

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2026
NAME OF PROVIDER OR SUPPLIER Orchard View Rehabilitation & Skilled Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8414 Whitesville Road Columbus, GA 31907	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, staff interviews, and review of the facility's policy titled, Food Service Policy and Procedure, the facility failed to ensure opened food items in the dry storage were properly stored, food items were properly labeled, dated, and discarded by expiration date, and failed to remove food items containing a gray thick fuzzy substance in the refrigerators for four of six kitchens (Main Kitchen, Rehabilitation Kitchen, Meadows Terrace Kitchen, and Garden View Kitchen). The facility also failed to ensure the filters were free from thick gray fuzzy substance for two of two ice machines in the Main Kitchen. Also, the facility failed to ensure staff members' personal belongings were not stored in the residents' dry storage, refrigerators and freezers for four of six kitchens (Rehabilitation Kitchen, Meadows Terrace Kitchen, Grove Terrace Kitchen, and Garden View Kitchen). Further, the facility failed to ensure the Dietary Manager (DM) and dietary aides were wearing proper hair and beard covering. The deficient practices had the potential to affect all 150 facility residents who were all receiving an oral diet. Findings include: Review of the facility's policy titled Food Service Policy and Procedure dated 2025 revealed in the section Personal Hygiene documented a hair and facial hair restraints such as hair nets, soft ball caps (with covered tops) disposal paper hats will be worn whenever performing task in production areas and throughout the prep and kitchen areas. Food handlers with facial hair should also be wearing a beard restraint. In the section Reviewing and Storing perishable, non-perishable food, and dry storage documented products will be labeled the day they were received, and stocked will be rotated, each item will be labeled with the months, day, and year. Products arrive at each facility with the best used by dates. Products will be stored in cooler and freezer between uses. During a walk-through observation on 03/06/2026 at 7:37 AM of the Main Kitchen with the DM revealed one Dietary Aide (DA) FF was at the three compartment sink without a hairnet and beard guard covering hair, DA GG was handling fish at the meat sink without a beard guard covering, and the DM was observed without a beard guard covering throughout the initial tour. Continued tour in the Main Kitchen revealed the walk-in refrigerator contained expired lettuce with the date 03/01/2026. The dry storage room revealed a Pork Roast Gravy Mix was not properly stored and labeled, and the ice machine filters contained a thick gray fuzzy substance. During a tour on 03/06/2026 at 8:11 AM with the DM in the Rehabilitation Kitchen revealed DA II did not have on a beard covering. Further observation of the kitchen revealed two blocks of cheese, lettuce and tomatoes, and unknown food items wrapped in aluminum foil, not labeled. Continued observation in the country kitchen area revealed staff member's beverages and a lunch container growing green and gray fuzzy substance on food items located in the resident's refrigerator, and staff members personal cups and food items in the cabinets. The DM stated the staff members were not supposed to store their food and beverages in the resident's area. During a tour on 03/06/2026 at 08:29 AM in the Meadows Terrace Kitchen with the DM revealed pancakes were expired with a written date of 02/10/2026, unknown item in aluminum foil not labeled, a frozen corn dog in the freezer not properly stored or labeled, and a bag of French toast sticks not labeled. In addition, dietary staff personal belongings were found in the residents' dry storage area and refrigerator. During a tour on 03/06/2026 at 8:44 AM with the DM in the Grove Hall Kitchen revealed staff members personal belongings were (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: 115146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2026
NAME OF PROVIDER OR SUPPLIER Orchard View Rehabilitation & Skilled Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8414 Whitesville Road Columbus, GA 31907	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>stored in the dry storage area. During a tour on 03/06/2026 at 8:44 AM with the DM in the Garden View Kitchen revealed French toast sticks not labeled in the refrigerator. During an observation on 03/07/2026 at 11:08 AM in the Garden View Kitchen revealed DA II was not wearing a beard guard. During an interview on 03/07/2026 at 12:32 PM with the DM confirmed the protocol was to wear hair and beard coverings at all times. He continued to state the expectations for the food items should be labeled and dated, and they used a first in and first out method and that should be followed. Further, the DM stated employees' items should not be stored in the resident area. During an interview on 03/07/2026 at 12:30 PM with the Director of Nursing (DON), she revealed the employees should not be using the residents' kitchen to store their personal items. During an interview on 03/08/2026 at 9:45 AM with the Maintenance Director, they confirmed they were the ones that changed the filter in the ice machine and the filter was supposed to be changed every six months.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2026
