STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115144	A. Building B. Wing	03/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverdale Center for Nursing and Healing	315 Upper Riverdale Road Riverdale, GA 30274

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. Based on record review, staff interviews, and review of the facility policy titled MDS 3.0 Completion, the facility failed to complete a Minimum Data Set (MDS) comprehensive assessment for one resident (R) (R70) out of 57 sampled residents.Findings include: Review of the facility policy titled MDS 3.0 Completion, with a reviewed/revised date of 10/2025, revealed the Policy Explanation and Compliance Guidelines section included 1. According to federal regulations, the facility conducts initially and periodically a comprehensive, accurate, and standardized assessment of each resident's functional capacity, using the RAI specified by the State. 2. c. Annual Assessment - a comprehensive assessment completed using an ARD no >366 days from the most recent prior comprehensive assessment and no >92 days from the most recent quarterly assessment (counting ARD to ARD). Review of R70's electronic medical record (EMR) admission Record revealed an admission date of 02/18/2024, with diagnoses including, but not limited to, bradycardia, epilepsy, and vascular dementia. Record review for R70 Clinical-MDS revealed the facility last completed a full comprehensive MDS assessment on 01/24/2025. An interview on 03/14/2026 at 1:57 PM with MDS Coordinator II revealed that a comprehensive assessment was not completed for R70 in February 2026. She stated that the previous MDS Coordinator failed to complete the comprehensive assessment for R70. The MDS Coordinator stated she will complete R70's annual comprehensive assessment. An interview on 03/14/2026 at 2:10 PM with the Administrator stated that the MDS department should follow the Resident Assessment Instrument (RAI) Manual for guidance. An interview on 03/15/2026 at 10:00 AM with the MDS Coordinator II explained that the facility has a system in place to ensure assessments are conducted in accordance with the specified timeframes for each resident. MDS Coordinator II stated that when a resident is admitted to the facility, an entry tracking assessment is completed, and further MDS assessments are driven by the resident's insurance (payor source) type. She stated that the MDS department should refer to the MDS Clinical List, and that, under the MDS tab, it will identify which assessment and when it is due.

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility policy titled MDS 3.0 Completion, the facility failed to accurately reflect the status on the Minimum Data Set (MDS) assessments for two of 57 sampled residents (R) (R70 and R1). Findings include: Review of the facility policy titled MDS 3.0 Completion, with a reviewed/revised date of 10/2025, revealed the Policy section included, Residents are assessed, using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan. 1. Review of R70's electronic medical record (EMR) admission Record revealed an admission date of 02/18/2024, with diagnoses including, but not limited to, bradycardia, epilepsy, and vascular dementia. Review of the quarterly MDS assessment for R70, dated 01/19/2026, revealed that section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 2 (indicating severe cognitive impairment). Section J (Health Conditions) documented that the resident was assessed as having no falls. Review of the Facility Incident Form Report dated 12/06/2025 revealed that R70 fell, was unresponsive, did not respond to commands, 911 was called, and the resident was transported to the hospital. The unwitnessed fall was substantiated. In an interview on 03/14/2026, R70 stated he had fallen in the past and had gone out to the hospital once. The resident stated he has not had any recent falls. In an interview on 03/14/2026 at 10:55 AM, Licensed Practical Nurse (LPN) JJ stated R70 had sustained two unwitnessed falls. She stated the resident was sent out to the hospital in December 2025 for a fall and possible seizure activity. In an interview on 03/14/2026 at 1:57 PM, the MDS Coordinator confirmed that R70 had a fall on 12/06/2025. She confirmed that, in the quarterly MDS assessment on 01/19/2026, Section J falls was not accurately coded for R70. The MDS Coordinator stated she would make the necessary correction to R70's quarterly MDS assessment of 01/19/2026. 2. Review of the facility's EMR revealed R1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including, but not limited to, peripheral vascular disease. Review of the quarterly MDS assessment for R1, dated 12/18/2025, revealed that section C (Cognitive Patterns) documented a BIMS score of 15 (indicating intact cognition). Section P (Restraints and Alarms) documented R1 used bed rails daily. Review of the care plan for R1, dated 12/21/2025, documented no focus area for the use of restraints. Review of the physicians' orders for R1 documented no order for restraints. Observation on 03/13/2026 at 10:31 AM revealed R1 lying in bed. Observation revealed there were no bed rails on R1's bed. Observation on 03/14/2026 at 8:40 AM revealed R1 sitting up in bed watching television. Observation (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	revealed there were no bed rails on R1's bed. Observation on 03/15/2026 at 1:31 PM revealed R1 in his room watching television and listening to music. Observation revealed there were no bed rails on R1's bed. In an interview on 03/14/2026 at 8:44 AM, R1 stated that he did not have bedrails on his bed and was able to transfer without them. In an interview on 03/14/2026 at 8:49 AM, the MDS Coordinator confirmed that the MDS assessment for R1, dated 12/18/2025, incorrectly documented the use of bedrails. She stated that if there were no bed rails on the bed, the MDS should not document that the resident used bed rails. In an interview on 03/14/2026 at 9:36 AM, Unit Manager (UM) GG stated R1 did not use bed rails. She stated that an audit was recently conducted on residents with and without bedrails, and the results were given to the MDS Coordinator to update the residents' MDS. She confirmed there were no physicians' orders for bed rails for R1, and that R1 did not need or use bedrails. In an interview on 03/15/2026 at 11:56 AM, the Administrator stated her expectations were for the MDS assessments to be timely and accurate. She stated that the facility conducted a bedrail in February 2026, and the audit results were sent to her and the MDS Coordinator.