STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115044	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Azalea Health Center by Harborview	1600 Anthony Road Augusta, GA 30904

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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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on record review, resident and staff interviews, and review of the facility policies titled Resident and Family Grievances and Resident Council, the facility failed to follow up on complaints expressed by residents (R) during the Resident Council meetings. This deficient practice had the potential to place the resident's concerns at risk of not being addressed by the facility. Findings include:Review of the facility policy titled Residents and Family Grievances, with a reviewed/revised date of 03/01/2025 included, Policy Explanation and Compliance Guidelines: . 2. The Grievance Official is responsible for overseeing the grievance process; receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances; issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations. 10. Procedure: e. The Grievance Official, or designee, will keep the resident appropriately apprised of progress towards resolution of the grievances.Review of the facility policy titled Resident Council, revised February 2021, included . 6. A Resident Council Response Form will be utilized to track issues and their resolution. The facility department related to any issues will be responsible for addressing the item(s) of concern.Review of the Resident Council meeting minutes dated September 2025 through April 2026 revealed no documented follow-up to the residents' complaints discussed in the meetings.During an interview on 04/22/2026 at 2:22 PM, with members of the Residents Council, Resident (R) R5, R15, R24, R36, R39, and R40 stated they were not aware of follow-ups on complaints discussed during the Resident Council meetings.In an interview on 04/23/2026 at 1:25 PM, the Activities Director stated that the Resident Council meets monthly, and the residents express concerns and needs of the facility. She stated that she documented the notes on the forms, but was unaware of what the minutes meant. She stated that if any complaints or grievances were filed, she would take them to the social worker, who would follow up. She stated she had not documented grievances.In an interview on 04/23/2026 at 2:37 PM, the Social Services Director stated she had not received grievances from the Resident Council meetings.In an interview on 04/23/2026 at 5:57 PM, the Administrator stated she expected any Resident Council follow-up to be captured correctly. She further revealed that the residents should be notified of the outcome.

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff and family interviews, and review of the facility policy titled, Notification of Changes, the facility failed to ensure they notified the responsible party of one of one resident (R) 101 who was reviewed for falls in the facility. Findings were:A review of the facility policy titled, Notification of Changes, reviewed/revised date 04/1/2024 documented, The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification. Compliance Guidelines: The facility must inform the resident, consult with the resident's physician and/or notify the resident's family member or legal representative when there is a change requiring such notification.Review of the electronic medical record (EMR) revealed resident(R)101 was admitted to the facility on [DATE] and pertinent diagnoses including but was not limited to infection and inflammatory reaction due to internal left hip prosthesis, subsequent encounter and unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.Review of R101 quarterly Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status (BIMS) of 99, which indicates R101 had severe cognitive impairment.Section GG, functional status, revealed R101 required extensive assistance for activities of daily living (ADLs) with one/two or more-person assistance.Interview on 04/20/2026 at 12:39 PM with the responsible party (RP) of R101 revealed R101 had a fall at the facility. The RP stated she was never informed of the fall.Interview on 04/23/2026 at 4:19 PM with the Director of Nurses (DON) revealed R101 had an un-witnessed fall on the 02/11/2026. The fall should be documented in the progress notes and it was documented that [unknown name] was called. DON further revealed the follow up should have been completed by the nurse. Interview on 04/23/2026 at 4:53 PM revealed the Licensed Practical Nurse (LPN) JJ on Unit 2 and 3 revealed she does recall R101 had a fall. LPN JJ revealed the resident did not fall on her shift. She further stated she was not sure who unknown name was. She revealed she was told verbally when she came in that there was a fall but there was no report in the system of who discovered the fall.Interview on 04/23/2026 at 5:40 PM with LPN Unit Manager KK revealed that KK could not remember what happened. He stated he probably opened the form to start the report. He stated he did not know the procedure of how to complete an exception report. Interview on 04/23/2026 at 5:57 PM with the Administrator, the Administrator revealed that if a resident had a fall all responsible parties (physician, families and Administrator) should be notified. She revealed she is able to drive the follow ups. The charge nurse who is present is responsible for documenting the fall. The fall should be discussed in their clinical meeting. There should always be follow up.