STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115132	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Abercorn Rehabilitation Center	11800 Abercorn Street Savannah, GA 31419

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 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 observation, staff interviews, and review of the facility's policies titled Food Storage Principles, the facility failed to ensure opened food items in the walk-in cooler/freezer were labeled and dated. In addition, the facility failed to discard one food item by the expiration date. This had the potential to affect 80 residents receiving oral diets from the kitchen. Findings Include:Review of the Food Storage policy, revised 11/14/2025, documented under procedure 1. Train employees regarding proper food storage procedures. 5. Label opened food items with ?Date Opened.' Observation and interview with the Dietary Manager (DM) on 02/24/2026 at 9:05 am, revealed inside the freezer there was a bag of what appeared to be meat that was labeled with a prepared date of 2/8 without a use by date, a bag of meat that was not labeled or dated, and an item labeled Chix with a prepared date of 1/28/2026. The Dietary Manager confirmed that all of the items should be labeled with an open date, and a use by date.Observation and interview with the DM on 2/24/2026 at 9:45 am, revealed inside the refrigerator was a box of Ready Care Apple Juice without an open date and a bottle of Kikkoman Soy Sauce without an open date. The DM confirmed they should be labeled with an open date. The DM confirmed all items should be labeled with a delivery date and open date and he has done training on labeling and dating.

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interviews and review of the facility policy titled Hand Washing/Hygiene, the facility failed to ensure that staff were washing or sanitizing their hands while passing out lunch trays to the residents. The deficient practice had the potential to place residents at risk for infections from cross contamination.Findings include: Review of the Hand Washing/Hygiene Policy, revised 8/2023, documented Procedure. 3. The Centers for Medicare and Medicaid State Operations Manual indicates that hand hygiene should be performed: (d), before and after assisting a resident with meals. Observation of dining on 02/25/2026 at 12:10 PM, revealed the residents were brought into the dining area and sat at the tables without washing their hands. The residents were not offered wet wipes, hand sanitizer, or soap and water by facility staff. The staff were also observed not washing or sanitizing their hands in between serving trays, staff did not satanize hands before opening straws or passing out drinks. Observation of dining on 02/26/2026 at 12:20 PM revealed that staff were not sanitizing their hands in between passing out residents' trays during lunch meal service. Interview on 02/26/2026 at 12:45 PM with Certified Nursing Assistant (CNA) AA revealed that she tries not to touch the residents' food, and it is not necessary to sanitize her hands in between passing out trays. Interview on 02/26/2026 at 2:15 PM with the Infection Prevention Specialist confirmed that staff should be sanitizing their hands in between trays and they should also sanitize hands before passing out drinks.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observations, resident and staff interviews, and record review, the facility failed to develop a person-centered, comprehensive care plan for one resident (R) (R102) of 43 sampled residents. Specifically, the facility did not develop a care plan for R102 for oxygen (O2) therapy. The deficit practice had the potential to place R102, at risk for medical complications, unmet needs, and a diminished quality of life.Findings Include:A request for a Care Plan policy was made on 02/26/2026 at 2:30 PM and 3:00 PM and was not provided by the facility prior to survey conclusion. Review of R102's Electronic Medical Record (EMR) revealed diagnoses including, but not limited to, chronic atrial fibrillation, and chronic kidney disease, stage 2.Review of R102 's Clinical Physician Orders revealed an order dated 09/15/2025 for O2 at 2 liters per minute (LPM) continuously via a nasal cannula (NC) Review of R102's Comprehensive Care Plan, reviewed 02/24/2026 revealed no documented care plan for oxygen use.Observations on 02/25/2026 at 9:44 AM and 10:09 AM revealed R102 receiving O2 by an O2 concentrator via NC at a flow rate of 1.00 LPM. In an interview on 02/26/2026 at 1:45 AM, the MDS Coordinator confirmed there was no care plan area for oxygen and confirmed the physician orders for O2 at 2.0 LPM.