NAME OF PROVIDER OR SUPPLIER Orchard View Rehabilitation & Skilled Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8414 Whitesville Road Columbus, GA 31907	

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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observations and staff interview, the facility failed to ensure perishable waste was disposed properly and free from a leak to prevent infestation or spread of infection for one of two garbage dumpsters. This failure had the potential to affect all 154 facility residents. Findings include: During an observation on 03/06/2026 at 8:04 AM and 03/07/2026 at 10:43 AM of the garbage disposal revealed a leak of brown liquid substance draining from an exposed hole on the side of the compact garbage dumpster. Continued tour of the garbage revealed blue gloves, plastic drink can, cardboard, plastic container tops, plastic bags, and cigarette butts around the dumpster grounds. During a walk-through observation and interview on 03/07/2026 at 12:55 PM with Maintenance Tech JJ and Director of Nursing (DON) revealed the garbage should be cleaned on a daily basis and it was deep cleaned once a month. During an interview on 03/08/2026 at 9:45 AM with the Maintenance Director confirmed the dumpster grounds should be cleaned out daily and checked by the end of the day to ensure the grounds were clean.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2026
NAME OF PROVIDER OR SUPPLIER Orchard View Rehabilitation & Skilled Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8414 Whitesville Road Columbus, GA 31907	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, record review, and review of the facility policy titled, Self-administered medications, treatments, the facility failed to ensure medications were not left at the bedside of three of 51 sampled residents (R) (R7, R124, and R57) who were not assessed for medication self-administration. This deficient practice had the potential to place R7, R124, and R57 at risk for the unsafe use of medications and for other residents, staff and visitors to have access to medication. Findings include:</p> <p>Review of the facility policy titled Self-administered medications, treatments dated October 2020, revealed self-administration of medications or treatments by residents is permitted by a physician order that includes dosage, route, and any special instructions. The policy included, The RN (registered nurse) Manager assesses resident competency to self-administer medications and documents the resident's wishes in the nurses' notes.</p> <p>1. Review of the electronic medical record (EMR) for R7 revealed diagnoses that included, but not limited to, metabolic encephalopathy, pneumonia, unspecified organism, spinal stenosis cervical region, and type two diabetes without complications.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed R7 had a Brief Interview of Mental Status (BIMS) score of 10, indicating moderate cognitive impairment.</p> <p>Review of the Physician's Orders for R7 revealed no order for over-the-counter medication for nasal spray, saline enema, or analgesic cream. There also was no order for self-administration of medication for R7.</p> <p>During an observation and interview on 03/06/2026 at 8:40 AM in R7's room, nasal spray was found sitting next to the resident on her bedside table, also, a bottle of saline laxative and a tube of analgesic cream was found on the resident's dresser.</p> <p>Interview on 03/07/2026 at 10:23 AM with the Assistant Director of Nursing (ADON) confirmed the medications in the room and informed R7 that the items would have to be removed and removed them.</p> <p>Interview on 03/07/2026 at 10:26 AM with the Director of Nursing (DON) revealed that R7 should not have had nasal spray, a saline enema, or analgesic cream by her bedside and that all those medications were removed on 03/06/2026. The DON confirmed there was no order for those over-the-counter medications and that the resident was not assessed for self-administer of medications.</p> <p>2. Review of the EMR revealed R124 was admitted to the facility with pertinent diagnoses including but were not limited to pleural effusion, atelectasis, cardiomegaly, atherosclerotic heart disease, aortic stenosis, ascites / cirrhosis and obesity.</p> <p>Review of R124's MDS assessment dated [DATE] revealed a BIMS score of 14, which indicates R124 was cognitively intact.</p> <p>Review of R124's care plan revealed no care plan in place for self-administration of medication. (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2026
