

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115280	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2026
NAME OF PROVIDER OR SUPPLIER Murray Woods of Journey LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 102 Hospital Drive Chatsworth, GA 30705	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, record review, and review of the facility's policy titled, Abuse, Neglect, and Exploitation, the facility failed to prevent sexual abuse by another resident for one of three residents (R) (R2 and R1) reviewed. This failure allowed R1 to continue to potentially sexually abuse other residents after his behavior of getting in bed with other residents was first identified. Findings include: Review of the facility policy titled Abuse, Neglect, and Exploitation revised 3/5/2024 revealed under Definitions: Non-consensual sexual contact of any type with a resident. Under Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. 1. Review of the electronic medical records (EMR) for R1 revealed he was admitted with diagnoses of major depressive disorder, persistent mood disorders, vascular dementia, bipolar disorder, anxiety disorder, and dementia with behavioral disturbances. Review of the most recent Quarterly Minimum Data Set (MDS) assessment dated [DATE] documented R1 had a Brief Interview for Mental Status (BIMS) score of 08, indicating a significant cognitive impairment. Observation on 02/16/2026 at 11:16 AM revealed R1 lying in bed moving his legs like he was riding a bicycle. A Certified Nursing Assistant (CNA) walked by and stated, R1, I'll be back in a minute to take you to lunch. He did not respond. Observed on 02/17/2026 at 9:31 AM revealed R1 in bed. He had been recently shaved and was sleeping soundly with the call light nearby. Review of a nurse note dated 08/6/2025 at 10:00 PM by Licensed Practical Nurse (LPN) AA revealed, Resident attempting to go into dietary room to use the restroom and climbing into other resident's beds with them. Review of a nurse note dated 10/06/2025 at 3:27 AM by LPN BB revealed, Resident continuously up and down, ambulatory on hallway, knocking on doors, and attempting to enter other resident's rooms. R1 waking other residents. Redirection attempts made by staff unsuccessful. Review of a nurse note dated 10/10/2025 by LPN CC revealed, R1 was found earlier in shift in another patient's room lying asleep on top of another patient. R1 assisted off top of other patient. Review of a nurse note dated 10/10/2025 at 2:02 AM by LPN CC revealed, Another patient in R2's room and laid down on top of her and went to sleep. Other patient removed and put into their room. Review of a nurse note dated 10/13/2025 by LPN DD revealed, R1 continues to try and get into bed with residents, male and female. He has been redirected back to his bed several times and continues to get up and try to get into bed with them. Review of a nurse note dated 10/17/2025 by LPN CC revealed, Earlier in shift R1 was wandering up and down the hallways and going in and out of other resident's rooms. Review of a progress note on 10/26/2025 at 4:07 AM by LPN BB revealed, R1 continues to be up and down throughout the majority of shift so far. R1 continues to attempt to enter a specific female resident's room. Redirection attempts mad by staff are unsuccessful. 2. Review of the most recent quarterly MDS dated revealed R2 had a BIMS score of 99, which indicates R2 could not</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>complete/answer questions. Review of a nurse note dated 10/17/2025 at 12:33 AM by LPN CC, R2's daughter came in and was concerned about R2. She states she had blood all over her bottom lip and is not herself. Review of a nurse note dated 10/26/2025 at 8:00 PM by LPN AA revealed, R2's responsible party was notified of another resident being found in the bed with her, with his pants down and lips on hers. Responsible party voiced understanding. She requested that curtain be kept open. Review of the facility's investigation dated 10/28/2025 revealed a hand-written statement from CNA II regarding the incident on 10/26/2025. She stated that after entering R2's room, We found R1 in the bed with his pants and underwear off on top of R2 holding her by both arms attempting to kiss her. R2 was fully clothed and covered up but R2 was screaming because R1 was on top of her. Interview on 02/17/2026 at 8:48 AM with CNA HH revealed that she remembered finding R1 on top of R2 on 10/26/2025. R2 had her arms pinned down by her side. His face was really close to her, almost kissing. R2 couldn't talk, but she was making noises. It looked like R1 was just close to her. His brief was definitely on, but his pants were pulled way down. Interview on 02/18/2026 at 9:23 AM with CNA GG revealed that it was normal for R1 to get in and out of bed with other residents. R1 iwas a constant redirect. R1 went and got in bed with people. R1 laid right on top of people sometimes. I've seen R1 in R2's room curled up in bed with her. Interview on 02/18/2026 at 9:34 AM with the Social Services Assistant stated that staff was to redirect R1 when he got into bed with others. R2's responsible party was upset about what happened to her mother. In the event of the incident with R2, that's not normal. It's abuse. I agree that the other people here are at risk. We're supposed to keep an eye on R1. Interview on 02/17/2026 at 1:41 PM with LPN DD stated, To me these behaviors shouldn't be commonplace. Up until two weeks ago, we had a locked dementia unit. He was on the locked unit when these behaviors occurred. We removed the doors a couple weeks ago. He's all over the place in and out of other resident's rooms. Interview on 02/17/2026 at 2:05 PM with LPN CC, she stated, R1 is very confused. You can't redirect him. CNA's report to me when R1 would be in bed with another resident, and it was common for him to do so. At one-point R1 was moved out away from the lock-down unit, but then they moved him back. R1 no longer wanders up and down the hallways, but now that the unit is unlocked, there's the potential he could get around. He still ambulates. Interview on 02/18/2026 at 8:49 AM with the Administrator, he stated, Knowing R1 and knowing his history, that's normal behavior of him getting into other resident's beds. I'm aware I have a two-hour window to report abuse. R1 generally is redirected and not harmful. In my opinion, R1's behaviors are random. My perspective is that Mr. Long has severely impaired cognition and that his behavior is passive.</p>		