STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115319	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fifth Avenue Health Care	505 North Fifth Avenue Rome, GA 30165

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations and staff interviews, and review of the facility policy titled, Preparing Pureed Foods, the facility failed to prepare pureed food in a manner that preserved the nutrient value of resident meals. The deficient practice had the potential to affect 15 of 15 residents receiving an oral pureed diet.Findings include:A review of the facility policy titled Preparing Pureed Foods last revised March 2024 revealed under Procedure: 1. Prepare food following the recipe for the regular textured foods. Pureed food should have the same flavor as their regular texture counterpart.Review of the recipe for Pureed Spaghetti Noodles dated March 2024 revealed instructions were:1. Place spaghetti noodles in a food processor.2. Add 2% (percent) white milk and butter or margarine and process until smooth.3. Add thickener and process briefly until mixed.Observation and interview on 9/27/2025 at 9:30 am with Head [NAME] (HC) AA revealed that HC AA filled a plastic pitcher with an unmeasured amount of water. She then placed a serving of spaghetti noodles for each resident on the puree diet into the food processor bowl and began to puree them. As she pureed the noodles, she gradually added small increments of water from the pitcher until it was all used, continuing to puree until the desired consistency was achieved.During an interview on 8/28/2025 at 8:30 am with HC AA in the dining room, HC AA explained that the facility had 15 residents on a pureed diet. She described her process for making puree, which involved gathering all the ingredients, beginning the pureeing process, and washing the food processor between recipes. HC AA mentioned that she used puree recipes and had been doing this for so long that she had memorized them. HC AA acknowledged that she did not refer to the puree recipes while preparing the meals observed. She further verified using water to puree the noodles when the recipe called for milk. She explained this choice by mentioning that warming the milk takes longer and did not puree as quickly as water. HC AA stated that she understood she was supposed to follow the recipes.During an interview on 8/28/2025 at 9:10 am with the Certified Dietary Manager (DM) in the dining room, the DM stated that she expected her staff to adhere to the puree recipes when preparing pureed foods. She acknowledged that she was not aware that the recipes were not being followed and confirmed that she did not provide oversight to ensure that staff complied with the recipes.During an interview on 8/28/2025 at 12:50 pm with the Administrator in her office, the Administrator stated that she was unaware that the kitchen staff were not following the recipes for preparing pureed food. She said that her expectation was for the staff to adhere to the puree recipes when preparing meals for residents on a pureed diet. She also mentioned that failing to follow these recipes could compromise the nutritional value of the food.

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and a review of the facility policy titled Food Storage Guidelines, the facility failed to discard food items past the best-by date. This deficient practice had the potential to affect 66 of 66 residents receiving an oral diet.Findings include:Review of facility policy titled Food Storage Guidelines last revised August 2017 revealed under Procedure: .2. Discard will be up to the expiration and/or Used By Date on the Product.Observation on 8/26/2025 at 10:00 am of the walk-in cooler revealed a box containing one open bag of bacon with a best by date of 8/23/2025. Continued observation of the walk-in cooler revealed a rolling cart containing six 240 ml (milliliter) boxes of whole milk, which had a best by date of August 2025.Observation on 8/26/2025 at 10:10 am of the dry food storage revealed three 14 ounce boxes of thickened cranberry cocktail juice with a best by date of July 2025.During an interview on 8/26/2025 at 10:01 am, the DM confirmed the opened box of bacon had a best by date of 8/23/2025, the six boxes of whole milk had a best by date of August 2025, and the three 14-ounce boxes of thickened cranberry cocktail juice had a best by date of July 2025.During a follow-up interview on 8/27/2025 at 10:08 am with the DM, she explained that all kitchen staff were responsible for checking the expiration dates of stored food items. She expected the kitchen staff to check these dates on Mondays and Tuesdays each week, as new supplies were delivered on those days. The DM also mentioned that she did not currently have a method in place to oversee whether the stored food items were being rotated and discarded according to their best by dates.During an interview on 8/29/2025 at 12:50 pm with the Administrator, she explained that she was unaware that expired food items were not being removed and discarded properly. She expected the kitchen staff to rotate kitchen goods and check expiration dates regularly. When items expired, she expected them to be pulled and discarded. The Administrator further noted that failing to discard expired food could lead to residents contracting foodborne illnesses or experiencing gastrointestinal issues.