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and review of the facility policy titled, PASARR the facility failed to ensure one of one resident (R)71 reviewed for Preadmission Screening and Resident Review (PASARR) level two, actually received a level two screening. Findings include:Review of the facility policy titled, Resident Assessment - Coordination with PASARR Program with a reviewed/revised date of 03/1/2025 documented, Policy: The facility coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs.Review of the electronic medical record (EMR) revealed resident (R71) was admitted to the facility on [DATE] and pertinent diagnoses including but was not limited to volvulus, acquired absence of other specified parts of digestive tract, schizophrenia, unspecified, major depressive disorder, recurrent, unspecified, type 2 diabetes mellitus without complications, and diarrhea, unspecified.Interview on 04/23/2026 at 4:09 PM with the Social Services Director revealed doesn't know why R71 does not have a level 2 unless she was overlooked. The Social Services Director further revealed she did not realize R71 had a diagnosis of Schizophrenia.Interview on 04/23/2026 at 4:19 PM with the Director of Nursing (DON) revealed that when a resident does have mental health (MH) issues, the expectation is that the resident would receive the medication and services they required.Interview on 04/23/2026 at 5:57 PM with the Administrator revealed a PASARR level 2 is a must based on that diagnosis.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to provide needed activity of daily living tasks such as baths and other grooming task for three out of 10 sampled residents (R) (R16, R26 and R83). This deficient practice has the potential to cause emotional harm for each resident along with the potential to cause skin integrity issues for two of three residents.Findings include: 1.Review of the policy titled Resident Rights, revised February 2021, documented, 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to a. a dignified experience b. be treated with respect, kindness, and dignity e. self-determination. Review of the electronic medical record (EMR) revealed resident R16 was re-admitted to the facility on [DATE] and pertinent diagnoses including but was not limited to Acute Cystitis With Hematuria, Weakness, Hyperkalemia, Dysphagia, Unspecified, Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side. Review of R16 quarterly/ annual/ significant change Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 05, which indicates R16 has severe cognitive impairment. Section GG, functional status, revealed R16 required extensive assistance for activities of daily living (ADLs) with one/two or more-person assistance. Personal hygiene substantial/maximal assistance); Dependent in all other areas. Mobility: substantial/maximal assistance and dependent in all areas attempted. Review of R16 care plan dated 03/17/2026 indicated a problem of R16 needs assist with grooming, bathing, and personal hygiene r/t: Inability to care for themselves , Mobility impairment, S/P Hospitalization, CVA with left sided weakness. Goals included but not limited toR16 will improve current level of physical functioning by next review and Staff will provide all ADL care through next review. Interventions included but not limited to Intervention: Assistive devices enablers, wheelchair; Bathing assist of dependent x1 staff; Bed enablers to assist with bed mobility and positioning; Bed mobility assistance of partial/moderate x1 staff; Call bell within reach and reminders to use it as needed; Dressing assistance substantial x1 staff; Eating assist of supervision or touching assist x1 staff; Encourage choices with care; Locomotion assistance of dependent x1 staff; Monitor and report changes in physical functioning ability; Monitor and report changes in ROM ability; Nail care as needed; Personal Hygiene assistance of dependent x1 staff; Praise efforts at participation; PT/OT to tx as indicated; Toileting hygiene dependent on assistance x1 staff; Transfers -dependent with hoyer lift x2 person; Use Enhanced Barrier Precautions (EBP). Observation on 04/21/2026 at 10:21 AM of R16 revealed R16 has facial hair. Observation on 04/22/2026 at 2:00 PM revealed R16 attending the Resident Council meeting fully clothed and with facial hair on her face. Observation and interview on 04/23/2026 at 3:45 PM with R16 revealed she does have facial hair and does not want it on there and because of how thick it grows, she wants it to be removed daily. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 04/23/2026 at 3:52 PM with certified nursing assistant (CNA) QQ revealed she feels she knows the residents pretty well. When it comes to ADL care she knows she should check the kardex. CNA QQ revealed R16 is not comfortable with the facial hair and it should be removed from her face. Interview on 04/23/2026 at 4:01 PM with Licensed Practical Nurse (LPN) Unit Manager KK Unit Manager revealed he walks up and down the halls daily checking on his residents appearance, mental state, how they eat and other things. He stated he does realize that R16 does grow facial hair and he has assisted her with removing it at least once since she has been here. He further stated after asking her about the care, he did not know she wanted it done daily. Interview on 04/23/2026 at 4:19 PM with director of nursing (DON) revealed she it is her expectation that residents are given privacy with any kind of ADL care and it is expected that they are given their dignity. Expectations for ADLs is patient care is always first, ADLS should always be carried out. When staff come in their focus should be on the resident and if they need assistance there is always someone they can ask. Interview on 04/23/2026 at 5:57 PM with the Administrator revealed she expects ADL care to be done and it can affect her dignity if it is not done. 2.A review of the Facility's Resident's Right's Policy (Policy) implemented on March 1, 2022 and revised on February 1, 2025 states under the Policy Explanation and Guidelines Section that all direct care and indirect care staff members will receive education on the rights of residents, and that training topics will be appropriate to the individual's role. A review of the Facility's Activities of Daily Living (ADLs) Policy (Policy), implemented on March 1, 2022 and revised on July 15, 2025 showed that the facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. This Policy further stated that Care and Services will be provided for the following activities of daily living: 1. Bathing; 2. Dressing; 3. Toileting; 4. Eating to include meals and snacks; and 5. Using speech, language or other functional communication systems. On 04/20/26 