STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115291	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harborview Health Center of Augusta	3618 J Dewey Gray Circle Augusta, GA 30909

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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 - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of facility policies titled, Infection Prevention and Control Program, and Laundry, the facility failed to use proper infection control practices in the laundry area, when storing wash basins on two of five halls and during the provision of tracheostomy care for one of three residents (R) (R5) reviewed with tracheostomies. The deficient practice increased the risk of cross contamination, spread of infection, and increased risk of adverse clinical outcomes. Findings include: Review of the facility policy titled, Infection Prevention and Control Program, reviewed dated 02/01/2025, revealed in section 10. Equipment Protocol: a. All reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with our current procedures governing the cleaning and sterilization of soiled or contaminated equipment. In section 13. Residents/Family/Visitor Education and Screening. c. Isolation signs are used to alert staff, family members, and visitor's precautions. d. Passive screening, such as signs, are posted in the facility to alert to family members and visitors to adhere to handwashing, respiratory etiquette, and other infection control principles to limit spread of infection from family members and visitors. Review of the facility policy titled, Laundry, dated 03/01/2022 and revised 11/01/2025, revealed under Policy: The facility launders linens and clothing in accordance with current CDC (Centers for Disease Control) guidelines to prevent transmission of pathogens.6.If using fans in the laundry processing areas, prevent cross-contamination of clean linens from air blowing from soiled processing areas (i.e. the ventilation should not flow from soiled processing areas to clean areas).' 1. During an interview and observation on 06/02/2026 at 9:31 AM, in the laundry, revealed two fans with an accumulation of grey particulate matter on the fan grates that were blowing onto a table that contained clean linens, including sheets and towels. Observation was confirmed and verified by the Housekeeping Supervisor and two Laundry Assistants (LA) (LA NN and LA OO). An Interview and observation in laundry area on 06/03/2026 at 5:41 AM with LA NN revealed the two fans with grey particulate matter had been removed from the laundry. During an interview on 06/04/2026 at 2:16 PM, with the Administrator, revealed that the Administrator expected all staff to follow policies, procedures and regulations and adhere to Infection Control procedures. 2. During observations on 06/01/2026 at 3:00 PM, in the bathroom of room [ROOM NUMBER], there was one wash basin sitting on the rack in the bathroom, not bagged or labeled. During observations on 06/01/2026 at 3:07 PM, in the bathroom for room [ROOM NUMBER], there (continued on next page)

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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	were eight stacked wash basins under the sink, not bagged nor labeled. During observations on 06/02/2026 at 12:40 PM, in the bathroom for room [ROOM NUMBER], there were three wash basins, not labeled or bagged. During observations on 06/02/2026 at 12:41 PM, in the bathroom for room [ROOM NUMBER]/508 (shared bathroom), there were two wash basins on the rack and four basins stacked on the floor in the bathroom, not bagged or labeled. Observation on 06/04/2026 at 12:29 PM, revealed in room [ROOM NUMBER], three unbagged wash basins, sitting on the rack in the bathroom that was shared. During an interview and observation conducted on 06/02/2026 at 3:24 PM with Unit Manager/Licensed Practical Nurse (LPN) AA, it was noted that the following rooms: room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER], had wash basins that were stacked, uncovered, and unlabeled. LPN AA acknowledged that this posed an infection control issue and that these items should be properly labeled and bagged. It was reported during the interview that Certified Nursing Assistants (CNAs) were tasked with ensuring that items were both bagged and labeled. Interview and Observation on 06/02/2026 at 3:48 PM, with CNA RR, disclosed that she was transferred from the first floor to the 500 hall after lunch and was unaware that the wash basin needed to be labeled and bagged. CNA RR acknowledged that she had observed the wash basin to be unlabeled and uncovered while she was emptying resident urinals. CNA RR expressed that this situation could potentially result in cross-contamination if she inadvertently used the wash basin designated for resident A on resident B. Interview and Observation on 06/02/2026 at 3:52 PM, with CNA SS, who reported that she noticed the basin was neither labeled nor bagged when she entered the bathroom to bathe the resident. She acknowledged that she forgot to bag and label it, which raised an infection control issue. During an interview and observation on 06/04/2026, at 12:18 PM, with the Director of Health Services (DHS), the following rooms with deficient practice were confirmed: In room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER], the wash basins in the bathrooms were neither labelled nor bagged. The DHS confirmed that they should be labelled and bagged due to concerns regarding infection control and the risk of cross-contamination. 