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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 the facility policies titled, Legionella Water Management Program and Handwashing/ Hand Hygiene, the facility failed to develop an effective water management program and failed to perform hand hygiene or wash hands when entering and exiting resident rooms when serving lunch trays. The deficient practice of not developing an effective water management program had the potential to affect the health and safety of all residents that reside in the facility and failing to perform hand hygiene or hand washing to affect 64 residents who received a food tray from the kitchen. The facility census was 66 residents.Findings include: Review of facility's undated policy titled Handwashing/ Hand Hygiene with a revised date of February 2021 revealed under Policy Statement: The facility considers hand hygiene to be the primary means of preventing the spread of infection. Under Policy Interpretation and Implementation: .2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.7. Use an alcohol-based hand rub containing at least 62% (percent) alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: .o. Before and after assisting a resident with meals. Review of the facility policy titled Legionella Water Management Program with an acceptance date of 5/6/2025 revealed under Policy Interpretation and Implementation: 1. As part of the infection prevention and control program, our facility has a water management program which is overseen by the water management team. 1. Review of the Water Management Program binder provided by the Maintenance Director revealed a map of a facility tracing the water flow, but it was from a different facility. Review of a separate binder revealed that water temperatures were checked weekly. An interview on 8/28/2025 at 12:36 pm with the Maintenance Director revealed that he checked water temperatures every week including resident rooms, shower rooms, and any rooms that had sinks in them. He also drained water heaters once a month. He stated that they did not test the water for legionella. The Maintenance Director confirmed that the facility map in the provided binder was not for this facility and confirmed that they did not have a written diagram of the water flow or a map tracing water flow for this facility. An interview on 8/28/2025 at 2:13 pm with the Administrator confirmed there was no other water management program binder for the facility other than what was already provided. She confirmed there was no map or written diagram of the water flow for the facility. She stated that the Maintenance Director was responsible for the water management program. She was not aware of any testing for legionella for the facility. She stated that potential negative outcomes of not having an effective water management program could lead to residents, staff and visitors getting legionella and becoming sick. 2. Observation on 8/28/2025 at 12:30 pm revealed two Certified Nursing Assistants (CNAs), CNA BB and CNA CC, passing lunch trays from an open tray cart to residents in their rooms during lunch in the facility's East hallway. CNA BB was observed taking a lunch tray into resident room [ROOM NUMBER] without washing or sanitizing her hands upon entering or exiting the resident room. She was additionally observed failing to wash or sanitize her hands when entering and exiting room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	[ROOM NUMBER], and room [ROOM NUMBER]. CNA CC was observed taking a resident's lunch tray without washing or sanitizing her hands when entering and exiting resident room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER]. During an interview on 8/28/2025 at 12:50 pm with CNA BB, she revealed that alcohol-based hand sanitizers were available on the walls inside the residents' rooms and in the hallways. She stated that she was required to sanitize her hands between serving each resident. However, she acknowledged that she failed to wash or sanitize her hands between residents while serving lunch trays. CNA BB noted that she received weekly training on proper hand washing techniques. During an interview on 8/28/2025 at 1:00 pm with CNA CC, she revealed that she was required to sanitize her hands each time she entered a resident's room with a tray and again when she exited. She added that she didn't need to sanitize her hands between serving residents as long as she didn't touch the resident or anything in their room. CNA CC acknowledged that she failed to wash or sanitize her hands between residents while serving lunch trays. She said that she received bi-weekly in-service training that includes hand hygiene. During an interview on 8/28/2025 at 12:50 pm with the Administrator, she discussed the importance of hand hygiene. She stated that she was unaware that staff members were not practicing proper hand hygiene while distributing meal trays to residents. She said she expected all staff handling resident trays to perform hand hygiene between each resident, regardless of whether they had touched anything while in the resident's room or not. The Administrator further noted that failing to practice hand hygiene could result in infection control issues and potential gastrointestinal illnesses.