NAME OF PROVIDER OR SUPPLIER Orchard View Rehabilitation & Skilled Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8414 Whitesville Road Columbus, GA 31907	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 03/06/2026 at 9:31 AM and 4:27 PM revealed a roll-on cooling pain relief product was present at the bedside and the over-the-counter topical pain product was within the resident's reach.</p> <p>Interview/Observation on 03/07/2026 at 10:59 AM revealed roll-on cooling pain relieving gel had been removed from the resident's room. The resident was unsure where the medication had been taken. R124 confirmed that she used the roll-on cooling pain relieving gel independently.</p> <p>Interview on 03/7/2026 at 11:18 AM with License Practical Nurse (LPN) BB confirmed that the roll-on cooling pain relieving gel should not be in R124's room and that there were no orders for self-administration.</p> <p>Interview on 03/7/2026 at 11:38 AM the DON confirmed that over-the-counter medications should not be kept in R124's room, including the roll-on cooling pain relieving gel. The DON reported that nurses' complete room rounds daily.</p> <p>Review of the EMR revealed R57 was admitted to the facility with pertinent diagnoses including but were not limited to anxiety disorder, urinary tract infection, hypertension and peripheral vascular disease.</p> <p>Review of R57's quarterly MDS assessment dated [DATE] revealed BIMS score of 15, which indicates R57 was cognitively intact. Section GG, functional status, revealed R57 was independent for activities of daily living (ADLs) and completes the activity by herself with no assistance</p> <p>Record review of R57 care plan revealed that there was no care plan for self-administration of medication.</p> <p>Review of the physician orders for R57 revealed no physician orders for self-administration of medication.</p> <p>Observation and interview on 03/06/2026 at 8:38 AM and at 4:15 PM with R57 revealed Artificial Tear Eye Drops at bedside. R57 confirmed that she used eye drops independently.</p> <p>Interview/Observation on 03/7/2025 at 10:45 AM with R57 reported that her eye drops were no longer in her room. She confirmed that she uses eye drops and that License Practical Nurse (LPN) AA removed them from her room this morning.</p> <p>Interview on 03/07/2026 at 10:55 AM with LPN AA confirmed that she removed the Artificial Tear Eye Drops from the R57's room. She stated that R57 did not have orders to self-administer medication, and therefore the eye drops should not have been left in the room.</p> <p>Interview on 03/07/2026 at 11:38 AM with DON confirmed that over-the-counter medications should not be kept in the R57's room, including the eye drops.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2026
NAME OF PROVIDER OR SUPPLIER Orchard View Rehabilitation & Skilled Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8414 Whitesville Road Columbus, GA 31907	
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on record review, staff interviews, and review of the facility policy titled, Psychotropic Medications, the facility failed to ensure a stop date was implemented, not to exceed 14 days, for psychotropic medications for one of 51 sampled residents (R) (R58). Findings include: A review of the facility policy titled Psychotropic Medications with no date, revealed that as-needed (PRN) psychotropic drugs should be extended beyond 14 days unless the attending physician or prescribing practitioner evaluates the patient for the appropriateness of that medication. A review of R58's physician (MD) orders dated 02/06/2026 revealed an order for 1 mg (milligram) of Klonopin (clonazepam) by mouth every 24 hours as needed (PRN). The order had no stop date. A review of the Medication Administration Record (MAR) revealed R58 was administered Klonopin (clonazepam) 1 mg PO (by mouth) every 24 hours as needed on 02/10/2024 at 2302 (11:02 PM), 02/11/2026 at 2221 (10:21 PM), 02/13/2026 at 2200 (10:00 PM), 02/14/2026 at 2332 (11:32 PM), 02/16/2026 at 0443 (4:43 AM), 02/17/2026 at 2207 (10:07 PM), 02/19/2026 at 0021 (12:21) AM, 02/23/2026 at 2046 (8:46 PM), 02/24/2026 at 2158 (9:58 PM), 02/26/2026 at 0624 (6:24 AM), 02/27/2026 at 2130 (9:30 PM), and 03/03/2026 at 0006 (12:06 AM). During an interview with the Assistant Director of Nursing (ADON) on 03/07/2026 at 8:18 AM, she explained that the pharmacy usually notified the facility if a stop date had not been assigned to a resident's psychotropic medication. She acknowledged that there was no stop date for R58's Klonopin, which should have had a 14-day stop date. She stated that this was an oversight. During an interview with the Director of Nursing (DON) on 03/8/2026 at 10:35 AM, she stated that Unit Managers were responsible for ensuring that all PRN psychotropic medications had a 14-day stop date. She added that the pharmacist would also notify the facility if a stop date was required for any medication. The DON acknowledged that R58 did not have a 14-day stop date assigned to their PRN Klonopin medication, which should have been implemented.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2026