3. Review of the electronic medical record (EMR) revealed R5 with pertinent diagnoses that included, but were not limited to, critical illness myopathy, respiratory failure, chronic obstructive pulmonary disease, and tracheostomy status. Review of R5 quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 11, which indicated R5 had moderate cognitive impairment. Section GG, functional status, revealed that R5 required extensive assistance for activities of daily living (ADLs) with two-person assistance. Review of the Physician's Orders for R5 included, but was not limited to, pleasure feeds clear liquid, respirator (trach-tracheostomy) circuit change weekly, change trach ties every shift, trach care every (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	shift, and left hip wound care daily. An observation on 06/01/2026 at 1:37 PM, with R5, revealed that the trach circuit hose and water collection bag were on the floor, and the suction canister was full. An observation made on 06/02/2026 at 2:38 PM, of R5, revealed that the trach circuit was still on the floor. An interview with LPN CC on 06/02/2026 at 2:45 PM, confirmed the tracheostomy collar circuit was on the floor. An observation on 06/03/2026 at 10:20 AM, during wound care, revealed that the tracheostomy circuit hose and water collection bag were still on the floor and had not been changed or shortened to lift them off the floor. An interview with the Staff Development Coordinator (SDC) Registered Nurse (RN) on 06/03/2026 at 10:30 AM, revealed that the trach circuits were not changed unless needed by the respiratory therapist, who came twice weekly. An observation of tracheostomy suctioning performed by LPN LL and the SDC, at bedside, on 06/03/2026 at 10:45 AM, revealed contamination during sterile glove donning. LPN LL opened the suction kit, pulled out the sterile gloves, laid them on top of the open suction kit, and donned (put on) them not using sterile technique. She then handled the suction catheter, touching the outside of the tracheostomy, while attempting to pass the catheter into the tracheostomy to suction. An interview with the SDC RN on 06/03/2026 at 2:30 PM, revealed and confirmed the need for sterile gloves and sterile tracheostomy suctioning. An interview with the Director of Nursing (DON) on 06/04/2026 at 11:35 AM, revealed that she expected the staff to perform sterile tracheostomy suctioning and understand that the circuit hose needed to be off the floor. An interview with the Administrator on 06/04/2026 at 1:34 PM ,revealed that she expected all nursing procedures to be performed in accordance with the standards of care.

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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** Based on observations, staff interviews and review of facility policy titled, Preventative maintenance program, the facility failed to ensure residents were provided with a safe, clean, and comfortable environment, as evidenced by unclean Packaged Terminal Air Conditioner (PTAC) unit filters in three of nine rooms on 300 Hall (rooms [ROOM NUMBER]), two of 16 rooms on 400 Hall (rooms [ROOM NUMBERS]), and one of 16 rooms on the 500 hall (room [ROOM NUMBER]). This deficient practice had the potential to expose residents to poor air quality and contaminants throughout the environment. Findings Include: Review of facility policy titled, Preventive Maintenance Program. revealed 1. The maintenance director is responsible for developing and maintaining a schedule of maintenance services to ensure that the building's grounds and equipment are maintained in a safe and operable manner. 2. The maintenance director shall assess all aspects of the physical plant to determine if preventative maintenance is required. Required preventive maintenance may be determined from manufacturers recommendations, maintenance requests, grand rounds, life safety requirements, or experience. Review of the facilities online maintenance platform documentation provided by the facility titled, Clean Air filter, revealed the stated schedule (monthly) and instructions on how to clean the filter. Observations conducted on 06/01/2026 at 10:33 AM and 06/02/2026 at 12:43 PM of room [ROOM NUMBER] revealed PTAC filters with heavy gray fuzzy debris. Observation conducted on 06/01/2026 at 10:37 AM and 06/02/2026 at 12:44 PM of room [ROOM NUMBER] revealed PTAC filters with heavy gray fuzzy debris. Observation conducted on 06/01/2026 at 10:52 AM and 06/02/2026 at 12:46 PM of room [ROOM NUMBER] revealed PTAC filters with heavy gray fuzzy debris. Observations conducted on 06/01/2026 at 10:00 AM, 06/02/2026 at 10:55 AM, and 06/03/2026 at 2:00 PM, of room [ROOM NUMBER], revealed PTAC filters with heavy gray, fuzzy debris. Observation conducted on 06/01/2026 at 10:03 AM, 06/02/2026 at 10:57 AM, and 06/03/2026 at 2:03 PM of room [ROOM NUMBER] revealed PTAC filters with heavy gray, fuzzy debris. Observation conducted on 06/01/2026 at 10:11 AM, 06/02/2026 at 11:05 AM, and 06/03/2026 at 2:10 PM of room [ROOM NUMBER] revealed PTAC filters with heavy gray, fuzzy debris. Interview conducted on 06/03/2026 at 2:20 PM with the Maintenance Director confirmed that there was a significant debris present on the units observed. He further stated that PTAC filters were generally cleaned monthly and noted that the PTAC units had not been cleaned recently. He stated that the facilities online maintenance platform would let the staff know when the filters needed to be cleaned and how to go about cleaning them. Interview conducted on 06/04/2026 at 2:16 PM with the Administrator revealed that the usual expectation was to follow the schedule in the facilities online maintenance platform for cleaning the units. The Administrator stated that maintenance were expected to clean the units/filters when they needed cleaning.