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to ensure that two bathrooms (one shared bathroom between room [ROOM NUMBER] and 14, and one private bathroom room [ROOM NUMBER]) had water temperatures under 120 degrees Fahrenheit and two resident rooms (Room TB 045A and Room TB 053A) were free of chemicals from a total of 54 rooms. The deficient practice increased the risk to residents for burns and other injuries. Findings include: 1. Observation on 02/24/2026 at 11:42 AM in Room TB 045-A revealed that there was one pressurized aerosol container stored on the bedside table in the resident's room. Observation on 02/24/2026 at 1:04 PM of Room TB 053-A revealed that there were two pressurized aerosol containers and two liquid disinfectant solution containers stored on the bedside table in the resident's room. Second Observation on 02/25/2026 at 12:18 PM of Room TB 045-A bedside table revealed that the one pressurized aerosol container was still located on the bedside table in the resident's room. Second Observation on 02/26/2026 at 12:35 PM of Room TB 053-A bedside table revealed that the two pressurized aerosol containers and two liquid disinfectant solution containers were still located on the bedside table in the resident's room. Third Observation on 02/25/2026 at 10:57 AM of Room TB 045-A bedside table revealed that the one pressurized aerosol container was still located on the bedside table in the resident's room. Third Observation on 02/26/2026 at 11:03 AM of Room TB 045-A bedside table revealed that the two pressurized aerosol containers and two liquid disinfectant solution containers were still located on the bedside table in the resident's room. Interview on 02/26/2026 at 11:07 AM with Certified Nursing Assistant (CNA) AA, verified that the pressurized aerosol containers and the liquid disinfectant solution containers were on the bedside tables and that they were not supposed to be in the residents' rooms. Interview on 02/26/2026 at 11:17 AM with the Director of Nursing (DON) confirmed the pressurized aerosol containers and the liquid disinfectant solution containers were on the bedside tables and that they were not supposed to be in the residents' rooms. The DON immediately remove the items from the bedside tables. Interview on 02/26/2026 at 1:25 PM with the Infection Preventionist (IP) confirmed that the pressurized aerosol containers and the liquid disinfectant solution containers were not supposed to be in the residents' rooms and that staff received education regarding pressurized aerosol containers and liquid disinfectant solution containers. The IP stated that the items had been removed. 2. Review of the Minimum Data Set (MDS) for resident (R) (R35), dated 12/25/2025, revealed that Section C (Cognitive Patterns) documented R35 had a Brief Interview for Mental Status (BIMS) score of 03, indicating severe cognitive impairment. Section GG (Functional Abilities) revealed that R35 needed moderate assistance for shower/bathing, toileting, and supervision to walk ten feet. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Minimum Data Set (MDS) for R14, dated 02/07/2026, revealed that Section C (Cognitive Patterns) documented R14 had a Brief Interview for Mental Status (BIMS) score of 07, indicating severe cognitive impairment. Section GG (Functional Abilities) revealed R14 needed moderate assistance for toileting hygiene, shower/bathing, and supervision/touch assistance to walk ten feet. Review of the Minimum Data Set (MDS) for R63, dated 11/26/2025, revealed that Section C (Cognitive Patterns) documented that R63 had a Brief Interview for Mental Status (BIMS) score of 06, indicating severe cognitive impairment. Section GG (Functional Abilities) revealed that R63 was dependent for all activities of daily living care. Review of the Minimum Data Set (MDS) for R52, dated 02/12/2026, revealed that Section C (Cognitive Patterns) documented R52 had a Brief Interview for Mental Status (BIMS) score of 03, indicating severe cognitive impairment. Section GG (Functional Abilities) revealed that R52 was dependent for all activities of daily living care. Review of the Minimum Data Set (MDS) for R9, dated 12/08/2025, revealed that Section C (Cognitive Patterns) documented R9 had a Brief Interview for Mental Status (BIMS) score of 14, indicating little to no cognitive impairment. Section GG (Functional Abilities) revealed that R9 required maximal assistance for lower body dressing. Review of the Minimum Data Set (MDS) for R22, dated 01/05/2026, revealed that Section C (Cognitive Patterns) documented R22 had a Brief Interview for Mental Status (BIMS) score of 15, indicating little to no cognitive impairment. Section GG (Functional Abilities) revealed that R22 had supervision for oral care and independent with wheelchair mobility 150 feet with two turns. An observation on 02/25/2026 at 8:20 AM revealed that the water in private bathroom sink in room [ROOM NUMBER] felt hot. An observation on 02/25/2026 at 8:21 AM revealed that the water in shared bathroom sink between room [ROOM NUMBER] and 14 felt hot. An observation and interview with Maintenance Director (using the maintenance thermometer) on 02/25/2026 at 8:33 AM revealed the water temperature was 127.6 degrees Fahrenheit (F) in the shared bathroom between room [ROOM NUMBER] and 14. The Maintenance Director revealed that he did not have a digital thermometer. He obtained a thermometer from the Interim Director of Nursing (DON). In room [ROOM NUMBER] there were two residents that were dependent for care. In room [ROOM NUMBER] there were two residents one left resident (R9) was discharged to the