STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115272	A. Building B. Wing	11/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Joe-Anne Burgin Health and Rehabilitation	321 Randolph Street Cuthbert, GA 39840

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 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** 15650 Based on observation, staff interview, record review, and review of policy titled Elopement the facility failed to ensure the doors leading into the attached vacant hospital were secured to prevent an elopement by one resident (R1) from a sample of six residents. Findings include: Review of the facility policy titled Elopement with a review date of 12/29/2023 revealed the following: The center implements mechanisms and procedures for monitoring and managing patients at risk for elopement to minimize the risk of a patient leaving a safe area without authorization and/or appropriate supervision. R1 was admitted to the facility on [DATE] with the following but not limited diagnoses: schizophrenia, other abnormalities of gait and mobility, muscle weakness, difficulty walking, anxiety disorder and unspecified dementia with other behavioral disturbance. The resident had a Quarterly Minimum Data Set (MDS) assessment completed on 10/15/2024 noted a Brief Interview for Mental Status (BIMS) of 0 indicating the resident had severely impaired cognition, had hallucinations, delusions, verbal behavioral symptoms directed towards others and rejection of care daily. The resident had a care plan since 7/18/2024 for elopement/risk for elopement as evidenced by the resident exited the facility on 10/27/2024, aimless wandering and/or exit seeking behavior since 7/21/2024 and the resident stated they would leave the center on 10/14/2024 with the following interventions: 1:1 supervision while outside, maintain close observation of patient's location, provide activities of interest, redirect as needed and talk to patient in a calm reassuring voice. The resident had an Elopement Risk Assessment completed on 6/27/2024 with a score of 21 indicating the resident above high risk for elopement. The Elopement Risk Assessment completed on 10/27/2024 with a score of 16 indicated the resident was moderate risk for elopement. (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 10/27/2024 Nurses Note revealed the resident was observed walking through by the Nursing Station around 6:50 pm going down the back hallway on Tulip Lane Hallway. The resident went all the way down toward the kitchen way through the double doors and the right side of the door was open. The resident went through the double doors through the kitchen area, then walked through the hospital area and the resident through the front doors of the hospital area. Registered Nurse (RN) AA noticed the resident did not come back down the hallway that went through the hospital area out through the front doors because all the other doors had to have a code put in. All the staff started searching through the kitchen area, hospital area, and through the nursing home area. Some of the staff started looking outside and spotted the resident over in the hospital parking lot walking in front of the hospital. The Certified Nursing Assistant (CNA) brought the resident back in safely. The resident was given a head-to-toe assessment, and the resident did not have any new areas noted on her body. The resident was alert and verbally responsive. No distress noted. No complaints of pain noted. The resident is now walking around doing her usual things. The resident's daughter was called around 8:10 pm and notified about the incident. The doctor was also called around 8:15 pm with no new orders. During an interview with RN AA on 10/30/2024 at 12:30 pm, she stated around 7:15 pm on 10/27/2024 she saw the resident walking up the hall going to the kitchen. She told the resident to come back. At the same time a visitor was at the front door, so she had to go let that person in. When she got back she noticed the resident had not come back so she walked up that way and met the Maintenance Supervisor and asked him to go with her to look for the resident and told the other staff to look for her as well. She stated the door to the hospital/kitchen was open. She stated the resident wasn't missing longer than 10 minutes when she was found in the parking lot across from the hospital entrance. When they walked through the hospital only one of the halls had light. She stated they could see but they had to use the lights on their cell phones. She stated the resident was walking all day long. She stated she has never known the resident to try and get out of the building. She usually just stays in the visitor's bathroom that is in the front of the building, or she is in the front lobby just looking out the window but has never tried to get out. She stated the resident also paces up and down the hallways and a few times has gone in other resident's rooms. She immediately called the Administrator and the DON. During an observation of the double doors leading to the kitchen area and the vacant hospital on 10/29/2024 at 2:20 pm with the Business Office Manager (BOM), the doors were observed to be closed and locked and could only be opened after entering a code. The magnets which hold the double doors open had been removed causing the doors to close. The surveyor and the BOM then walked throughout the vacant hospital which consisted of old patients rooms, a nursing station, surgical rooms and surgical suite, a radiology area, offices and other empty rooms. Although equipment except for some patient beds and furniture had been removed, the majority of the vacant hospital was dark with only certain areas having lights on. The exit doors leaving the hospital were all locked except the main front entrance doors that were unlocked from the inside. During an interview with the BOM at that time, she stated apparently on 10/27/2024 staff did not close the doors once the meal carts were pushed through the double doors and the resident walked through the doors and entered the hospital. She stated they think the resident continued to walk straight through the hospital finding her way to the front main entrance of the hospital and went out the unlocked doors out to the hospital parking lot where she was found by staff. She stated the next morning, maintenance removed the magnets from the double doors so the doors could not