NAME OF PROVIDER OR SUPPLIER Orchard View Rehabilitation & Skilled Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8414 Whitesville Road Columbus, GA 31907	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to ensure a comprehensive person-centered care plan was developed for two of 51 sampled residents (R) (R9 and R8). This deficient practice had the potential to place R9 and R8 at risk of not receiving care and services in accordance with their needs. Findings include:</p> <p>A review of the facility policy titled Care Plan Policy, last reviewed September 2025, revealed under Procedure: .2. It is the responsibility of the Care Plan Coordinator to assess a resident's status and ensure that the resident's care plan is updated to reflect any changes based on the resident's current condition and needs.</p> <p>1. Review of the electronic medical record (EMR) for R9 revealed admission on [DATE]. Review of diagnoses for R9 included, but were not limited to, major depressive disorder and mental disorder.</p> <p>Review of the annual Minimum Data Set (MDS) assessment for R9, dated 06/25/2025, revealed that section N (Medications) documented that the resident received an antipsychotic medication. Section V (Care Area Assessment [CAA] Summary) documented that psychotropic drug use was triggered and antipsychotic medication was administered to the resident in the last seven days or since admission.</p> <p>Review of the care plan for R9 revealed there was no care plan for the use of antipsychotic medication.</p> <p>Review of the physician's orders for R9 revealed an order dated 02/19/2026 for Risperdal oral tablet, give 0.25 milligrams (mg) by mouth every morning and at bedtime, related to major depressive disorder, single episode, severe with psychotic features.</p> <p>Review of the Medication Administration Record (MAR) for R9 dated March 2026, February 2026, and January 2026 revealed that Risperdal was administered as ordered.</p> <p>In an interview on 03/08/2026 at 10:05 AM, MDS Coordinator EE confirmed the annual MDS assessment dated [DATE] for R9 stated the resident received an antipsychotic during the look-back period. She further confirmed that there was no care plan for the antipsychotic medication and stated there should be. She stated care plans should be person-centered to ensure nursing staff were aware of the care the resident needed.</p> <p>In an interview on 03/08/2026 at 11:45 AM, the Director of Nursing (DON) stated that antipsychotic medications should be on the care plan and include individualized goals and interventions for the resident. She stated the care plan provided nursing staff information about the resident and a plan for providing care.</p> <p>2. A review of the Quarterly MDS assessment dated [DATE], Section N (Medications) revealed that R8 received an antipsychotic and antidepressant medication.</p> <p>A review of R8's physician's orders revealed the resident was ordered the following medications: (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2026
NAME OF PROVIDER OR SUPPLIER Orchard View Rehabilitation & Skilled Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8414 Whitesville Road Columbus, GA 31907	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>10/31/25 citalopram hydrobromide Tablet 20 mg by mouth (PO) once per day (QD) for depression.</p> <p>12/3/25 quetiapine fumarate Tablet 50 mg (quetiapine Fumarate) 1 tablet every evening for refractory depression.</p> <p>During an interview with MDS Coordinator EE on 03/07/2025 at 8:25 AM, she acknowledged that R8 was prescribed both an antipsychotic and antidepressant but noted that these medications had not been included in the care plan.</p> <p>During an interview with the Director of Nursing (DON) on 03/08/2026 at 10:35 AM, she stated her expectation that the MDS Coordinators would ensure each resident had a current, individualized care plan. She explained that care areas should include interventions tailored to each resident's care needs, preferences, medication use, and clinical status.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2026
