STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115280	A. Building B. Wing	05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chatsworth Health Care Center	102 Hospital Drive Chatsworth, GA 30705

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47946 Based on observations, staff interviews, and review of the facility policy titled, Resident Environmental Quality, the facility failed to provide a safe, clean, comfortable, and homelike environment in nine of 53 resident rooms on two of four halls, and in the lobby media common area. Specifically, these rooms and halls contained pests (flies), damaged floor fall strips, dirty wall sheetrock, dirty privacy curtain with missing hanging hooks, stained, brown, and damaged floor tiles, damaged bathroom toilet commodes, damaged baseboard, dirty, broken packaged terminal air conditioner (PTAC) unit vent covers, damaged soap dispensers, and crowded furniture (beds with crank adjustment) in the lobby media common area. Review of the facility policy titled Resident Environmental Quality dated 2/1/2022 indicated under Policy: It is the policy of this facility to be designed, constructed, equipped, and maintained to provide a safe, functional, sanitary and comfortable environment for residents, staff and the public. Policy Explanation and Compliance Guidelines: 10. Maintain an effective pest control program so that the facility is free of pests and rodents. Initial screening observations on 5/28/2024 at 11:00 am in room [ROOM NUMBER] revealed flies on resident's pillow and floor, dirty wall, damaged floor fall strips, soap dispenser was unattached from the wall, sitting on the floor, dirty PTAC unit, and the bedroom sink was missing paint. Initial screening observations on 5/28/2024 at 11:15 am in room [ROOM NUMBER] revealed the floor behind the bed was dirty, flies on the bed, a big hole in the wall, sheetrock damage with a big hole next to bed B, and the bathroom toilet paper dispenser was sitting on the floor. Initial screening observations on 5/28/2024 at 11:25 am in room [ROOM NUMBER] revealed a dirty privacy curtain with brown, reddish stains, a dirty bathroom ceiling fan, damaged bathroom toilet commode with constantly running water, and flies in the room. Initial screening observations on 5/28/2024 at 11:35 am in room [ROOM NUMBER] revealed a damaged bedside cabinet dresser with missing bottom door, flies in the room, and a damaged bathroom toilet commode with constantly running water. (continued on next page)

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Initial screening observations on 5/28/2024 at 11:45 am in room [ROOM NUMBER] revealed a stopped-up sink with slow drainage, flies in the room, spider webs in the windowsill, wall damage with a hole between the residents' beds, dirty wall above the soap dispenser with brownish, orange stains, and a damaged sink, detached from the countertop. Initial screening observations on 5/28/2024 at 11:55 am in room [ROOM NUMBER] revealed a broken PTAC unit vent cover, a damaged baseboard strip that was taped to the wall, and damaged wall sheetrock protruding from the wall. Initial screening observations on 5/28/2024 at 12:06 pm in room [ROOM NUMBER] revealed bugs (flies) on the mattress and dirty privacy curtains with brown stains hanging with missing hooks. Initial screening observations on 5/28/2024 at 1:06 pm in room [ROOM NUMBER] revealed damaged bathroom floor tiles with brownish, black stains. Initial screening observations on 5/28/2024 at 1:29 pm in room [ROOM NUMBER] revealed in the bathroom that the back of the toilet was removed, and missing parts were lying on the floor. Initial screening observations on 5/28/2024 at 2:15 pm in the lobby media common area revealed four residents in wheelchairs and two in geri-chairs watching television with five crank beds pushed against the wall located below the mounted television. Interviews during walking rounds on 5/31/2024 at 11:15 am with the Administrator, Assistant Maintenance Director (AMD) and Housekeeping/Laundry Director (HLD) confirmed pests (flies), damaged fall floor strips, dirty wall sheetrock, privacy curtain dirty and missing hanging hooks, damaged and stained floor tiles, damaged bathroom toilet commodes, damaged taped baseboards, dirty and broken PTAC unit vent covers, damaged soap dispensers, and crowded furniture (crank beds) in the lobby media common area. The HLD mentioned his team had completed a cleaning audit of privacy curtains on the 100-hall and were currently addressing the ones that needed attention on the 200-hall. The AMD stated the pest control service came out that week to exterminate the building, but did not know exactly what was being done for the flies. The Administrator stated due to the building being old, they have experienced a lot of flies, but never knew the pests were infesting the residents' rooms at that level. The AMD also confirmed the missing back of the commode top in room [ROOM NUMBER]. The AMD fixed the back of the toilet commode with a top cover during the walk-through. The Administrator stated the conditions of the room were unacceptable and asked the Environmental Services Director and HLD to immediately address the issues and concerns in the resident's rooms.

