

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115262	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2024
NAME OF PROVIDER OR SUPPLIER  Appling Nursing and Rehabilitation Pavilion		STREET ADDRESS, CITY, STATE, ZIP CODE  163 East Tollison Street Baxley, GA 31513	

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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41165</b></p> <p>Based on record review, resident and staff interview, and review of the facility policy titled, Management and Protection of the Resident Personal Fund Account, the facility failed to provide a quarterly financial statement to the resident and/or responsible party (RP) for 66 of 66 residents with trust fund accounts managed by the facility.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Management and Protection of the Resident Personal Fund Account with revision date of June 2, 2021, revealed under Policy Procedure 5. The individual financial record must be available made available through quarterly statements and on request or his/her legal representative.</p> <p>Interview on 6/26/2024 at 7:45 am, with resident (R) R2, he stated that he had never received a quarterly statement for his trust fund account that the facility manages. He stated that if he asks for his balance staff will verbally tell him how much he has in his account, and he can get money whenever he asks.</p> <p>Review of R2 Quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed that he had a Brief Interview for Mental Status (BIMS) score of 15 indicating little to no cognitive impairment.</p> <p>Interview on 6/26/2024 at 7:30 am, with R11 she stated that she has never received a statement of how much money she has in her trust fund account that the facility manages. She stated that social services will tell her how much she has in her account if she asks. She stated that she has never asked for a statement, but she was never given one.</p> <p>Review of R11 Annual MDS assessment dated [DATE], revealed that she had a BIMS score of 15 indicating little to no cognitive impairment.</p> <p>Review of a Trust Fund Account Balances report dated 6/26/2024 revealed that R2 and R 11 currently had a trust fund account being managed by the facility with a positive balance.</p> <p>No documentation was available to indicate that quarterly statements had been issued to R2, or R11 or their responsible parties.</p> <p>(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
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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 6/25/2024 at 9:10 am with the Social Service Director (SSD), she stated that she was responsible for managing the resident trust fund accounts. SSD revealed that she does not have proof that the resident/family are receiving quarterly statements. She stated that residents receive their bank statements every six months. She stated that they can receive statements anytime that they ask for one, but if they do not ask for it, they receive statements every six months.</p> <p>Continued interview with the SSD on 6/26/2024 at 11:20 am revealed that she mails out bank statements every six months to families of residents that are not cognitive, but she does not have any proof that she mailed the statements or any way of knowing if the families received the statements. She stated that she hands the statement to the residents at the facility who are cognitive and she does not have proof of when she hands the statements to the residents at the facility, because she does not keep a list of the statements that she mails, and she does not keep a list of the statements that she hands to the residents. She stated that she delivers the mail early in the mornings and most of the time the residents are asleep, so she places the statements on their bedside tables because she does not want to wake them up.</p> <p>During a follow up interview with the SSD on 6/26/2024 at 12:51 pm, she printed a report from the facility computer system and stated that it shows that she printed the residents bank statements on 3/31/2024. She stated that she mailed most of the statements, and she delivered the rest of the statements to the resident's rooms. She stated that she does not know if the residents saw the statements on their bedside tables, but that is where she placed them.</p> <p>Interview with the administrator on 6/26/2024 at 12:07 pm She stated that bank statements should be issued every three months, quarterly. She stated that she was not aware that the SSD was not giving the statements out quarterly. She stated that she spoke to the SSD yesterday and that was when she was told by the SSD that she was giving the statements out every six months and that she had only given one out since October 2023. The administrator stated that her expectation is for quarterly statements be given out quarterly every three months to all residents and or their responsible parties.</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41165</p> <p>Based on observation, staff interview, record review, and review of the facility policy titled, IDT/Care Plan Activities, the facility failed to develop and implement a care plan for pressure ulcers for one of four residents (R) (R5). The deficient practice had the potential to prevent R5 from receiving care and services to maintain the highest quality of life possible.