The SW stated upon the day of discharge nursing staff were responsible for performing the discharge and providing the paperwork and medications to the resident or resident representative. The SW stated on the day of discharge the nurses were responsible for ensuring the paperwork was complete. The SW stated the nurses would complete the paperwork, and they were also providing the residents with their medication at that time. The SW stated resident families were followed up with about a day or two prior to discharge date to ensure that they were aware and well informed. The SW stated they entered their discharge orders prior to the actual discharge date .Interview on 7/28/2025 at 3:00 pm with the Administrator revealed their expectations for their discharge orders and discharge assessments to reflect the residents' actual discharge information and referrals with the correct information at the time of discharge.Follow up interview on 7/28/2025 at 3:15 pm with the SW, they revealed they did not update R13's discharge order or discharge assessment to indicate that the resident did not have skilled nursing services set up for wound care following discharge due to an insurance concern. The SW stated the discharge order/assessment should have been updated to reflect that R13 was educated on how to do his wound care, provided supplies to do such, and was instructed to go to the emergency department for further treatment if needed.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations and staff interviews, the facility failed to ensure the vents directly over the food preparation areas were free from dirt and debris and failed to prevent flies from contaminating the prepared food. This failure has the potential to affect 194 residents that consume the food prepared in the kitchen. Findings include:During an observation on 7/22/2025 at 11:25 am, a fly was observed on a carton that was sitting on the food preparation station/area.Further observation of the kitchen on 7/22/2025 at 11:30 am revealed a mold-like substance in one of the drop-in ceiling tiles. The Dietary Manager (DM) stated the dampness and condensation were from the air conditioning.Observation on 7/22/2025 at 11:39 am, there were three dirty vents directly over the food preparation areas that had build-up of dirt and debris. During an observation on 7/22/2025 at 11:37 am, another fly was observed in the kitchen preparation area. This fly was on a box of potato pearls. At 11:42 am, an additional fly was observed flying over the dinner rolls. At 11:47 am, two flies were observed hovering over the cooked meatloaf, one next to the container of salt.During an interview on 7/22/2025 at 11:58 am, [NAME] AA said, It's the summertime and it's hard to keep the flies out, especially when the doors are open and closed. There was a fly zapper close to the back door. The fly zapper was unplugged. It was plugged back in and the fly catcher was now illuminated.Observation on 7/22/2025 at 11:59 am, the back door was propped open with a rock.Interview on 7/24/2025 at 9:11 am with the Maintenance Director (MD) revealed they had been working on patient safety and hadn't really been in the kitchen yet. The MD continued to say he was not sure who was supposed to be taking care of the vents. When asked what the vents looked like, he thought they looked like wear and tear rather than dirt and debris. Additionally, when asked about the substance on the tile, the MD stated it looked like mold, but it wasn't. It would have been tested to confirm mold.Interview on 7/29/2025 at 9:27 am with the Administrator, they provided a sheet named Monthly Kitchen Vent Cleaning Schedule. There was no date to indicate the day or year of the cleaning.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and review of the facility's policy titled, Documentation in Medical Record, the facility failed to keep accurate medical record for one of 27 sampled residents (R) (R7).Findings include:Review of the facility's policy titled Documentation in Medical Record dated 3/1/2025 revealed under 4. a. False information shall not be documented. 4. b. Documentation shall be accurate, relevant and complete, containing sufficient details about the resident's care and/or responses to care. A review of the Electronic Medical Record (EMR) for R7 revealed an original admission diagnoses of but not limited to type II diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma, acute kidney failure, cellulitis of left lower limb, hypertension, chronic diastolic (congestive) heart failure, hypothyroidism, bipolar disorder, stage III chronic kidney disease, gout, hyperlipidemia, acute osteomyelitis (left ankle and foot), morbid obesity and sarcopenia (the gradual loss of muscle mass, strength and function).Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed R7 had a Brief Interview for Mental Status (BIMS) score of 12, indicating R7 was moderately cognitively impaired.Review of R7's Resident/Family Education dated 4/18/2025 revealed resident educated on the importance of complying with oxygen orders when experiencing shortness of breath.Further review of R7's Summary of Skilled Services dated 4/18/2025 revealed Resident received up in wheelchair. Resident experiencing shortness of breath. Resident has current orders for oxygen via nasal canula at 2 liters per minute. Resident non-compliant, and received education on importance of remaining compliant with oxygen orders while experiencing SOB (shortness of breath), and is currently on O2 (oxygen) as ordered. Resident displays no s/s (signs/symptoms) of shock or distress. Received all medications PO (orally) as ordered with no adverse effects. Currently in room, call light in reach.Review of R7's Physician's orders revealed R7 did not have a physicians' order for oxygen.In an interview on 7/23/2025 at 3:01 pm, the Director of Nursing (DON) revealed R7 never had a physician's order for oxygen.In an interview on 7/23/2025 at 3:39 pm, the DON stated that R7 had congestive heart failure (CHF) so if he had SOB, R7 would have to be sent out to the hospital for evaluation. The DON reviewed the writer of the note and the staff that wrote the note was written up for false documentation. The staff was suspended on 4/25/2025 and subsequently demoted after she came back. She went from Unit Manager to medication cart nurse. She was terminated 5/19/2025.