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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. 49396 Based on observations, staff interviews, record review, and review of the facility policy titled, Resident Smoking, the facility failed to enforce its smoking policy adequately for one of 23 sampled residents (R) (R68) reviewed for smoking compliance. Specifically, this failure allowed R68 to vape unsupervised in his room. The deficient practice had the potential to cause safety issues, including fire. Findings include: Review of the facility policy titled Resident Smoking dated 2/11/2022 indicated under Policy: It is the policy of this facility to provide a safe and healthy environment for all residents, visitors, and employees, including safety as related to smoking. Under Policy Explanation and Compliance Guidelines revealed under number 5. Electronic cigarettes (e-cigarettes/vape/vapor pens) could catch on fire and explode if not handled and stored safely. Safety measures for the use of electronic cigarettes by residents will include, but are not limited to: a. Use of e-cigarettes in designated smoking areas only. Review of the electronic medical record (EMR) revealed R68 was admitted to the facility with diagnoses that included, but not limited to cerebral infarction due to unspecified occlusion or stenosis of the left middle cerebral artery, hemiplegia, and hemiparesis following cerebral infarction affecting the right dominant side, other cirrhosis of the liver, other specified disorders of the brain, other cerebrovascular disorders in diseases classified elsewhere, and psychotic disorder with delusions due to a known physiological condition. Review of the Minimum Data Set (MDS) revealed a Brief Interview for Mental Status (BIMS) score of 99, indicating that R68 did not/could not participate. Review of R68's care plan for smoking and vaping habits to ensure safety. Interventions included enforce the use of smoking aprons during designated smoke times. Secure all tobacco products and vaping equipment in a locked area. Review and reinforce the smoking policy with R68 and his family. Ensure staff supervision during all designated smoking times. Initial observations on 5/28/2024 at 9:48 am of R68 in his room revealed a purple and red vaping device on the bedside table. When asked if he was supposed to have it in his room, he snatched it off the table and shrugged his shoulders. Observation on 5/28/2024 at 1:49 pm, R68 was observed vaping in his room while eating lunch. Several nursing staff members entered and exited the room without noticing the vaping device on the bedside table or the resident vaping while eating. Observation on 5/29/2024 at 1:52 pm, R68 was observed in his room eating and vaping unsupervised. Observation on 5/29/2024 at 1:56 pm, R68 was observed in his room vaping without supervision. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 5/29/2024 at 3:50 pm with the Director of Nursing (DON) and the Administrator in R68's room revealed the vape device was found in plain sight on the resident's bedside table. R68 was observed vaping casually, both with and without staff present. The Administrator confiscated the vape device and reiterated the facility's smoking policy to the resident. Interview on 5/29/2024 at 3:34 pm with the DON regarding the facility's vaping policy revealed the DON confirmed that no residents were allowed to vape in their rooms; and vaping was only permitted in designated smoking areas under supervision. She acknowledged awareness of non-compliant residents and stated that staff are required to confiscate vaping devices and secure them, explaining to residents that they can only vape under supervision and during designated smoking times. She also mentioned that R68 had experienced episodes causing clinical staff supervision during smoke breaks, and occasionally his wife would take him outside to smoke.