at 2:26 PM, an interview with resident (R)83 revealed that she has been at this facility since March (2025), and has only had four baths. On 04/21/26 at 1:57 PM, a review of the red (Nursing) Station Two Shower Book revealed the following information: R83 is scheduled to receive Showers on the night (7pm-7am) shift on Tuesday, Thursday, and Saturdays.There was no documentation to support that R83 received her showers as scheduled. There was missing documentation on the bath sheets. On 04/21/26 at 2:03 PM a phone call to R83's complainant revealed that the complainant was not available to answer the phone. On 04/22/2026 at 4:00 PM, a review of R26 and R83's care plan reads as follows: Resident needs assistance with bathing, grooming, and personal hygiene related to mobility impairment. Range of Motion (ROM) limitations status post hospitalization, Self Care Impairment. On 04/22/2026 at 6:10 AM, an interview with Med-Tech AA revealed that in addition to medication pass, AA stated that she also served as CNA when there are callouts and part of her role as CNA (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	entails changing resident's sheets or cleaning bed, passing ice to residents. When asked how often does resident sheets gets changed, AA stated everyday. On 03/22/2026 at 11:15 AM, an interview with the R26 revealed that the CNA gave her a bath this morning at approximately 10:00am. Per resident, prior today, she would go weeks without receiving a bath. On 04/23/2026 at 2:07 PM, an interview with the Director of Nursing (DON) and the Facility Administrator confirmed that the Facility is utilizing agency staff. Per the DON, they are only using agency staff for the CNAs, and they have not utilized agency nursing staff. The DON added that staff are aware to give resident baths according to the bath schedule or when requested by the resident. On 04/23/2026 at 2:45 PM, an interview with the Social Worker (SW) revealed that she handles complaint and grievance follow-ups. Per SW, she has known R26 for 15 years, and knows that resident has psychiatric problems. The SW also stated that the resident makes true allegations and false allegations

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, record review, and review of the facility's policy titled FingerNails/Toenails,Care of the facility failed to obtain a podiatry appointment for one resident (R) (R87) of 36 sampled residents. This deficient practice had the potential to cause R87 unnecessary discomfort and decreased quality of life. Findings includeReview of the facility's policy titled Fingernails/Toenails, Care of, last reviewed April 23, 2026, revealed the section titled General Guidelines stated, 6. Stop and report to nurse supervisor if there is evidence of ingrown toenails, infection, pain, or if nails are too hard or thick to cut with ease. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Section C (Cognition) documented a Brief Interview for Mental Status (BIMS) score of 15 (indicating intact cognition), and Section GG (Functional Abilities and Goals) revealed R87 was dependent on staff for most Activities of Daily Living (ADL).An interview on 04/21/2026 at 10:22 AM, R87 asked about seeing the Podiatrist to get her nails clipped and stated she was told that staff would take care of it, but no one came to talk to her about it. She stated that she is a diabetic and needed a podiatrist to trim her toenails. Observation of R87's feet revealed thick and long toenails.An interview on 04/23/2026 at 12:35 PM with Certified Nursing Assistant, (CNA) PP revealed she informed the nurse when she identifiesd a need for a resident to see a Podiatrist. CNA PP stated that she informed a nurse that R87 needed to see a Podiatrist. CNA PP stated she had also informed the Social Services Director(SSD) that R87 asked to see her about making a podiatry appointment.An interview on 04/23/2026 at 1:05 PM, R87 revealed she spoke with appointment/supply clerk (MM) who was supposed to make an appointment for her to see the Doctor to get her toenails cut. An interview on 4/23/2026 at 4:41 PM, with MM revealed that she had spoken with R87, about making an appointment to the podiatrist. She confirmed that the resident had never been seen by a podiatrist since her admission. During an interview on 04/23/2026 at 4:48 PM, the Director of Nursing and Administrator stated that their expectations are for any resident that need specialized services to get those services without waiting.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observations, staff interviews, and review of the facility policy titled, Medication Storage the facility, failed to ensure that one of three medication carts which had a medication bottle and a medication cup with medication inside was secure when left unattended and out of the site of the nursing staff. The deficient practice had the potential to allow residents and/or visitors unauthorized access to medications.Findings include:A review of the facility policy titled, Medication Storage with a reviewed/revised of 03/1/2025 documented, Policy Explanation and Compliance Guidelines: 1. General Guidelines c. During a medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart.Observation on 04/20/2026 at 2:27 PM revealed a medication cart that was unattended and unlocked. On top of the medication cart there was a bottle of medication as well as a medication cup which had two loose pills in the cup. There was no nursing staff in proximity of the cart nor in the hallway.Interview on 4/20/2026 at 2:27 pm Licensed Practical Nurse (LPN) KK revealed medication should not be left out on the medication cart.LPN KK further revealed the resident he was going to give the medication to needed to get insulin checked first. He took the resident back in the room leaving the medications on the cart.Interview on 04/20/2026 at 3:08 PM with the Director of Nursing (DON) revealed medications should not be left unattended on the med cart. The expectation is for when the medications are taken out they should be given to the resident. Interview on 04/20/2026 at 3:46 PM with the Administrator revealed that is not the standard of practice.