

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115273	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Douglasville Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4028 Hwy 5 Douglasville, GA 30135	

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>21792</p> <p>Based on record review, staff interview, and review of the facility policy titled, Care Plans, the facility failed to include seizure medication in the care plan for one of nine sampled residents (R) (R1) reviewed. The deficient practice had the potential for R1 not to receive treatment and/or care according to their needs.</p> <p>Findings include:</p> <p>Review of the facility policy titled Care Plans revealed under Policy: Each resident will have a plan of care to identify problems, needs and strengths that will identify how the team will provide care.</p> <p>Review of the Medication Administration Record (MAR) form dated February 2025 indicated a medication order for carbamazepine suspension 100 mg (milligrams)/5 ml (milliliters). Give 10 ml via Peg-Tube (feeding tube in abdomen) every 12 hours related to Other Seizures - start date 01/06/2025 2100-D/C (discontinuation) date- 02/07/2025. Further review indicated an order for carbamazepine oral suspension 100 mg/5ml (carbamazepine). Give 10 ml via Peg-Tube every 12 hours for prophylaxis (preventative) relating to other Seizures. Start date 02/19/2025. Review of MAR indicated carbamazepine was discontinued on 2/7/2025. R1 did not receive the carbamazepine 10 mg until 2/19/2025.</p> <p>Review of comprehensive care plan for R1 indicated no care plan goal initiated or implemented related to R1's seizures.</p> <p>Interview on 3/12/2025 at 10:13 am with the Administrator revealed that R1 was without her seizure medication for about four days.</p> <p>Interview on 3/12/2025 at 11:00 am with Nurse Practitioner (NP) AA, she revealed that a check of the MAR for R1 indicated carbamazepine had not been given for seven days.</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>21792</p> <p>Ensure that residents are free from significant medication errors.</p> <p>Based on complainant, family member and staff interviews, record review, and review of the facility policy titled, Prescriber Medication Orders, the facility failed to transfer a medication order and failed to give the medication as ordered for one of nine sampled residents (R) (R1). The deficient practice caused R1 not to receive ordered seizure medication.</p> <p>Findings include:</p> <p>Review of the facility policy titled Prescribed Medication Orders indicated under Procedure: . 2. A. Documentation: Each medication order is documented in the resident's medical record with the date, time, and signature of the person receiving the order.</p> <p>Review of the medical diagnosis for R1 indicated diagnoses but not limited to epilepsy, unspecified not intractable without status epilepticus (2/22/2025), iron deficiency anemia (2/22/2025), other seizures, unspecified, urinary tract infection, site unspecified (2/29/2025), chronic respiratory failure with hypercapnia (12/20/2024).</p> <p>Review of Nurses Note dated 2/14/2025 at 10:32:00 am indicated resident (R1) presents with HR of 140 BP (blood pressure) 140/68 T (temperature) 99.2 O2 Sat (oxygen saturation) 98% (percent) on trach (tracheostomy), noted with projectile vomiting x2, seizure activity, left side of face with slight drooping, skin warm to touch. NP (Nurse Practitioner) and RP (responsible party) notified new orders to send to ER (emergency room) _____ for eval (evaluation) and treatment, resident transported to ER at 9:56 am.</p> <p>Review of Documentation of Employee Discussion Note to File Form dated 2/14/2025 for LPN NN indicated: Describe violation of Department/Company Policy or Procedure that was discussed: Employee failed to follow through with proper medication administration prescribed by MD by removing resident medication from MAR (medication administration record). Employee explains it was a mistake, and medication was placed back onto MAR for administration moving forward. Describe the specific standards that were communicated that must be met directly from Company Policy, Employee Handbook, Collective Bargaining Agreement, etc.: Corrective counseling policy: 2.1-Failure to perform assigned duties in an appropriate manner or at assigned times.</p> <p>Review of the MAR dated February 2025 indicated a medication order for carbamazepine suspension 100 mg (milligrams)/5ml. Give 10 ml via Peg-Tube (percutaneous endoscopic gastrostomy-feeding tube in abdomen) every 12 hours related to Other Seizures - start date 01/06/2025 2100-D/C (discontinue) date- 02/07/2025 1212. Further review indicated an order for Carbamazepine Oral Suspension 100 mg/5ml (Carbamazepine). Give 10 ml via Peg-Tube every 12 hours for Prophylaxis (prevention) relating to other Seizures. Start date 02/19/2025. Review of MAR indicated carbamazepine was discontinued on 2/7/2025. R1 did not receive the carbamazepine 10 mg until 2/19/2025.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of SBAR (situation, background, assessment, and recommendation) Communication Form and Progress Note for RNs (Registered Nurses)/LPNs (Licensed Practical Nurse)/LVNs Licensed Vocational Nurse) dated 2/14/2025 indicated situation: seizure activity, N/V (nausea and vomiting) projectile vomiting, face drooping. Resident/Patient Evaluation: Mental Status Evaluation- Unresponsiveness. Functional Status Evaluation: weakness. Cardiovascular Evaluation: elevated HR (heart rate). Neurological Evaluation-facial drooping. Appearance-Summarize your observation and evaluation: patient seizing, face drooping.</p> <p>Review of _____ lab results drawn on 2/25/2025 for carbamazepine/Tegretol (seizure medication) indicated test within range 4.3 ug/ml (microgram/milliliter)-reference range 4.0-12.0 ug/ml.</p> <p>Interview on 3/12/2025 at 11:00 am with the Nurse Practitioner (NP) AA revealed she was notified by the nurses that resident R1 was vomiting. She revealed that she spoke to R1's daughter and the daughter informed her that R1 usually had that type of behavior if she was having a seizure. She revealed that R1 was already being sent out to the hospital for evaluation as a result of her lab tests, which were abnormal. The daughter wanted to know if R1 had received medications for seizures. The NP AA revealed that R1 was having seizure like activities at that time also. She revealed that a check of the MAR for R1 indicated carbamazepine had not been given for seven days.</p> <p>Interview on 3/12/2025 at 10:13 am with the Administrator revealed that a nurse discontinued the wrong medication by accident. He revealed that R1 was without her seizure medication for about four days. He revealed that R1 was not having a seizure when she was sent out to the hospital. He revealed that R1 was sent out because of a low hemoglobin.</p> <p>Interview on 3/12/2025 at 10:15 am with Unit Manager BB revealed that a review of the MAR for R1 indicated that her seizure medication (carbamazepine) had not been given.</p> <p>Interview on 3/12/2025 at 11:15 am with the Complainant and her brother revealed that the facility called her and said that her mom was experiencing stroke like symptoms. She revealed that Unit Manager BB asked her if R1 had seizures. She revealed that she informed the Unit Manager BB that R1 took seizure medication two times a day. Unit Manager BB informed her that she would look and see. She revealed that she called NP AA and was told that her mother had not had her seizure medication for seven days. She apologized for the medication not being given. She revealed that she was in the health care system and that when R1 arrived at the hospital, there was little to none of the seizure medication in her system. She revealed that the pharmacy at the hospital gave her a copy of the medication list that came from the facility and that her seizure meds and iron medications were missing.</p>		