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 46579 Based on staff and family interviews, and review of facility documents titled, Facility Assessment Tool 2024 and the PBJ (payroll-based journal) Staffing Data Report Quarter 1 2024 (October 1, 2023, through December 31, 2023), the facility failed to ensure that the facility had adequate nursing staff. The deficient practice had the potential to affect the care provided to the 116 residents that resided in the facility. Findings include: Review of The Facility Assessment Tool (FAT) 2024 revealed the average daily census in the facility was 112 residents. The FAT revealed the average hourly staffing needs per day were 84 hours of licensed nurses providing direct care, 233 hours for nurses' aides. Review of the PBJ Staffing Data Report Quarter 1 2024 (October 1, 2023, through December 31, 2023) revealed based on the data submitted, the facility triggered Excessively Low Weekend Staffing and for a One-Star Staffing Rating (Failure to submit PBJ data by the deadline, more than 4 days in the quarter without RN (Registered Nurse) Staffing hours, failure to respond to, submit documentation for, or failure to pass a CMS (Centers for Medicare and Medicaid Services) audit designed to discover discrepancies in PBJ data). Interview on 5/30/2024 at 7:40 pm with the Director of Nursing (DON) and the Human Resources Director/Nursing Scheduler (NS) CC revealed they were both not aware of the PBJ's one-star staffing and excessively low weekend staffing rating the facility received for the first quarter of 2024. The DON stated that they stack the weekend with extra staff to help with call offs. NS CC stated that they use agency staff that helps the staffing numbers. Interview on 5/30/2024 at 7:53 pm with the Administrator, he acknowledged he was aware of the PBJ's one-star staffing rating and excessively low weekend staffing the facility received for the first quarter of 2024. He stated that they were trying to subsidize with agency staff.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579 Based on observations, staff interviews, record review, and review of the facility policies titled, Administration of Dry Powder Inhalers and Peripherally Inserted Central Catheter Flushing, Locking, Removal, the facility failed to ensure that residents were free of medication administration errors of more than 5 percent (%) for two of 41 sampled residents (R) (R36 and R111). Specifically, one of three nurses observed failed to have R36 rinse their mouth after administration of an inhaler, and one of three nurses observed failed to properly disinfect the lumen (inside space) of the peripherally inserted central catheter (PICC) line of R111. Findings include: Review of the facility policy dated 2/1/2022 titled Administration of Dry Powder Inhalers revealed under Policy: Medications are administered as prescribed, in accordance with current nursing principles and practices and only by persons legally authorized to do so.under Compliance Guidelines . 13. Allow residents to rinse mouth with water when required per manufacturer recommendations and spit out. Review of the facility policy dated 2/1/2022 titled Peripherally Inserted Central Catheter Flushing, Locking, Removal revealed under Policy: It is the policy of the facility to ensure that peripherally inserted central catheters (PICC) are flushed, locked, and removed consistent with current standards of practice.under Flushing Compliance Guidelines . 4. Disinfect needleless connector with an antiseptic solution using a vigorous mechanical scrub for five (5) seconds and allow it to dry completely. Review of the electronic medical record (EMR) for R36 revealed that she was admitted to the facility with diagnoses that included, but were not limited to Parkinson's disease, and chronic obstructive pulmonary disease (COPD). Review of the quarterly Minimum Data Set (MDS) for R36 dated 4/30/2024 revealed a Brief Interview for Mental Status (BIMS) score of 12, indicating moderate cognitive impairment. Review of the medications orders revealed that R36 was to receive the following medications that included, but were not limited to Artificial Tears Solution 1 % (Carboxymethylcellulose Sodium) Instill 1 drop in both eyes four times a day for dry eyes, Breo Ellipta 100-25 MCG (microgram) INH (isoniazid) 1 puff inhale orally one time a day related to Chronic Obstructive Pulmonary Disease, rinse mouth after use, and Fluticasone Propionate Suspension 50 MCG/ACT (actuation/spray) 2 sprays in both nostrils one time a day for allergies. Review of the care plan dated 8/19/2019 for R36 revealed she was at risk for episodes of shortness of breath related to diagnosis of COPD, chronic pulmonary embolism and chronic respiratory failure. One of the interventions for this problem was to give medications as ordered by physician. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/29/2024 at 8:26 am, Licensed Practical Nurse (LPN) AA was observed for administration of medication for R36. She entered the resident's room and administered the medications to the resident without difficulty. She administered the eyedrops using the correct technique. She was then observed administering the Breo inhaler. It was administrated using the correct technique, except for allowing the resident to rinse their mouth out with water. As the nurse left the resident's room, she approached the medication cart and was asked if she could recall missing anything during the administration of medications, and she stated, I forgot to allow the resident to rinse her mouth after receiving her inhaler. Review of the EMR for R111 revealed that he was admitted to the with diagnoses that included, but were not limited to osteomyelitis of vertebra, obstructive and reflux uropathy and cellulitis of right and left lower legs. Review of the quarterly MDS dated [DATE] for R111 revealed a BIMS score of 15, indicating little or no cognitive impairment. Review of section N-Medications revealed that he had IV (intravenous) access in the hospital and at the facility. Review of the physician's orders for R111 revealed there was no order for PICC line flushes. Review of the care plan dated 2/29/2024 for R111 revealed an ongoing bacterial/viral infection r/t (related to) cellulitis to bilateral lower extremities. An intervention for this problem included, but was not limited to administer oral, topical, or IV antibiotic medications as per MD (medical doctor) order. LPN BB was observed during medication administration on 5/29/2024 at 11:47 am. She administered a normal saline flush for R111, who had a PICC line in the left upper arm. She washed her hands, and applied gloves. She opened an alcohol wipe and then wiped the alcohol wipe across the needleless connector just once. She then connected the normal saline prefilled syringe, flushed the catheter, then wiped the needleless connector with an alcohol wipe once, and then applied the cap to the connector. Interview on 5/29/2024 at 3:00 pm with LPN BB, she was asked what amount of time should a PICC line port be cleaned off with alcohol when flushing. She stated, That she has never been asked that before, so I cannot answer that truthfully. Interview on 5/29/2024 at 5:30 pm with the Director of Nursing (DON), she stated that she expected the nurses to allow the resident to rinse their mouth with water after they receive inhalers. She also stated that she expected the nurses to disinfect the needleless port of a PICC line by cleaning for at least five seconds.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 49674 Based on observations, staff interviews, record review, and review of the facility policy titled, Menus, the facility failed to serve the meal listed on the cycled menu for residents who received an oral diet from the kitchen. Specifically, the cycled menu stated ham and California vegetable blend was to be served for dinner, but instead, a sloppy joe was served. The deficient practice affected 115 of 116 residents who received an oral diet from the kitchen. Findings include: 1. Review of facility policy titled Menus updated February 2017 revealed under Policy: All residents are to receive the meal stated on the weekly menu. Meals should be prepared and served based on the cycled menu. Review of the weekly menu cycle for the week of Sunday, 5/26/2024, revealed residents were to receive glazed baked ham, pinto beans, broccoli, and cornbread. Interview on 5/29/2024 at 11:33 am with the Regional Dietitian revealed that she was aware of the residents in the facility not liking the food. 47946 2. Review of the quarterly Minimum Data Set (MDS) assessment from 4/30/2024 for R85 revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating little or no cognitive impairment. Review of the admission MDS assessment from 3/4/2024 for R114 revealed a BIMS score of 14, indicating little or no cognitive impairment. Initial screening interview on 5/28/2024 at 12:02 pm with R85 revealed that on Sunday night, 5/26/2024, they were served a bag of potato chips and a spoon of watered-down sloppy joe chili on a slice of white bread. R85 revealed a time-dated photo on 5/26/2024 at 5:42 pm of the food received for dinner. The photo showed a piece of white bread with a meat sauce and a bag of chips. Initial screening interview on 5/28/2024 at 12:51 pm with R114 they stated, Sunday night's dinner was