| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115271 | A. Building<br>B. Wing | 12/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Early Memorial Nursing Facility | 11740 Columbia Street<br>Blakely, GA 39823 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, interviews, and review of the facility policy titled Food Storage: Dry Goods and Food Storage: Cold Foods, the facility failed to ensure that food was properly labeled and dated and in sanitary conditions to prevent foodborne illness. This failure had the potential to increase the prevalence and spread of foodborne illness and infection for 79 of 86 residents' receiving meals from the kitchen.Findings include: Review of the Food Policy titled Food Storage: Dry Goods revised 9/2017 and documented under procedures: 6. Storage areas will be neat, arranged for easy identification, and date marked as appropriate. In addition, Food Storage: Cold Foods dated 4/2018 and documented under procedures: 5. All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination.Observation tour with the Dietary Manager on 12/9/2025 at 10:30 am revealed the following concerns:-The cooler was observed with raw bacon and raw sausage that was not labeled or dated.-The pantry was observed with open pasta noodles, open corn bread meal/ batter, open rice, open vanilla wafers in containers and zip lock bags that were not labeled or dated.Interview with the Dietary Manager during the tour on 12/9/2025 at 10:30am, confirmed the items were not labeled or dated. The Dietary Manager immediately discarded all food and the items that were not labeled or dated. The Dietary Manager stated she is responsible for ensuring all food is labeled with open dates and expiration dates to ensure the safety of residents. |

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 0908<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Keep all essential equipment working safely.<br><br>Based on observation, interviews, and policy titled Equipment the facility failed to ensure that foodservice equipment will be clean, sanitary, and in proper working order. The practice has the potential to affect 79 residents of 86.Findings include:Food Policy titled Equipment under procedures number 1. All equipment will be routinely cleaned and maintained in accordance with manufacturer's directions and training materials.A tour with dietary manager on 12/9/2025 at 10:30am revealed the following concerns:1.Observation on 12/9/2025 of the oven revealed that the oven doors would not stay closed without putting a piece of cardboard, or another item at the top of the door.Interview during the tour with Dietary Manager of the kitchen on 12/9/2025 confirmed all surveyor 's identified concerns. She stated that the oven has not been working for a while, it was revealed that it has been repaired before, but the same thing happened again with the oven doors not being able to stay closed without putting something at the top of the door to keep them closed. It was revealed that she will put in another work order to get the oven fixed. |

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| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interviews, and review of the facility's policy titled, Physical Environmental: Electric Equipment, the facility failed to ensure that residents' living areas were safe, clean, comfortable, and homelike in six rooms (Rooms 114, 211, 226, 227, 229, and 303) on one of four halls observed. Specifically, residents' rooms displayed dirty air filters in self-contained heating and air system wall units (PTAC). This failure had the potential to affect patient comfort and safety.<br>Findings include: Review of the facility's policy titled, Physical Environment: Electric Equipment, Copy right 2025 and documented under Policy: The facility will maintain all mechanical, electrical, and patient care equipment in safe operating condition. Procedure: 4. Essential equipment shall be repaired or replaced as soon as practicable. 4. (b) HVAC equipment. Observations of resident rooms on 12/2/2025 from 10:08 am through 11:50 am revealed the following concerns:-Rooms 114, 211, 226, 227, 229, and 303, PTAC units contained heavily coated dusty air filters. Observation and interview on 12/9/2025 at 10:49 am with resident (R) (R3) in room [ROOM NUMBER] revealed that the air filter from the PTAC was covered in heavy dust. R3 verified that the air filters were heavily coated with dust. R3 stated that he couldn't remember when the maintenance guy came to his room and cleaned the filters.Observation and interview on 12/9/2025 starting at 1:41 pm with the Maintenance Director (MD) during walking rounds confirmed the filters in Room's 211, 226, 227, 229, and 303 were dirty/dusty, should not be dirty and that he cleaned or replaced them. He verified that the filters were heavily coated with dust. He stated that he completed a sweep of the building and it was only that one (1) hall out of four (4) halls that needed to be cleaned or replaced. |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and the facility policy titled Comprehensive Care Plans, the facility failed to develop a care plan regarding razor safety for one of 20 residents (R) (R89) reviewed for care plans. This failure had the potential to place R89 and others at risk of injury. Findings include:<br><br>Review of the facility's undated policy titled Comprehensive Care Plans and documented under the Policy Statement: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident. Documented under the Policy Explanation: 3. (a) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.<br><br>Review of the Face Sheet for R86 revealed he was initially admitted to the facility on [DATE] and readmitted on [DATE].<br><br>A review of the admission Minimal Data Set (MDS) for R86 dated 11/3/2025 revealed that Section C (Cognitive Patters) documented a Brief Interview for Mental Status (BIMS) score of 00 indicating severe cognitive impairment. Section I (Active Diagnosis) revealed diagnoses but not all inclusive of Cerebral Infarction Due To unspecified occlusion or stenosis of unspecified cerebral artery.<br><br>A review of R86 comprehensive care plan initiated 7/31/2024 revealed there was no person-centered plan of care developed, with measurable goals and plans related to R86 safely maintaining a razor in his room.<br><br>Observation on 12/9/2025 at 11:50 am revealed R86 asleep lying in bed while a shaving razor and shaving cream were sitting out on the counter unsupervised.<br><br>Observation on 12/9/2025 at 1:50 pm revealed R86 asleep lying in bed while a shaving razor and shaving cream were sitting out on the counter unsupervised.<br><br>Interview on 12/9/2025 at 1:55 pm with LPN CC confirmed that R86 should not have the razor in the room.<br><br>Interview on 12/11/2025 at 2:00 pm with the Administrator confirmed staff should have removed the razors as soon as they were aware of the razors being in the room. The Administrator confirmed maintaining the shaving razor in his room should have been an individualized plan of care. |

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| | 115271 | A. Building<br>B. Wing | 12/11/2025 |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, record review and policy titled Accidents and Supervision the facility failed to ensure that the resident's environment will remain as free of accident hazards for one of five residents (R) (R86) reviewed for accidents. This failure had the potential to place R89 and others at risk of injury. Findings include:Review of the policy titled Accidents and Supervision, Copy right 2025 and documented under policy explanation and compliance guidelines: The facility shall establish and utilize a systematic approach to address risk and environmental hazards to minimize the likelihood of accidents.Review of the Face Sheet for R86 revealed he was initially admitted to the facility on [DATE] and readmitted on [DATE].A review of the admission Minimal Data Set (MDS) for R86 dated 11/3/2025 revealed that Section C (Cognitive Patters) documented a Brief Interview for Mental Status (BIMS) score of 00 indicating severe cognitive impairment. Section I (Active Diagnosis) revealed diagnoses but not all inclusive of Cerebral Infarction Due To unspecified occlusion or stenosis of unspecified cerebral artery.A review of R86 comprehensive care plan initiated 7/31/2024 revealed there was no person-centered plan of care developed, with measurable goals and plans related to R86 safely maintaining a razor in his room.Observation on 12/9/2025 at 11:50 am revealed R86 asleep lying in bed while a shaving razor and shaving cream were sitting out on the counter unsupervised.Observation on 12/9/2025 at 1:50 pm revealed R86 asleep lying in bed while a shaving razor and shaving cream were sitting out on the counter unsupervised.Interview on 12/9/2025 at 1:55 pm with LPN CC confirmed that R86 should not have the razor in the room. Interview on 12/11/2025 at 2:00 pm with the Administrator confirmed staff should have removed the razors as soon as they were aware of the razors being in the room. The Administrator confirmed maintaining the shaving razor in his room should have been an individualized plan of care. |