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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, record review, resident and staff interviews, and review of facility policy titled, Medication Administration, the facility failed to assess one of 41 sampled residents (R) (R12) for self-administration of medication. The deficient practice had the potential to result in negative outcomes such as medication errors, incorrect dosages, or access by other residents. Findings include: Review of the facility's policy titled Medication Administration indicated under Preparation and General Guidelines: .B. Administration.14. Residents are allowed to self-administer medication when specifically authorized by attending physician and in accordance with procedures for self-administration of medication.A review of the electronic health record (EHR) for R12 revealed the resident was admitted to the facility with diagnoses including, but not limited to, chronic obstructive pulmonary disease (COPD), chronic respiratory failure with hypercapnia, type 2 diabetes mellitus, ischemic heart disease, and heart failure.A review of the quarterly Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. Additional findings included partial to moderate assistance needed with several activities of daily living (ADLs), with independence in oral hygiene and set-up assistance with toileting.Review of physician orders dated 4/27/2024 indicated R12 was prescribed Arnuity Ellipta Inhalation Aerosol Powder Breath Activated (fluticasone furoate) 100 micrograms (mcg), one puff orally daily for chronic respiratory failure with hypercapnia. Further review of physician orders revealed no orders for self-administration of medications.Review of the EHR on 8/26/2025 revealed no documentation of a self-administration assessment for R12.Interview and observation on 8/26/2025 at 10:05 pm revealed an orange and white container of Arnuity Ellipta inhalation powder on R12's bedside table. R12 revealed the inhaler was her asthma medicine. She reported the nurse, Licensed Practical Nurse (LPN) DD, brought the inhaler in the morning, left it at bedside for use, and returned later to retrieve it. R12 stated this occurred frequently.Interview and observation on 8/26/2025 at 10:26 pm with LPN DD revealed she tended to leave the inhaler at the bedside for R12's use and came back to pick it up after she delivered medications to other residents. She acknowledged this was not the usual protocol and identified a potential negative outcome of another resident accessing the medication. She confirmed medications should not be left at the bedside.Interview on 8/28/2025 at 12:06 pm with the Director of Nursing (DON) revealed there were no residents in the facility who were authorized to self-administer medications. She stated she was aware of the inhaler being left at the bedside and that staff were instructed not to leave medications at bedside due to risks, including wandering residents obtaining access.Interview on 8/28/2025 at 2:14 pm with the Administrator revealed there were no physician orders in place permitting residents to self-administer medications. She acknowledged being aware of the incident and stated medications should not be left at the bedside. She identified potential negative outcomes, including unauthorized access, infection control concerns if not stored properly, and the possibility of residents using medications more frequently than prescribed.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 the facility policy titled, Maintenance Service, the facility failed to maintain a safe, clean, comfortable, homelike environment in two of 25 rooms on East Hall (room [ROOM NUMBER] and room [ROOM NUMBER]) and free of black substance in one of 34 rooms on [NAME] Hall (room [ROOM NUMBER]). Specifically, ceiling tiles were stained with brown and black marks. The deficient practice had the potential to compromise the hygiene and safety of the room environments, negatively impacting the health and well-being of residents.Findings include: 1. Observation on 8/26/2025 at 10:58 am and 8/27/2025 at 3:46 pm of room [ROOM NUMBER] revealed brown stains on ceiling tiles above the bed and above the window. Observation on 8/26/2025 at 10:35 am and 8/27/2025 at 3:45 pm of room [ROOM NUMBER] revealed brown stains on ceiling tile above the bed. Interview and observation on 8/28/2025 at 11:24 am with the Maintenance Director of room [ROOM NUMBER] and room [ROOM NUMBER] revealed there had been leaking from the roof and they were working with the roofers to patch things up. He stated he agreed it's not a homelike environment and would get the ceiling tiles replaced. He stated 75-80% (percent) of the time that staff members did let him know about concerns in rooms, but it was getting better now. They were using agency staff in the past. He stated they have plans in the future to renovate the building and would do one room at a time. Interview on 8/28/2025 at 2:13 pm with the Administrator revealed when asked about her expectations for providing a safe, clean, comfortable, homelike environment for the residents, she stated that they were currently working on the roof and were changing out ceiling tiles as needed. She stated there was a schedule on an electronic system that the Maintenance Director followed; but she also expected him to make rounds every day. She expected him to check ceiling tiles after heavy rain due to known roof issues. She further stated that potential negative outcomes included respiratory issues due to air quality and mold as well as safety hazards. 2. An observation on 8/26/2025 at 10:43 am in room [ROOM NUMBER] on the [NAME] Hall revealed a buildup of black substances on the ceiling by the window in the corner of the room. Further observation revealed black marks on the wall behind the bed. An observation on 8/28/2025 at 9:59 am revealed a buildup of black substances on the ceiling by the window in the corner of the room. Further observation revealed black markings on the wall behind the bed. An interview and observation on 8/28/2025 at 11:24 am with the Maintenance Director confirmed the presence of the black substances on the ceiling tile and stated it was probably mildew. He stated that he did not realize the ceiling was like that, that it was not good, and that it needed to be changed. He stated a possible negative outcome could be the smell and ingesting it could affect the resident's health.