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, record review, and review of the facility policy titled, Self-Administration of medication, the facility failed to ensure that one of 60 sampled residents (R) (R7) did not have unauthorized and unsecured medications at the bedside. This failure created the potential for medication errors and unauthorized access to medications by other residents. Findings include:A review of the facility policy titled Self-Administration of Medications, revised December 2016, revealed the Policy Statement is that residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so. Policy Interpretation and Implementation 1. As part of their overall evaluation, the staff and practitioner will assess each resident's mental and physical abilities to determine whether self-administering medications is clinically appropriate for the resident; . 5. The staff and practitioner will document their findings and the choices of the residents who are able to self-administer mediations; .8. Self-administered medications must be stored in a safe and secure place, which is not accessible by other residents. If safe storage is not possible in the resident's room, the medications of residents permitted to self-administer will be stored on a central medication cart or in the medication room. Nursing will transfer the unopened medication to the resident when the resident requests them; 9. Staff shall identify and give to the Charge Nurse and medications found at the bedside that are not authorized for self-administration, for return to the family or responsible party. A review of the electronic medical record (EMR) for R7 revealed resident was admitted with diagnoses of, but not limited to, renal disease, type 2 diabetes, heart failure unspecified, hypertension (HTN), hyperkalemia and bipolar disorder.The resident's Comprehensive admission Minimum Data Set (MDS), dated [DATE], revealed a Brief Interview for Mental Status (BIMS) was coded as 15, which indicated no cognitive impairment. Review of the EMR for R7 revealed there was no evidence that an assessment was completed for self-medication administration of medications.Review of Physician Orders for R7 revealed there was not an order for resident to have medications at bedside for self-administration. Observation on 06/02/2026 at 12:41 PM, revealed one bottle of over-the- counter calcium carbonate on R7's bedside nightstand, There was no name or open date on the identified medication.Observation on 06/02/2026 at 3:30 PM, revealed the over-the-counter medication remained on R7's bedside nightstand.Observation and interview with R7 on 06/04/2026 at 11:48 AM, revealed that the over-the-medication was still on his room bedside table. He stated that he had it because his doctor told him that he needed it, and the nurses at the facility never gave it to him. He stated that he kept in his nightstand and took it himself before meals. Interview and observation with Licensed Practical Nurse (LPN) AA and the Staff Development Coordinator on 06/04/2026 at 11:51 AM confirmed the over-the-counter medication at the R7's bedside. During an interview on 06/04/2020 at 1:40 PM, with Director of Nursing (DON), the DON revealed that if medications were brought from home, they were to be given to the nurse. She stated that her expectation for any unauthorized medication found at the bedside of a resident should be removed immediately.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility's policy titled, Resident Assessment-Coordination with PASARR Program, the facility failed to assess and apply for PASARR II (Preadmission Screening and Resident Review) services for one of 60 sampled residents (R) (R1). This deficient practice had the potential for R1's mental health needs to go unmet.Findings include: Review of the electronic medical record (EMR) revealed R1 was admitted with pertinent diagnoses, including but not limited to, hemiplegia and hemiparesis following cerebral infarction affecting the left side, chronic obstructive pulmonary disease, major depressive disorder, general anxiety disorder, unspecified psychosis, and suicidal ideations.Review of R1 quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 9, which indicated R1 had moderate cognitive impairment. Section GG, functional status, revealed R1 required extensive assistance for activities of daily living (ADLs) with one or more-person assistance due to pain and weakness.Review of the care plan for R1 revealed, Problem-R1 is at risk for alteration in mood r/t (related to) suicidal ideations, anxiety disorder, major depressive disorder, unspecified psychosis.Interview on 06/01/2026 at 2:18 PM with R1, revealed R1 stated that he does not receive counseling or psychological assistance for his anxiety. An interview with Licensed Practical Nurse (LPN) CC on 06/01/2026 at 2:26 PM revealed R1 had just received that R1 did not have orders for mental health to see him.An interview with the Social Services Director on 06/03/2026 at 10:36 AM revealed that she handled the preadmission PASARR assessments, but if a resident received a mental health diagnosis after admission, she did not apply for a PASARR II assessment.An interview with the Administrator on 06/04/2026 at 11:30 AM, revealed that she was unaware that the Social Service Director had not applied for PASARR II for residents with a psychiatric diagnosis after admission. She confirmed that the Social Service Director was responsible for that aspect of the residents' care.