NAME OF PROVIDER OR SUPPLIER Orchard View Rehabilitation & Skilled Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8414 Whitesville Road Columbus, GA 31907	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, record review, and the facility policy titled, Storage and Replacement of Oxygen Equipment, the facility failed to ensure proper storage of oxygen equipment for one of 14 residents (R) (R124) reviewed with oxygen. This deficient practice had the potential to place the resident at risk for cross-contamination and negatively impact the resident's quality of life. Review of the facility policy titled Storage and Replacement of Oxygen Equipment, documented under Policy: It is the policy of Orchard View to assure proper storage and replacement of oxygen equipment for those residents to whom oxygen therapy is prescribed by the physician. Under PROCEDURE: The procedure for accomplishing this includes, but is not limited to, the following. 2. It is the responsibility of the licensed nurse to date, label, and initial the plastic storage bag for containment of the nebulizer when not in use. Review of the electronic medical record (EMR) revealed R124 was admitted to the facility with pertinent diagnoses including but was not limited to pleural effusion, atelectasis, cardiomegaly, atherosclerotic heart disease, aortic stenosis, ascites / cirrhosis and obesity. Review of R124's admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 14, which indicates R124 was cognitively intact. Review of R124's orders dated 03/05/2026 documented Ipratropium-Albuterol Solution 0.5-2.5 (3) MG (milligram)/3ML (milliliter)-3 ml inhale orally every 4 hours as needed for SOB (shortness of breath) or Wheezing via nebulizer (device to dispense respiratory medication) Observation on 03/06/2026 at 9:31 AM and 4:27 PM revealed that the resident's nebulizer was not bagged. The nebulizer equipment (mask, tubing and mouthpiece) was uncovered at the time of the observation, sitting on the nightstand in the resident room. Interview/Observation on 03/7/2026 at 10:59 AM revealed a nebulizer lying on the nightstand in the resident's room. The mask, tubing, and mouthpiece were not bagged. R124 was unsure whether the mask, tubing, and mouthpiece should be bagged. No plastic bag was observed in the resident's room. Interview on 03/7/2026 at 11:18 AM with License Practical Nurse (LPN) BB confirmed that the nebulizer mask, tubing, and mouthpiece should be bagged. Interview on 03/7/2026 at 11:38 AM with Director of Nursing (DON) confirmed that the nebulizer mask, tubing, and mouthpiece should be bagged.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2026
NAME OF PROVIDER OR SUPPLIER Orchard View Rehabilitation & Skilled Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8414 Whitesville Road Columbus, GA 31907	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>Based on observations, staff interviews, and review of facility policy titled, Medication Storage in the Care Center, the facility failed to ensure that expired medications and /or biologicals were not available for resident use in one of five medication storage rooms and failed to ensure medications were secured on one of 9 medication carts on one of three medication carts reviewed. Findings include:</p> <p>The facility policy titled Medication Storage in the Care Center, undated, revealed under Guideline: .Medications supply is accessible to licensed associates or staff members lawfully authorized to administer medications.</p> <p>Observation on 03/7/2026 at 10:14 AM revealed medications on top of an unattended medication cart located in between resident rooms on a hall on the Vineyard View Unit. The medications were prescribed to R130. They were fluticasone furoate and vilanterol inhalation powder and fluticasone propionate nasal spray.</p> <p>Interview and confirmation on 03/07/2026 at 10:16 AM with Licensed Practical Nurse (LPN) BB confirmed the two medications should not have been left on top of the medication cart, rather they should have been stored and secured inside the medication cart.</p> <p>Interview on 03/07/2026 at 10:26 AM with the Director of Nursing (DON) confirmed that no medications should be left unattended on top of a medication cart, rather they should always be stored and locked inside the medication cart.</p> <p>2. Observation of a medication room on 03/07/2026 at 10:49 AM with LPN KK revealed Mucus Relief Guaifenesin 600mg Expectorant with an expiration date of 12/2025. LPN KK confirmed the medication was expired.</p> <p>Interview on 03/08/2026 at 9:30 AM on the Garden View Unit with LPN BB, Charge Nurse and the Nursing Supervisor revealed the medication room was checked weekly by the Unit Secretary and the night shift nurse. The Unit Secretary re-stocked the medication room. If there was an expired medication, it was given to the Unit Manager. If the medication was a narcotic and it was expired, it was given to the DON.</p> <p>Interview on 03/08/2026 at 9:45 AM with the DON revealed the medication room was checked by central supply along with the Unit Secretary and the Unit Manager. The Unit Secretaries were all Certified Medication Assistants (CMAs). The night shift charge nurse checked the medication room for expired medications weekly and the nurse consultant came quarterly to check the medications in the room.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2026