be held open anymore. (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 conclusion of the facility's investigation indicated the facility identified the root cause as a door that was held ajar to allow staff passage but was not re-secured. Interventions were put in place to prevent staff from propping secure doors open. Education had been provided to all associates regarding elopement risks and ensuring all exterior doors are securely shut when they enter/exit through them. An ADHOC QAPI meeting was held with the Medical Director regarding investigation findings and interventions and was in agreement with the facility's interventions. The facility will continue to assess residents routinely for elopement risk and implement interventions as appropriate to ensure safety. Routine plant inspections will continue and any safety risk will be addressed immediately upon identification. Review of the Allegation of Compliance that the facility developed following the elopement revealed the following actions were implemented: Beginning 10/27/2024 at 7:30 pm, an accounting for all residents was conducted by the Nurse Managers and charge nurses to ensure all residents were accounted for. 1. Education was provided to nursing staff on duty 10/27/2024 regarding resident's noted wandering and risk for elopement by the Charge Nurse. 2. Education was provided to all other staff by the Administrator for residents' risk for elopement related to wandering and ensuring all exterior doors close completely when entering and exiting the facility, including closure of doors on the hospital side to prevent access without code. 3. All exterior doors were tested to ensure they were closing properly without complication on 10/27/2024 by the maintenance director at 8:00 pm. 4. An Root Cause Analysis (RCA) of how the resident was able to exit the facility, obtained through interviews with staff who may have witnessed the incident, identified an unsecured right door left open to the closed hospital side. 5. Magnets were removed from the doors that lead to the kitchen area so doors would automatically close upon entry/exit and disabled from being braced open with the magnets by the Maintenance Director by 9:00 am on 10/28/2024. Systemic Changes 1. Education provided to staff to not leave doors open and to increase monitoring of patients with elopement risks. I. Review of elopement drills will be provided to associates actively working by the Administrator on 10/28/2024. Associates on leave will be provided education upon return to work duty. Newly hired associates will be provided upon hire. The facility does not utilize agency at this time. II. The DON will provide nursing staff with education on identifying behaviors that increase residents risk for elopement and completing behavior assessments and elopement risk assessments by 11/1/2024. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	III. By 11/1/2024, the facility will complete an elopement risk assessment on all residents to determine whether any changes in baseline have occurred that may warrant additional intervention. Review of the documentation revealed all residents had elopement assessments completed on 10/28/2024. IV. The facility Maintenance Director or designee will start conducting rounds on 10/28/2024 to ensure all exterior doors are secure with concerns every 2 hours x24 hours , every 4 hours x24 hours and then every 6 hours x 24 hours and report findings to the Administrator for QAPI tracking. V. Monitoring was implemented for resident for nursing staff to be aware of her location that included q 30 minute checks x7 hours initially, then tapered to hourly checks during the night from x4 hours. Monitoring was re-evaluated at 7:00 am on 10/28/24 and increased to q 15 minutes checks x8 hours, then q 30 minutes checks x12 hours, then hourly checks x12 hours. 2. The resident was assessed for any possible injury from noted wandering with no injury identified on 10/27/2024 by the Charge Nurse. 3. On 10/27/2024 around 8:00 pm the Charge Nurse notified the resident's daughter of resident wandering and high risk for elopement. Education on risk for injuries related elopement and review of care needs was discussed. 4. A new elopement assessment was conducted on the resident by the DON on 10/27/2024 to aid in identifying any additional behaviors that increase risk for elopement. 5. The elopement notebook at the nurses station was updated to reflect current high elopement risk residents. 6. On 10/27/2024 the charge nurse notified the resident's primary care provider of the wandering behaviors and risk for elopement. 7. The deficient practice door being unsecured leading to the kitchen was due to an associate not detaching the magnet from the right door to close it which allowed the resident to reach an unsecured area of the adjacent building. Magnets were detached from the doors leading to the kitchen area to prevent propping and increasing monitoring of residents with wandering behaviors were the interventions communicated with the Medical Director as part of Ad Hoc QAPI on 10/28/2024 and incorporated the facility's QAPI plan for continued monitoring of compliance and review with the Medical Director at least quarterly for maintenance of compliance standards. 8. The Administrator and Maintenance Director conducted rounds and identified secondary doors beyond the kitchen leading to the hospital side of the building that is not utilized by the facility. These doors have key coded magnet locking mechanisms and were activated and secondary doors secure to limit access to the hospital side of building. These doors are past the point of the doors that provide access to the kitchen side of the building. Utilization/activation of these doors was implemented by the Maintenance Director on 10/29/2024. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of In-service sign in sheets, Elopement Risk Assessments/Clinical Assessment List, Patient Frequent Rounds for Increased Surveillance Related to Wandering Behaviors logs and Door Checks Logs and observations of the exit doors and double doors leading to the hospital revealed the facility's allegation of compliance was implemented with no additional deficient practice identified. The facility indicated that all tasks would be performed by 11/1/2024 but after review all tasks were confirmed to have been performed prior to surveyor entry to the facility on [DATE].