STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115289	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Comer Health and Rehabilitation	2430 Paoli Road Comer, GA 30629

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50877 Based on observations, staff interviews, record review, and review of the facility's policy titled Patient's Plan of Care, the facility failed to implement care plans for two of 20 sampled residents (R) (R42 and R2). Specifically, the facility failed to provide proper supervision for R42 and to assist with hearing aid placement for (R2). This deficient practice had the potential to affect the residents' health and safety. Findings include: A review of the facility's policy titled, Patients Plan of Care dated 12/29/2023 under section titled Guideline revealed, Each patient will have a person-centered comprehensive care plan developed and implemented to meet his or her other preferences and goals, and address the patients' medical, physical, mental and psychological needs. 1. Review of the Electronic Medical Record (EMR) revealed R42 was admitted to the facility with diagnoses that included but not limited to Alzheimer's/Dementia, Traumatic Brain Injury (TBI), and history of pedestrian on foot injured in collision with car, pick-up, or van. Review of R42's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed, Section C (Cognitive Patterns), a Brief Interview for Mental Status (BIMS) of 9, which indicated moderate cognitive impairment. Review of R42's care plan dated 11/23/2024 revealed, a care area/problem for risk of elopement. Goals included but not limited to patient will have no injuries during any attempts to leave the grounds during the review period. Interventions included but not limited to, supervision while outside. An interview on 1/14/2025 at 3:48 pm with [NAME] FF confirmed that he accidentally opened the door for R42 allowing him to be outside unsupervised on 1/13/2025 at 4:01 pm. An interview on 1/16/2025 at 2:22 pm with Licensed Practical Nurse (LPN) DD confirmed close supervision to monitor the location of residents with high elopement risk should be completed in intervals. An interview on 1/15/2025 at 10:15 am with the Director of Nursing (DON) revealed that Certified Nursing Assistants (CNA)s should constantly be rounding to ensure safety of residents. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 1/15/2025 at 10:15 am with the Administrator revealed, that R42 left the faciity on [DATE] through the dining room doors. She confirmed and verified that the care plan was not followed due to [NAME] FF opened the door allowing him to go outside unsupervised. The Administrator revealed, her expectations of staff to not leave residents unsupervised or allow residents to leave the indoors without questioning nurses. She revealed, staff had been warned against letting residents outside without being accompanied by nursing staff. An interview on 1/15/2025 at 10:15 am with the Minimum Data Set (MDS) Coordinator revealed, all residents should be 1:1 on the outside as stated by the changes made yesterday, January 14, 2025. She also stated that sometimes when a nurse assesses a resident, the data will create new interventions on the care plan that will be later reviewed by an interdisciplinary team. 50272 2. A review of the EHR for R2 revealed she was admitted to the facility with diagnoses that included but not limited to, need for assistance with personal care, unspecified dementia with mood disturbance, chronic systolic (congestive) heart failure, chronic respiratory failure with hypoxia, fracture of body of sternum, subsequent encounter for fracture with routine healing and fracture of manubrium, subsequent encounter for fracture with routine healing and neuropathy. A review of the 5-day Minimum Data Set (MDS) dated [DATE] for R2 revealed, Section B (Hearing, Speech and Vision) revealed, R2 had moderate difficulty in hearing and that the speaker must increase volume and speak distinctly; Section C (Cognitive Patterns) a Brief Interview for Mental Status (BIMS) of 14, which indicated little to no cognitive impairment. A record review of R2's care plan with onset date of 12/12/2024, updated on 1/14/2025 revealed, a care plan for a communication, hearing related to (r/t) hears with moderate difficulty as evidence by hears best in left ear and having hearing aids in left and right ear; The care plan goal for R2 was that she will hear communication during interactions during review period. The care plan interventions included, to assist with hearing aid placement as resident allows. An interview and observation conducted on 1/14/2025 at 11:28 am with R2 revealed, she was not wearing her hearing aids. R2 stated that she had hearing aids, which she was able to put in herself in the morning, but no one was available to assist her with taking them out. R2 revealed, that some staff members were helpful while others were not. R2 explained that her hands were numb, and she was unable to remove the hearing aids on her own due to neuropathy. The resident expressed feeling helpless and stated that she tries to communicate using the call light speaker, but she was unable to hear the staff's responses. An interview conducted on 1/15/2025 at 9:55 am with Certified Nursing Assistant (CNA) CC revealed, that she was not aware that R2 had hearing aids, but she learned about it the previous day. CNA CC explained that she does not typically check the Activities of Daily Living (ADLs) unless necessary, such as when documenting care. CNA CC clarified that protocol requires CNAs to review the ADLs before providing care. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview and observation conducted on 1/15/2025 at 10:32 am with Licensed Practical Nurse (LPN) DD revealed that CNAs were expected to review the ADL plan of care (POC) to understand what assistance the resident required. LPN CC confirmed that it is expected for CNAs to consult the ADL POC before delivering care. LPN CC acknowledged that she was aware R2 has hearing aids but was uncertain if this was included in the resident's ADL POC. After reviewing the ADL POC together, it was confirmed that R2 required assistance with both hearing aids. LPN CC stated that both the CNA and nurse were responsible for assisting the R2 with hearing aids and that staff should be aware of this need. An interview was conducted on 1/16/2025 at 11:44 am with the Director of Nursing (DON) confirmed that staff were expected to review the ADL POC to understand the services a resident need and to ensure their preferences were respected. The DON highlighted that failing to provide services could lead to missed care, potentially resulting in a negative experience for the resident. Cross Reference F689, F677

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50272 Based on observations, resident and staff interviews, record review, and review of the facility's policies titled Patient Plan of Care and Care of Hearing Aids, the facility failed to assist one out of four sampled residents (R) (R2) with the use of hearing aids. Specifically, the facility failed to assist with the proper use of hearing aids by not placing them in and removing them. This failure to provide the necessary support could result in communication barriers. Findings include: A review of the facility's policy titled, Care of Hearing Aide dated 12/29/2023 under section titled Intent revealed, The primary intent of caring for a hearing aid is to maintain the patients hearing aid in good order. A review of the Electronic Health Record (EHR) for R2 revealed, she was admitted to the facility with diagnoses that included but not limited to, need for assistance with personal care, unspecified dementia with mood disturbance, chronic systolic (congestive) heart failure, chronic respiratory failure with hypoxia, neuropathy, and fracture of body of sternum. A review of R2's 5-day Minimum Data Set (MDS) dated [DATE] revealed, Section B (Hearing, Speech and Vision) revealed, R2 had moderate difficulty in hearing and that the speaker must increase volume and speak distinctly; Section C (Cognitive Patterns) a Brief Interview for Mental Status (BIMS) of 14, which indicated little to no cognitive impairment. A record review of R2's Activities of Daily Living (ADLs) Plan of Care on 1/15/2025 revealed, under section Resident Caution and Diagnosis hearing aids to both ears. Assist with placement in the morning and remove after supper and place on charger. An interview and observation conducted on 1/14/2025 at 11:28 am with R2 revealed, she was not wearing her hearing aids. R2 stated that she had hearing aids, which she was able to put in herself in the morning, but no one was available to assist her with taking them out. R2 revealed, that some staff members were helpful while others were not. R2 explained that her hands were numb, and she was unable to remove the hearing aids on her own due to neuropathy. The resident expressed feeling helpless and stated that she tries to communicate using the call light speaker, but she was unable to hear the staff's responses. An interview and observation conducted on 1/15/2025 at 9:51 am with R2 revealed, she still did not have her hearing aids in, which made communication difficult. R2 indicated that nurses had been in and out of her room to administer medications but had not assisted with hearing aids. An interview conducted on 1/16/2025 at 12:34 pm with a Family Representative (FR) revealed, R2 has voiced concerns about the staff not being able to assist her with her hearing aids. FR also stated that when speaking to R2, he notices that she does not have her hearing aids in, which makes communication difficult. FR emphasized that R2 having her hearing aids properly in place would significantly improve R2's quality of life and ability to hear. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview conducted on 1/15/2025 at 9:55 am with Certified Nursing Assistant (CNA) CC revealed, that she was not aware that R2 had hearing aids, but she learned about it the previous day. CNA CC explained that she does not typically check the Activities of Daily Living (ADLs) unless necessary, such as when documenting care. CNA CC clarified that protocol requires CNAs to review the ADLs before providing care. However, due to a busy workload, CNA CC sometimes cannot check them beforehand but does so after providing care. An interview and observation conducted on 1/15/2025 at 10:32 am with Licensed Practical Nurse (LPN) DD revealed that CNAs were expected to review the ADL plan of care (POC) to understand what assistance the resident required. LPN CC confirmed that it is expected for CNAs to consult the ADL POC before delivering care. LPN CC acknowledged that she was aware R2 has hearing aids but was uncertain if this was included in the resident's ADL POC. After reviewing the ADL POC together, it was confirmed that R2 required assistance with both hearing aids. LPN CC stated that both the CNA and nurse were responsible for assisting the R2 with hearing aids and that staff should be aware of this need. An interview was conducted on 1/16/2025 at 11:44 am with the Director of Nursing (DON) confirmed that staff were expected to review the ADL POC to understand the services a resident need and to ensure their preferences were respected. The DON highlighted that failing to provide services could lead to missed care, potentially resulting in a negative experience for the resident. An interview was conducted on 1/16/2025 at 12:07 pm with Administrator revealed, that staff should regularly review the ADL POC to ensure they are providing the appropriate services and meeting the resident's needs. The Administrator stated staff were also involved in care plan meetings, where they learn what ADLs should be provided. The Administrator noted that failure to follow the resident's ADL POC could result in neglecting the resident's needs, and staff should use nurses as a resource to ensure proper care. Cross Reference F656

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50877 Based on observations, record review, staff interviews, and review of the facility's policy titled Skilled Nursing Services - Elopement, the facility failed to closely monitor one of 13 residents (R) R42 for elopement potential. This deficient practice had the potential to place residents at risk for safety concerns including but not limited to physical and/or mental distress. Findings include: Review of the policy titled Skilled Nursing Services - Elopement dated 12/29/2023 revealed, the intent is to promote person-centered care for patients at risk for elopement. Guideline documented 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. Procedure revealed the center will take a proactive approach for new patients and assess new admissions for elopement risk. The licensed nurse will re-assess patient at least quarterly, annually, with any significant change, and re-admission to the center. Elopement risk factors and appropriate interventions will be identified and implemented into the patients plan of care. Implement interventions to prevent recurrence and maintain patient safety. Review of the Electronic Medical Record (EMR) revealed, R42 was admitted to the facility with pertinent diagnoses including but not limited to Alzheimer's/dementia, Traumatic Brain Injury (TBI), and history of pedestrian on foot injured in collision with car, pick-up, or van. Further review of the EMR revealed an Elopement Risk assessment dated [DATE] documented a score of 11 out 20, which denotes a moderate risk for elopement. The latest Elopement Risk Assessment was completed on 1/14/2025, the day after R42's 1/13/2025 elopement from the facility. R42'Elopement Risk was 14 out of 20, which denotes moderate risk for elopement. There was no evidence that quarterly Elopement Risk Assessments were completed. Review of R42's Annual Minimum Data Set (MDS) assessment dated [DATE] revealed, a Brief Interview for Mental Status (BIMS) of nine, which indicated moderate cognitive impairment. Section E (Behaviors) revealed, the resident did not exhibit wandering behaviors. Observations on 1/14/2025 to 1/16/2025 during the three-day survey revealed R42 alone in his room. Interview on 1/14/2025 at 10:45 am, R42 appeared to be alert, but not oriented to his surroundings. He did not recall going outside the facility on 1/13/2025. Interview on 1/14/2025 at 3:48 pm with [NAME] FF, confirmed that he was the one who opened the door for R42 allowing him to leave the facility unsupervised on 1/13/2025 at approximately 4:01 pm. Interview on 1/14/2025 at 3:56 pm, the Maintenance Director revealed he discovered R42 wheeling himself down the back sidewalk and returned the resident inside the facility. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 1/15/2025 at 10:15 am with the Director of Nursing (DON) revealed that an elopement risk assessment is performed with input from the resident and family members upon admission. She further stated that the Certified Nursing Assistants (CNAs) should constantly be making rounds to ensure the safety of the residents. Interview on 1/15/2025 at 10:16 am with the Administrator revealed that R42 left the faciity on [DATE] via the exit door in the dining room. She stated that [NAME] FF opened the door for the resident around 4:01 pm and the Maintenance Director found him outside around the maintenance shop at approximately 4:10 pm. During further interview, she stated the expectations are that staff do not leave residents unsupervised or allow any residents to leave the facility without checking with the nurses. She stated staff has been educated against letting residents outside the facility without being accompanied by nursing staff. On 1/16/2025 the Administrator further revealed that the facility did not have a policy on Supervision as it pertains to residents. Interview on 1/16/2025 at 2:22 pm, the Licensed Practical Nurse (LPN) DD confirmed that close supervision of a resident means to monitor the location of residents who are at risk for elopement. Cross Reference F656