absolutely despicable, and the alternative sandwiches were thrown together in a plastic trash bag with ham deli meat that was sticky and tasted spoiled. During a Resident Council meeting on 5/28/2024 at 2:05 pm with seven alert and oriented residents (R) (R1, R5, R41, R54, R57, R70, and R89), they confirmed they received sloppy joe on a slice of bread instead of glazed ham for Sunday (5/26/2024) dinner. Interview on 5/30/2024 at 9:03 am with the Corporate Registered Nutritionist confirmed that a lot of residents were complaining about the food this past Sunday. She stated the new Dietary Manager was trying to come up with a menu committee that consists of several residents to help with menu food choices. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview on 5/30/2024 at 4:31 pm, the Administrator confirmed he received several cellphone pictures and calls from residents and their family members regarding the dinner served on 5/26/2024. He stated when he did a walk through in the kitchen, they had plenty of ham in the cooler. He further stated they had plenty of hamburger buns to serve the sloppy joes in a decent manner. He stated when he spoke to the Cook that was responsible for serving the meal, she did not have an answer to why she served an unsuitable dinner meal. He stated, I was shocked and disappointed in her behavior because she is a seasoned kitchen cook.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579 Based on observations, staff interviews, record review, and review of the facility policy titled, Peripherally Inserted Central Catheter Flushing, Locking, Removal, the facility failed to use proper infection control practice when flushing a needleless connector of a peripherally inserted central catheter (PICC) for one of three Residents (R) (R111) observed during medication administration. The deficient practice had the potential to cause infection for R111. Findings include: Review of the facility policy titled Peripherally Inserted Central Catheter Flushing, Locking, Removal, it states under Policy: It is the policy of the facility to ensure that peripherally inserted central catheters (PICC) are flushed, locked, and removed consistent with current standards of practice.under Flushing Compliance Guidelines: 4. Disinfect needleless connector with an antiseptic solution using a vigorous mechanical scrub for five (5) seconds and allow it to dry completely. Review of the electronic medical record (EMR) for R111 revealed that he was admitted to the facility with diagnoses that included, but were not limited to osteomyelitis of vertebra, obstructive and reflux uropathy, and cellulitis of right and left lower legs. Review of the Minimum Data Set (MDS) dated [DATE] revealed that R111 has a Basic Interview for Mental Status (BIMS) score of 15, indicating little or no cognitive impairment. Review of section N-Medications revealed that he had IV (intravenous) access in the hospital and at the facility. Review of the care plan dated 2/29/2024 for R111 revealed he has an ongoing bacterial/viral infection r/t [related to] cellulitis to bilateral lower extremities. An intervention for this problem included, but was not limited to administer oral, topical, or IV antibiotic medications as per MD (medical doctor) order. Review of the physician's orders for R111 revealed there was no order for the PICC line flushes. Licensed Practical Nurse (LPN) BB was observed during medication administration on 5/29/2024 at 11:47 am. She administered a normal saline flush for R111, who had a PICC line in the left upper arm. She washed her hands and applied gloves. She opened an alcohol wipe and then wiped the alcohol wipe across the needleless connector just once. She then connected the normal saline prefilled syringe, flushed the catheter, then wiped the needleless connector with an alcohol wipe once, and then applied the cap to the connector. Interview on 5/29/2024 at 3:00 pm with LPN BB, she was asked what amount of time a PICC line port should be cleaned off with alcohol when flushing. She stated, I have never been asked that before, so I cannot answer that truthfully. Interview on 5/30/2024 at 6:17 pm with the Director of Nursing, she revealed that it was her expectation that nurses follow the physician orders for medication administration. She then stated that nurses should disinfect the needleless connector of the PICC line with an alcohol wipe for at least five seconds.