

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER Zebulon Park Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 343 Plantation Way Macon, GA 31210	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure allegations of potential abuse were thoroughly investigated for one of three residents (R) (R4) who had an injury of unknown origin. Finding included: A review of the facility policy, last revised on 12/27/2024, titled Abuse Prohibition - Reporting and Investigating, documented that interviews will be conducted with pertinent parties. Written signed statements from any parties involved will be obtained if possible. a signed interview would be an appropriate alternative. Information regarding the event will be gathered from the suspect, the person making accusations, the patient involved, reliable patients who may have witnessed the incident, and any other persons who may have credible, pertinent information. Identify any possible conflicts between witnesses. A review of the electronic medical record (EMR) revealed that R4 was admitted to the facility on [DATE] and was discharged on 6/16/2025 with medical diagnoses that included, but were not limited to, hypertensive heart disease with heart failure, difficulty in walking, gout, and Type 2 diabetes mellitus with diabetic neuropathy. A review of the Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 6/4/2025 revealed that R4 was assessed to present with a Brief Interview for Mental Status (BIMS) score of 12 out of 15, indicating R4's cognition was moderately impaired. A review of the facility report revealed that R4 had an unwitnessed fall on 6/13/2025 and was assessed at that time to have no injuries following the fall. It was documented that on 6/16/2025, R4 reported pain in the lower right extremity. An order was obtained on 6/16/2025, and the results revealed the right femoral neck fracture. A review of the facility follow-up report, documented by the Director of Nursing (DON) and Administrator, revealed that they reviewed the documents from the fall and interviewed staff involved. It was reported that R4 reported he had fallen when trying to get up and that R4 had a moderate impairment that affects his safety awareness. It was further documented that he was cognitively aware enough to provide an accurate account of what happened. A review of the facility follow-up investigations revealed no written staff interviews for employees who worked with R4 from 6/13/2024 through 6/19/2024 regarding leg pain and unknown injury. During an interview on 9/3/2025 at 2:02 pm with the Director of Nursing (DON), she stated that the Administrator was responsible for the reportable investigations, and she would assist if any assistance was needed. The DON stated Licensed Practical Nurse (LPN)1 was the nurse working that Friday (6/13/2025) when R4 fell, and she believed she talked to her about the incident. She stated that LPN1 said that R4's pain was stable, and then he had an acute change in pain, but she couldn't recall when that acute change in pain was. The DON stated she knows it wasn't that Friday or Saturday after the fall. The DON confirmed that R4's pain levels should have been documented in his medical record. During an interview on 9/3/2025 at 2:29 pm, the administrator stated she was the Abuse and Neglect Coordinator and responsible for conducting all facility investigations. The administrator stated R4 fell on 6/13/2025, and no injury or pain was noted at that time. The administrator stated that on 6/16/2025, R4 started reporting increased pain. She stated that the nurse practitioner was in the facility, saw him, and ordered X-rays. The administrator stated R4 was at the hospital during their investigation, but they did interview staff who were assigned to R4 on 6/13/2025. The administrator stated she did not get statements from any of the staff; she just verbally interviewed them due to the written statements being very lengthy. During a follow-up interview on 9/3/25 at 2:44 pm, the DON stated they followed up with LPN1 on 6/16/2025 to see if R4 had any pain over the weekend, and LPN1 stated there was no increase in pain during her shifts over the weekend. The DON denied following up with other staff regarding R4's pain but stated that pain is monitored on medication administration records. A review of the electronic medical record (EMR) revealed that there was no pain documented for R4 from 6/13/2025 until 6/16/2025.</p>		