</p> <p>Findings include:</p> <p>Review of the facility policy titled, IDT/Care Plan Activities, with revision date of 5/1/2019, under Purpose: To evaluate, implement and maintain a thorough plan of care for each resident ensuring that he/she maintains the highest quality of life possible. Under Responsibilities: number 3. Nursing Services d. Update care plans as changes occur and communicate updates with MDS Coordinator and appropriate staff, f. Follows care plans specific to each resident.</p> <p>Review of R5's diagnoses included but not limited to pressure ulcer of left hip, stage 4, pressure ulcer of left heel, stage 2, pressure ulcer of right buttock, stage 4, and multiple sclerosis.</p> <p>Review of R5's quarterly Minimum Data Set (MDS) dated [DATE] revealed Section C-Cognitive Patterns: Brief Interview of Mental Status (BIMS) score of 9 indicating moderate cognitive impairment. Section M-Skin Conditions: Number of Stage 4 pressure ulcers (2), Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry (2).</p> <p>Review of R5's care plans dated with a completion date of 5/16/2024 revealed no care plan in place addressing R5's pressure ulcers.</p> <p>Interview with the Administrator, Director of Nursing (DON), and the Assistant Director of Nursing (ADON) on 6/27/2024 at 3:00 pm revealed the Administrator, DON, and ADON reviewed the care plans for R5 and confirmed that there was not a care plan developed to address R5 pressure areas.</p> <p>Interview on 6/27/2024 at 3:00 pm Administrator stated that R5 should have a care plan to address her pressure ulcers. She stated that her expectations are for R5 pressure ulcers to be care planned with interventions.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41165</b></p> <p>Based on observations, interviews, and review of the facility policy titled, Infection Prevention and Control Program, the facility failed to maintain sanitary and clean conditions related to cross contamination on three of three hallways (A Hall, B Hall, and C Hall). Specifically, the facility failed to ensure the Treatment Cart was cleaned and sanitized after being utilized in residents rooms during wound care treatment, failed to ensure residents foley catheter drainage bags were positioned below the bladder and not resting on the residents bed and linens, and the facility failed to ensure residents positioning equipment was not stored on the floor before use.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Infection Prevention and Control Program, with a revision date of 4/30/2020, under Policy statement: it shall be the policy of Appling Nursing and Rehabilitation Pavilion and entity of Appling Healthcare System to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>Observation on 6/26/2024 at 9:09 am revealed the treatment cart was noted outside of room [ROOM NUMBER] door. LPN AA sanitized her hands, donned gloves, and rolled the treatment cart into the room. LPN AA rolled the treatment cart to the right side of the residents' bed and pushed the cart close to the bed with the cart touching the foley catheter's dignity bag. LPN AA removed the blanket and top sheet from over the resident and placed them on a chair in the room. LPN AA then remove the wedge from behind the residents' back and placed it on the floor near the window. LPN AA removed the foley catheter from the dignity bag and placed it on top of the residents' bed. LPN AA proceeded with wound care, rolled the cart from the right side of the bed over to the left side of the bed with the cart touching the dresser and the left side of the bed. After completion of wound care, LPN AA placed the foley catheter back in the dignity bag, picked up the wedge from off the floor and positioned it behind the residents' left side.</p> <p>Observation on 6/26/2024 at 9:30 am LPN AA pushed the cart out of room [ROOM NUMBER] and pushed it down C Hall and pushed it up against the wall by another resident's room door.</p> <p>Interview on 6/26/2024 at 9:40 am with LPN AA, treatment nurse revealed she rolls the treatment cart from room to room because that is where her treatment supplies are. She stated that some of the residents do not have any room on their bedside table for her to set up supplies. She stated that she takes the treatment cart into every resident's room that she provides treatments for. She stated that she rolls the cart throughout the facility from hall to hall without sanitizing the cart after going in and coming out of resident's rooms. LPN AA stated that she placed the foley catheter on the residents' bed because it is a neutral place for it to be while she is doing her treatments. When asked how the foley catheter should be positioned, LPN AA could not verbalize the position of foley catheters, or that foley catheters should be positioned below the level of the bladder. When asked why she placed the wedge on the floor, LPN AA had no answer.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 6/26/2024 at 10:05 am with the Director of Nursing (DON) revealed the treatment nurse did not have any training on wound care prior to her transition into the position. DON stated that the treatment nurse had as much education on infection control and wound care as any of the other nurses. She stated that her expectation is that she will get the treatment nurse her own bedside table that she can wipe down and sanitize before and after use. She stated that she would provide LPN AA with some education. DON stated that she assumes that the treatment nurse knows that the foley catheter should be positioned below the level of the hip.</p>		