

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 09/13/2024
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48338</p> <p>Based on staff interviews, record review, a review of the facility's policy titled Dialysis Resident, and a review of the facility-provided document titled Dialysis Pre/Post Communication Report, the facility failed to consistently complete clinical assessments after dialysis treatments for one of three residents (R) receiving dialysis outside of the facility (R263).</p> <p>Findings include:</p> <p>A review of the facility policy titled Dialysis Resident, with a review date of 12/29/2023, revealed the intent and procedure was to promote continuity of care for the dialysis patient.</p> <p>A review of a facility-provided document titled Dialysis Pre/Post Communication Report revealed a section should be completed by the facility staff before transport to dialysis and sent with the resident to the dialysis center, a section completed by the dialysis staff after dialysis treatment and returned to the facility with the resident, and a section completed by the facility staff upon the residents' return to the facility after dialysis treatment. The three sections included an assessment of vital signs.</p> <p>A review of R 263's Face Sheet revealed diagnoses including, but not limited to, end-stage renal disease.</p> <p>A review of R263's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed section I (Active Diagnoses) documented a diagnosis of end-stage renal disease and section O (Special Treatments and Programs) documented the resident received hemodialysis while a resident.</p> <p>A review of R263's care plan revealed a focus area of R263 received dialysis. The goal was the resident would not experience complications secondary to dialysis.</p> <p>A review of the Dialysis Pre/Post Communication Report documents for R263 revealed the documents dated 5/30/2024, 6/1/2024, 6/4/2024, 6/6/2024, 6/18/2024, and 6/22/2024 did not have documentation of the post-dialysis assessment.</p> <p>In an interview on 9/12/2024 at 2:48 pm, the Director of Nursing (DON) and Administrator confirmed there was no documentation of a post-dialysis assessment for R263 after each dialysis treatment. The DON acknowledged the Dialysis Pre/Post Communication Report should be completed with each dialysis treatment.</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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