NAME OF PROVIDER OR SUPPLIER Orchard View Rehabilitation & Skilled Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8414 Whitesville Road Columbus, GA 31907	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility policies titled, Infection Control Policy and Glucometer Disinfection, the facility failed to follow infection control procedures for one of 37 Rs (R154) receiving fingerstick glucose testing, to provide a safe and sanitary environment for one of 28 residents (R) (R2) receiving wound care, and one of nine Rs (R9) receiving catheter care. The deficient practices had the potential to increase the risk of infection transmission among residents and staff. Findings include:</p> <p>Review of the facility policy titled Infection Control Policy, undated revealed under section VI Standard Precaution, A. Infection measures that apply to all resident care, regardless of suspected or confirmed infections. B. Measures include: . 4. Environmental cleaning and disinfection a) Routine cleaning and disinfection of frequently touched or visibly soiled surfaces in common areas, resident rooms, and at the time of discharge.</p> <p>Review of the facility policy titled Glucometer Disinfection review/revision date 03/07/2026 revealed under section II Procedures, Use a germicidal disposable wipe to thoroughly clean heavily or visibly soiled glucometers. Dispose of the first wipe and use a second wipe to thoroughly wipe glucometer for 50 seconds. Additional wipe(s) maybe used if needed to assure a continuous wet contact time of 2 minutes. All the Glucometer to air dry before the next use.</p> <p>Review of the facility's policy titled Enhanced Barrier Precautions dated 04/01/2024, revealed the Policy section included, [Corporate name] facilities will implement enhanced barrier precautions (EBP) as required by CMS [Center for Medicaid and Medicare Services] as part of our infection control program. EBP will be used during high contact care activities for residents with infection or colonization with a CDC targeted MDRO [multi-drug-resistant organism] (when contact precautions do not apply or for any resident who has a chronic wound and/or indwelling medical device. The Procedure section included, Use gowns and gloves when providing high-contact care to residents while providing the following types of care: . device care or use: . urinary catheter .</p> <p>1. Observation of fingerstick glucose testing on 03/7/2026 at 10:58 AM with Licensed Practical Nurse (LPN) LL revealed the nurse sanitized her hands and put on gloves; she took the supplies for the fingerstick glucose procedure into R154's room and put them on a clean washcloth that was on the bedside table. The nurse cleaned the resident's finger with alcohol and completed the procedure. Once the procedure was completed the nurse discarded the lancet and other used materials in the appropriate containers. The nurse put the used glucometer on the medication cart without a barrier. The LPN picked up the glucometer, cleaned it with one germicidal wipe and put the wet glucometer on a napkin to dry. The nurse confirmed she put the dirty glucometer on the cart. She cleaned the exposed area on the medication cart and took off her gloves. The LPN did not sanitize her hands. She went back into the resident's room and began pushing her in the wheelchair to the common area.</p> <p>Interview on 03/08/2026 at 9:45 am with the Director of Nursing (DON) revealed staff should wear gloves when disinfecting the glucometer and dispose of sharps in the sharp container. The staff should clean the glucometers. They usually have two machines so while the other was drying from use of the germicidal wipes, the staff should use the clean one. The medication cart should be wiped off in between use of the glucometers.</p> <p>Interview on 03/08/2026 at 9:50 AM with the Infection Control Nurse revealed when using a (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2026
NAME OF PROVIDER OR SUPPLIER Orchard View Rehabilitation & Skilled Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8414 Whitesville Road Columbus, GA 31907	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>glucometer, before going into the resident's room, the nurse would take two cups. One cup was for the clean supplies and one cup for dirty items after the procedure. Once the glucometer was used, the dirty meter was put in one of the cups. The Infection Control Nurse indicated staff would put the barrier down on the medication cart before putting the glucometer down. All glucometers were cleaned the same way.</p> <p>2. Review of the medical diagnoses included diagnoses of, but not limited to, pressure ulcer of sacral region, unspecified protein-calorie malnutrition, hypercalcemia, and Vitamin D deficiency.</p> <p>Review of the electronic medical record (EMR) revealed an annual Minimum Data Set (MDS) assessment dated [DATE] for R2 with a Brief Interview for Mental Status (BIMS) score of 3, which indicates severe cognitive impairment, section GG (Functional Abilities and Goals) indicates R2 is dependent for oral hygiene, toileting hygiene, upper and lower body dressing, personal hygiene, and toilet transfer; substantial maximal assistance - shower/bath; under section M (Pressure Ulcers) revealed 4 stage, 4 pressure ulcers, moisture associated skin damage; pressure reducing device for chair and bed; nutrition and hydration intervention.