hospital, and the other resident required supervision to ambulate ten feet and moderate assistance with toileting and shower. An additional observation and interview with Maintenance Director (using the maintenance thermometer) on 02/25/2026 at 8:35 AM revealed the water temperature was 128.4 F for private bathroom in room [ROOM NUMBER]. In room [ROOM NUMBER], R22 was able to self-propel herself in her wheelchair. R35 was dependent for all activities of daily living care. Interview with the Administrator on 02/25/2026 at 10:00 AM confirmed the facility staff are checking temperatures hourly and reviewing previous audit temperature logs. The Administrator stated we were not aware of the high temperatures in the bathroom sink between room [ROOM NUMBER] and (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	14, and in the private bathroom in room [ROOM NUMBER]. The Administrator stated the Maintenance Director turned the boiler temperature down. The Administrator confirmed the last time he reviewed water temperature audit logs was last Friday. He stated the staff complete Angel (observation) rounds, which included checking water temperatures and the Maintenance Director checked water temperatures daily in random rooms. An interview with the Maintenance Director on 02/25/2026 at 10:11 AM confirmed that he was using a dual laser targeting infrared thermometer when checking water temperatures (a thermometer with a trigger). Observation in the boiler room with the Maintenance Director revealed the temperature was previously 138 F for the secondary tank and currently the temperature was 125 F. He stated the circulating pump was not large enough to support the facility. The circulating pump allows for continuous hot water throughout the building. Observation with the Maintenance Director on 02/25/2026 at 10:25 AM, revealed the temperature of the private bathroom sink water in room [ROOM NUMBER] was 115.9 F with the thermometer. Observation with the Maintenance Director on 02/25/2026 at 10:27 AM for the shared bathroom between room [ROOM NUMBER] and 14 revealed the water temperature with the thermometer was 113.9 F. An interview with the Administrator on 02/25/2026 at 10:28 AM revealed there were no burn incidents of either residents or nursing staff. An interview with the Ombudsman on 02/25/2026 at 11:11 AM revealed there were no reported hot water issues or burns. An interview with the Social Worker on 02/25/2026 at 10:29 AM revealed that no grievances filed and no reported burns related to hot water temperatures An interview with the Interim Director of Nursing (DON) on 02/25/2026 at 10:30 AM revealed that she was not aware of any burns or injuries to residents or staff. The Interim DON confirmed there were no concerns about hot water, and she does not check water temperatures. An Interview with the Maintenance Director on 02/25/2026 at 1:10 PM confirmed that he does not keep temperature logs for the boiler (hot water tank) or the commercial storage tank (secondary tank). An interview with the Administrator on 02/26/2026 2:21 PM revealed that the water should be in the required temperature range and the Maintenance Director will continue to monitor temperatures.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observations, staff interviews, record review, and review of the facility policy titled Oxygen Administration, the facility failed to ensure that oxygen (O2) was administered according to physician orders for one of six residents (R) (R102) reviewed for oxygen administration. This failure had the potential to place R102 at risk of respiratory complications and unmet needs.Findings include:Review of the facility policy titled Oxygen Administration, revised 08/2023, documented a resident will need oxygen therapy when hypoxemia (low oxygen in blood) occurs. Pulse oximetry monitoring and clinical examination determine the adequacy of oxygen therapy. The resident's disease, physical condition, and age will help determine the most appropriate method of administration.Review of R102's Electronic Medical Record (EMR) revealed diagnoses including, but not limited to, chronic atrial fibrillation, and chronic kidney disease, stage 2.Review of R102 's Clinical Physician Orders revealed an order dated 09/15/2025, for O2 at 2 liters per minute (LPM) continuously via a nasal cannula (NC.) Observations on 02/25/2026 at 9:44 AM and 10:09 AM revealed R102 receiving O2 from an O2 concentrator via NC at a flow rate of 1.00 LPM. Observation with Interview on 02/26/2026 at 12:03 PM with LPN BB confirmed that R102 oxygen concentrator machine was set at 1.0 LPM and should be set for a flow rate of 2.0 LPM as needed (PRN.) LPN BB stated that she did not look at the levels because his oxygen level was at 99 percent when she entered the resident's room during her rounds with him earlier. The LPN verified the physician order for O2 flow rate at nurses' station and returned to the room and changed the flow rate setting to 2.0 LPM at 12:06 PM.In an interview on 02/26/2026 at 1:25 PM, the Director of Nursing (DON) confirmed that R102 received O2 at the wrong flow rate, which did not follow the physician orders.