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 50170 Based on observation, staff interview, and review of facility policy titled Menus, the facility failed to properly prepare foods to conserve nutritive value during the preparation of puree food for nine residents who received a puree diet. The deficient practice had the potential to place nine of nine residents who received a pureed diet at risk of decreased nutritional intake. Findings include: Review of the facility policy titled Menus, review date 12/29/2023, revealed, Menu items should be nutritionally adequate, attractively served, palatable, at a safe and appetizing temperature, and within cost or budget projections. Observation and interview on 1/15/2025 at 10:16 am with Dietary [NAME] EE revealed he was preparing pureed carrots for nine residents. Dietary [NAME] EE added water and thickener to the puree machine along with the carrots and blended until he stated it was the correct consistency. Dietary [NAME] EE revealed that he did not use vegetable broth when preparing puree and wasn't sure if they had any vegetable broth. A review of the recipe for Carrots Herb Pureed Thick revealed that low-sodium chicken base should have been used to ensure a smooth consistency. In an interview on 1/15/2025 at 11:07 am, the Dietary Kitchen Manager (DKM) revealed Dietary [NAME] EE should have used broth when mixing the pureed carrots to give it flavor. In an interview on 1/15/2025 at 11:33 am, the Registered Dietician (RD) confirmed that chicken broth should have been added to the recipe for carrot glazed puree. She stated that she would have staff pull the puree carrots from the line and have the broth added and tested to ensure proper consistency.

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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. 50272 Based on observation, staff interviews and review of facility's policy titled, Infection Prevention Plan, the facility failed to prevent the spread of infections by not properly securing and storing clean linen in one out of three halls (Hall A). This deficient practice had the potential to cause the spread of infection throughout the facility. The facility census was 76 residents. Findings include: Review of facility's policy titled Infection Prevention Plan dated 12/29/2023 under section titled Goals revealed, The goals of the infection prevention program are as follows: To prevent and control the transmission of infectious and communicable diseases; To prevent healthcare associated infections . Under the section titled Scope revealed, The center provides services on an in-patient basis to a geriatric population with various medical conditions, including hospice, hemodialysis and other special needs . Implementation of Preventive Measures: Prevention of a spread of infections is accomplished by use of standard precautions and other barriers. An observation and interview conducted on 1/16/2025 at 11:08 am on Hall A revealed, an opened bag of chips found on the inside of the clean linen cart, which was also used for storing personal protective equipment (PPE) gowns. When asked about the opened bag of chips, Certified Nursing Assistant (CNA) AA revealed, it was hers and confirmed that it was not supposed to be stored on the clean linen cart. CNA AA acknowledged the potential risks of cross contamination, resident safety and that storing food inside the clean linen cart could compromise its cleanliness. An interview conducted on 1/16/2025 at 11:37 am with Registered Nurse/Infection Prevention Nurse (RN/IPN) BB when asked about the opened bag of chips found on the inside of the clean linen cart revealed, that anyone could have grabbed the food and consumed it, which could lead to infection risks, particularly if the food was contaminated by someone with an infectious condition. An interview conducted on 1/16/2025 at 11:44 am with the Director of Nursing (DON) confirmed that the opened bag of chips should not have been stored on the cleaned linen cart. The DON expressed concern that the contamination of food in the clean linen cart could result in the transfer of germs to the linens and PPE, which could negatively impact residents, especially those with open wounds or compromised immune systems. An interview conducted on 1/16/2025 at 12:11 pm with the Administrator confirmed that incidents like this should not occur. The Administrator revealed that food in the clean linen cart could contaminate the linens and PPE, posing risks to resident safety. The Administrator confirmed that CNAs had received in-service training on infection control practices to help prevent such occurrences.