</p> <p>Observation and interview on 03/08/2026 at 8:45 AM, wound care to the sacral area was completed by the Wound Care Nurse with assistance by the Treatment CNA (Certified Nursing Assistant). Staff wore gowns and gloves, used a bedside table with a clean towel on it to put supplies, changed the soiled dressing and applied vaseline gauze and saline to the wound. The Wound Care Nurse changed gloves after treatment and reapplied the dressing. The Wound Care Nurse sanitized her hands after taking the gloves off. After the procedure the Wound Care Nurse did not take the used towel off the bedside table nor did she sanitize the table. The Wound Care Nurse confirmed she did not take the dirty towel off the bedside table nor did she sanitize the table.</p> <p>During an interview on 03/08/2026 at 9:55 AM with the Infection Control Nurse, she revealed that once the wound care procedure was complete, the bedside table needed to be cleaned.</p> <p>3. Review of the diagnoses for R9 revealed diagnoses including, but not limited to, neuromuscular dysfunction of the bladder, urinary tract infection, and acute kidney failure.</p> <p>Review of the quarterly MDS for R9 dated 11/24/2205 revealed that section H (Bladder and Bowel) documented R9 had an indwelling urinary catheter.</p> <p>Review of the care plan for R9, initiated 09/23/2024, revealed the resident had an indwelling urinary catheter related to diagnoses of neurogenic bladder and urinary retention, and required enhanced barrier precautions. Interventions included providing catheter care every shift.</p> <p>Review of the physician's orders for R9 revealed an order dated 02/19/2026 for catheter care every shift. Further review revealed an order dated 01/15/2026 for EBP.</p> <p>Observation on 03/08/2026 at 09:20 AM revealed that CNA CC performed urinary catheter care for R9. Observation revealed CNA CC requested permission from R9 to perform the care, provided privacy, prepared one wash basin with warm soapy water and one with warm water, gathered supplies, positioned the resident, and performed catheter care. Observation during the procedure revealed that she performed hand hygiene between tasks, changed gloves, and performed hand hygiene between glove changes. Continued observation revealed that she cleaned the catheter from the insertion site outward and cleaned the perineal area from the catheter site outward, using a clean section of the (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2026
NAME OF PROVIDER OR SUPPLIER Orchard View Rehabilitation & Skilled Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8414 Whitesville Road Columbus, GA 31907	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>cleaning and rinsing cloths with each swipe. Observation revealed that CNA CC did not wear a gown for the procedure. Observation of the door to R9's room revealed EBP signage and personal protective equipment (PPE), including gloves, gowns, masks, and face shields in an over-the-door hanging container visible to staff entering the room. The signage instructed staff to wear gloves and a gown for high-contact care, including indwelling urinary catheter care.</p> <p>In an interview on 03/08/2026 at 9:40 AM, CNA CC confirmed she did not wear a gown while performing urinary catheter care for R9. She confirmed the EBP signage and the supply of personal protective equipment (PPE) on the resident's door. She stated that based on the EBP instructional signage, she should have worn gloves and a gown while providing catheter care to R9. She further stated that she typically only wore a gown when providing care to residents with known infections. She stated she did not recall completing any EBP-related education since working at the facility.</p> <p>In an interview on 03/08/2026 at 9:50 AM, Registered Nurse (RN)/Unit Manager (UM) DD stated she expected staff to wear gloves and a gown when providing care that might involve splashes or during insertion of an indwelling device. She stated she would not expect staff to wear a gown when providing only catheter care. She confirmed that the EBP signage on the resident's door instructed staff to wear gloves and gowns when providing high-contact care, including urinary catheter care. She further stated that she was unaware of staff education on EBP.</p> <p>In an interview on 03/08/2026 at 10:50 AM, the DON stated she expected staff to follow the EBP guidelines when providing care to residents with indwelling medical devices. She stated nursing staff should wear gloves and a gown when providing urinary catheter care to prevent the spread of infections from resident to resident. She further stated that PPE and EBP signage were in place on each resident's door who required EBP, and staff were to follow the guidelines. She stated she would provide EBP education to nursing staff.</p>		