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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** Based on observations, record review, staff and resident interviews, and review of the facility policy titled, Activities of Daily Living, the facility failed to ensure that Activities of Daily Living care was provided for one dependent resident (R) (R28) related to bed baths and nail care. The deficient practice had the potential for to place R28 at risk of a diminished quality of life. Findings include:Review of the facility's policy titled, Activities of Daily Living, review date 03/01/2025, revealed in section, Policy Explanation and Compliance Guidelines, . 3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.Review of the annual Minimum Data Set (MDS) dated [DATE] for R28 revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating cognitively intact.Review of the care plan dated 05/31/2025 indicated R28's Focus: needs assist with grooming, bathing, and personal hygieneReview of the bath schedule master sheet revealed room [ROOM NUMBER]B was on the list for a shower and bath on Tuesday, Thursday, and Saturday, and evening shift.Review of shower and bath report for R28 dated April 2026 through June 2026 revealed on 05/16/2026, refused, and 06/02/2026 bed bath completed by Certified Nursing Assistant (CNA) QQ. Bath and shower report documented R28 was not checked for toenails in need of podiatry referral. Review of Podiatry Visit lists dated 02/24/2026, 05/11/2026, 05/12/2026 and tentative mid-July; R28 was not listed for podiatry visits. On 06/03/2026 at 11:41 AM, the Social Service Director provided email to the podiatry partner to add R28 to the list. Observation and interview on 06/01/2026 at 3:02 PM, with R28 revealed that she has not had a shower since her admission. She stated she had not received bed baths, nor had she been offered or provided with toenail grooming.An observation and interview conducted on 06/02/2026 at 12:43 PM, indicated that the R28 toenails was long and untrimmed; however, confirmed she had finally received a bed bath.Observation and Interview on 06/02/2026 at 3:24 PM, conducted with Licensed Practical Nurse (LPN) AA, LPN AA reviewed the shower and bath report for R28 and confirmed that R28's toenails were long and untrimmed.Observation and Interview on 06/02/2026 at 3:52 PM, with CNA SS , CNA SS stated she provided R28 with a bed bath on 06/02/2026. However, during the review of the shower and bath report dated 06/02/2026, CNA SS acknowledged she recorded that she had done so based on R28's response when she inquired if a bed bath had been administered. CNA SS could not confirm the exact dates bed baths were provided from daily charting.During an interview on 06/03/2026 at 10:16 AM, CNA QQ confirmed that she provided R28 with a bed bath on 06/02/ 2026. However, she was not aware that she needed to check off additional observations. CNA QQ confirmed that R28's toenails were long and stated that she would make the necessary corrections to the bath and shower report.Observation and Interview on 06/03/2026 at 10:48 AM, with the Director of Health Services (DHS), indicated that the Certified Nursing Assistant and/or Unit Manager must inform the DHS if a referral was necessary. Depending on the urgency, the resident will be referred to an outside provider but will also be placed on the podiatry referral list as initiated by the Social Services Director.An interview conducted on 06/03/2026 at 11:25 AM with CNA PP indicated that he administered bed baths to R28. CNA PP was unable to confirm the accuracy of dates on which bed baths were provided.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, staff interviews, record review, and review of the facility policy titled, Medication Administration, the facility failed to discard expired medications on two of four medication carts reviewed. This deficient practice created the potential for expired, improperly stored medications to be used in resident care, placing residents at risk for compromised safety and potential adverse consequences.Findings include:Review of the facility's policy titled, Medication Administration, revealed under Policy Explanation and Compliance Guidelines: .13. Identify the expiration date. If expired notify the manager.Observation on 06/02/2026 at 7:56 AM of the medication cart for the 200 Hall revealed two pill bottles containing Novolog insulin vials that had been opened with expiration dates of 04/22/2026 and 05/09/2026; confirmation was done with Licensed Practical Nurse (LPN) CC.Observation of the 400 Hall medication revealed one insulin vial dated 05/27/2026 and confirmed by Certified Medication Aide (CMA) GG were observed on 400 hall medication cart and confirmed by Unit Manager LPN AA.Interview on 06/03/2026 at 11:16 AM with the Administrator revealed that she expected the nurses on the medication carts to check daily for the expired medications.Interview on 06/04/2026 at 11:00 AM with the Director of Nursing (DON) revealed that she expected the cart to be checked daily by the nurse, she stated the label and expiration date should be checked on all the medications and if expired, removed from the cart and call the pharmacy for replacement.Interview on 06/04/2026 at 11:15 AM with the Assistant Director of Nursing (ADON) revealed that she expected the nurse to check expired medication and remove them from the cart daily and then reorder them from the pharmacy. She revealed that nurses should be checking the cart and reordering supplies prior to the ones on the cart expiring.