STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115279	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
High Shoals Health and Rehabilitation	3450 New High Shoals Rd Bishop, GA 30621

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interviews, and record reviews, the facility failed to ensure respiratory equipment was maintained in a clean and sanitary manner for one resident (R) (R20) of 19 sampled residents reviewed for respiratory care. This deficient practice had the potential to expose respiratory equipment to environmental contamination and increased the risk of respiratory complications and infection. Findings include:Review of the electronic medical record (EMR), revealed that R20 was admitted to the facility with diagnoses including, but not limited to, chronic obstructive pulmonary disease (COPD), Alzheimer's disease, and dementia with agitation. Review of the care plan for R20, revealed that the resident had a care plan problem identified as respiratory difficulties/risk for further decline related to COPD. The care plan goal indicated the resident would not require hospitalization as a result of respiratory changes during the review period. Interventions included administering medications and treatments as ordered to address the resident's respiratory condition and maintain respiratory stability.Review of physician orders for R20, revealed an active physician's order for Albuterol Sulfate 2.5 mg (milligrams)/3 mL (milliliters) nebulizer solution, with instructions to administer one nebulizer treatment four times daily as needed for shortness of breath or wheezing. An observation on 06/09/2026 at 1:30 PM, revealed R20 was observed lying in bed and observation of the resident's bedside area revealed a nebulizer mask resting uncovered/unbagged on the dresser. An observation of R20 on 06/10/2026 at 12:00 PM, revealed the nebulizer mask remained uncovered/unbagged and exposed to the environment.An interview on 06/11/2026 at 9:15 AM with Licensed Practical Nurse (LPN) FF, she stated that nebulizer masks and tubing should be stored in a blue protective bag when not in use to maintain cleanliness and prevent contamination.An interview on 06/11/2026 at 9:25 AM with the Director of Nursing (DON), the DON confirmed that nebulizer masks should be stored in a protective bag or other protective covering when not in use to maintain cleanliness and reduce the potential for contamination. The DON stated that her expectation was that nebulizer masks and associated tubing be stored in the protective bag whenever they were not actively being used by the residents.During a follow-up interview on 06/11/2026 at 10:45 AM, the DON stated that the facility did not have a specific policy regarding the storage of nebulizer masks.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115279	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
High Shoals Health and Rehabilitation	3450 New High Shoals Rd Bishop, GA 30621

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, staff interviews, and review of the facility's policy titled, Transmission-Based Precautions (Contact, Enhanced Barrier Precautions, Droplet, Airborne), the facility failed to follow Enhanced Barrier Precautions (EBP) by not using the required personal protective equipment (PPE) during catheter care for one of 12 residents resident (R) (R71) on EBP. This had the potential to increase the risk of infection transmission to residents and staff.Findings include:A review of the facility's policy titled, Transmission-Based Precautions (Contact, Enhanced Barrier Precautions, Droplet, Airborne), last updated 12/27/2025, revealed under the Policy section .Enhanced Barrier Precautions are indicated for patients with any of the following; .-Wounds and /indwelling medical devices even if the patient is not known to be infected or colonized with a MDRO (Multidrug resistant organism)-Enhanced Barrier Precautions expand the use of PPE and refer to the use of gown and gloves during high-contact activities that provide opportunities transfer of MDRO to staff hands and clothing. MDRO's may indirectly transferred from patient-to-patient during high contact activities. Nursing home patients with wounds and indwelling medical devices are especially at high-risk of both acquisition and colonization of DDROs. The use of gown and gloves for high-contact patient care activities is indicated, when Contact Precautions do not apply, for nursing home patients with wounds and /or indwelling medical devices regardless of MDRO colonization as well as for patients with MDRO infection or colonization.Review of the electronic medical record (EMR) revealed R71 was admitted to the facility with diagnoses of uropathy (a blockage in your urinary tract that slows or stops urine flow), bladder neck obstruction and chronic indwelling Foley catheter in place.Review of the quarterly MDS (Minimum Data Set) dated 03/19/2026 for R71 revealed a Brief Interview for Mental Status (BIMS) score of 15 in Section C (Cognitive Patterns), indicating intact cognition. Section H (Bladder and Bowel) identified the presence of an indwelling urinary catheter. Section I (Active Diagnoses) identified obstructive uropathy as an active diagnosis.Review of physician orders for R71 dated 09/30/2025 revealed multiple orders related to Foley catheter care and maintenance. Orders included an indwelling urinary catheter to bedside drainage (18 French, 30 cc balloon), assessment of catheter function and abdominal distention three times daily, catheter replacement every 30 days, catheter replacement as needed for malfunction or dislodgement, flushing the urinary catheter with 30 milliliters (mL) normal saline every Thursday, and flushing with normal saline as needed for clogging. There is also a referral to urology.Review of the care plan for R71, dated 06/08/2026, revealed interventions related to Foley catheter use and urinary elimination. The catheter care plan was originally initiated on 09/29/2025 and reviewed and continued 03/03/2026. The care plan included monitoring for signs and symptoms of urinary tract infection, providing perineal care after incontinent episodes, assessing for bladder distention and urinary complications, performing catheter care and changes as ordered, observing for signs of infection, utilizing enhanced barrier precautions, and ensuring catheter tubing was secured and maintained below the level of the bladder. Goals included preventing urinary tract infections (UTIs) and other complications related to incontinence and catheter use. Further review of the care plan for R71 revealed Enhanced Barrier Precautions (EBP) were care planned as an intervention related to catheter use and skin breakdown/wound care.An observation on 06/10/2026 at 11:30 AM of Licensed Practical Nurse (LPN) AA performing a Foley catheter flush for R71, revealed LPN AA did not don (put on) a gown prior to the procedure and utilized gloves only. During the procedure, LPN AA was observed leaning forward over R71's bed and made contact with R71 while not wearing a gown.An interview on 06/10/2026 at 11:30 AM with LPN AA, LPN AA acknowledged that a gown should have been worn due to the close contact provided during the procedure.During an interview on 06/10/2026 at 12:20 PM, the Infection Preventionist (IP) nurse stated her expectation was that staff utilized appropriate PPE to protect residents with wounds and indwelling urinary catheters while care was provided.