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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 observation, staff interviews, and facility policy titled, Medications Storage Room, the facility failed to ensure one of four medication carts and two of three medication rooms were free of expired medications. This deficient practice had the potential to place residents at risk of receiving expired medications.Findings include:A review of the facility's policy titled Medication Storage Room, updated 06/28/2024, documented under section Medications: . that discontinued or expired medications are not present, and medications packages are properly labeled, including expiration date.Observation and interview with LPN Unit Manager KK on 02/25/2026 at 2:09 PM revealed that in a red bin in the Transitional Care Unit (TCU) hallway medication room were two 1000 milliliter intravenous bags of 0.45 percent sodium chloride with the outer protective covering removed. The bags were not labeled or dated. An interview with LPN Unit Manager KK confirmed that the bags were not labeled, and she did not know how long they were out of the outer covering.Observation and interview with LPN Unit Manager KK on 02/25/2026 at 2:21 PM, in the Central Supply room (where all over the counter medications are stored) revealed there were three bottles of Pro Sight vitamin and mineral supplements containing an expiration date of 11/2025. LPN Unit Manager KK confirmed all three bottles were expired. Observation of TCU bottom cart on 02/25/2026 at 2:52 PM, revealed Nepro (renal supplement formula) expired on June 1, 2025. Novolog FlexPen Insulin syringe did not have an open or expiration date. Latanoprostat ophthalmic solution eye drops did not have an open or expiration date. Interview with Registered Nurse (RN) DD on 02/25/2026 at 3:00 PM confirmed that the Nepro was expired, Novolog flex pen did not have an open or expiration date, and Latanoprostat did not have an expiration or open date. She stated the Latanoprostat box had not been opened and confirmed it should be in the refrigerator. Interview with the Director of Nursing (DON) on 02/25/2026 at 4:00 PM revealed that nurses and unit managers are responsible for medication carts which consist of checking the carts weekly for expired medications, medication are labels, and cleanliness. The Scheduler/Central Supply individual was responsible for stocking the over-the-counter medications. The DON stated Nurses are responsible to confirm a medication was not expired before placing on the medication cart. She stated Nurses manage intravenous medications and fluids and that bags are only viable for 24 hours after protective the covering was removed. The DON confirmed Nepro expired on June 1, 2025, and Latanoprostat eye drops and Novolog Flex pens should be labeled with an open and expiration date. The DON confirmed three bottles of ProSight (vitamin and mineral supplement) expired on 11/2025. An interview with Central Supply HH on 02/26/2026 at 10:44 PM confirmed that three bottles of ProSight (vitamin and mineral supplement) were expired. She stated that they were an oversight, she stocks them with the new inventory in the back, and the older inventory is moved to the front of the storage shelf.An interview with Clinical Pharmacy Director (CPD) on 02/26/2026 12:41 revealed that intravenous fluids are good for 30 days after the outer protective covering has been removed and the protective outer covering will have a label attached if the bag belongs to a specific resident. The CPD stated IV fluids are pulled first from the medication dispensing unit then IV fluids are obtained from the stock of fluids if additional fluids are required. The CPD confirmed that Dextrose with normal saline was the last thing pulled in the last 30 days and does not know when the 0.45 percentage sodium chloride was opened.