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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** Based on observations, resident and staff interviews, record review, and review of the facility policy titled, Comprehensive Care Plan, the facility failed to develop and implement a comprehensive care plan for eye glasses and tobacco use for one of four residents (R) (R50) care plans reviewed. The deficient practice had the potential for unmet care needs for R50.Findings include:Review of the facility policy titled Comprehensive Care Plan revised January 2021 revealed under Policy Explanation and Compliance Guidelines: 1. The care planning process will include an assessment of the resident's strengths and needs and will incorporate the resident's personal and cultural preferences in developing goals of care.Review of R50's admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 9, which indicates R50 had moderate cognitive impairment. Section B (Hearing, Speech, and Vision) revealed R50 had impaired vision.Review of R50's care plan indicated a focus initiated on 7/17/2025 that documented R50 had impaired visual function and wears reading glasses at times. Goals included R50 will be maintained in a safe environment as evidenced by no injury related to visual impairment for 90 days. Interventions included but were not limited to ensure reading glasses are available.Further review of R50's care plan revealed no evidence of tobacco usage on the care plan.Review of an Activities Assessment-Initial/admission dated 7/7/2025 revealed that R50 has a current interest in reading and audiobooks. Further review of the assessment revealed that the resident states that she wears reading glasses only.In an interview and observation on 8/26/2025 at 10:25 am with R50, she stated that she needed glasses and had not seen her glasses since she moved into the facility. An observation made at this time revealed a can of chewing tobacco on table. R50 stated she used it once a day and usually had it on her table so she could use it when she wanted. She further stated she usually had someone open it as she has limited function of her hands.In an interview on 8/27/2025 at 12:40 pm with R50, she repeated that she needed glasses. She stated that she used her glasses to be able to read and see things she usually cannot see clearly, such as her television.An interview on 8/27/2025 at 1:02 pm with Licensed Practical Nurse (LPN) GG revealed when asked about R50's glasses, that the resident might have come to the facility with reading glasses, but she had not seen her wear them. She was not aware of any visual impairment for R50. When asked about the tobacco, LPN GG stated that R50 typically had pouches of tobacco, gets them herself, and puts them in her mouth herself. She stated that staff help to open the canister; and R50 was able to get the pouches out and removed them herself. She confirmed the tobacco was kept at R50's bedside. She further stated that staff did not do anything to monitor her use of tobacco.An interview on 8/28/2025 at 9:47 am with LPN JJ revealed she has not seen any glasses for R50. When asked about R50's tobacco, she stated that she was not sure if the tobacco should be kept at the bedside, but she thought that the tobacco should be care planned.An interview on 8/28/2025 at 10:01 am with LPN KK revealed she had not seen any glasses for R50.An interview on 8/28/2025 at 10:30 am with Unit Manager (UM) FF revealed that R50 came into the facility with glasses. She had not seen R50 with any glasses recently but would try to look for them. She confirmed that R50's care plan stated to ensure reading glasses were available for R50. She confirmed the CNAs could see the kardex with the exact wording and that CNAs were prompted to see the care plan every shift. She further stated that nurses would have to look for it in the care plan. When asked why the care plan was not being followed, Unit Manager FF could not explain why the care plan was not being followed. When asked about the tobacco canister, UM FF stated she was aware of the chewing tobacco and that staff assisted with opening the can for R50; and they provided a cup and disposed of the cup after R50 was finished with the tobacco. UM FF further stated it was typically kept at her bedside. When asked if the tobacco use was care-planned, she stated that the care plan for tobacco use was dated (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	8/27/2025, the second day of the survey. She did not know why it was not on the care plan prior to the surveyor's initial observation.In an interview on 8/28/2025 at 11:40 am with the Director of Nursing (DON), she stated that she expected her staff to follow care plans. She further stated that CNAs have to acknowledge the plan of care every shift. When asked about the tobacco, the DON confirmed that it should be part of R50's care plan.

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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** Based on observations, resident and staff interviews, and record review, the facility failed to protect one of 41 sampled residents (R) (R28) from an accident with a fall. Specifically, R28 fell from a wheelchair to the floor.Findings include:Review of the electronic medical record (EMR) revealed resident R28 was admitted to the facility with diagnoses including but not limited to history of falling, acquired absence of right leg below knee, contracture, left ankle, other long term (current) drug therapy, and other reduced mobility.Review of R28's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 9, which indicates R28 is moderate cognitively impaired. Section GG (Functional Status) revealed R28 requires extensive assistance for activities of daily living (ADLs) with two or more-person assistance with transfers. Mobility not rated.Review of R28's care plan dated 6/27/2025 indicated a focus of R28 has potential for injury and is at risk for falls. Most recent Morse Fall Score (scoring system to help determine how likely a person is to experience a fall, ranging from 0 to 125, the higher the score, the more likely a fall will occur) is 40. R28 requires assistance of 2 staff with Full Body Lift for transfers and has a wheelchair for mobility and a lap buddy (a cushioned devise that fits in a wheelchair and assists with reminding a person not to get up by themselves) while in wheelchair to enable her to sit upright. Goal of R28 will have no falls with injury requiring hospitalization by/through the next review date. Interventions of 2 persons when in shower or use of shower bed for showers, encourage her to leave lap buddy in place until ready for transfers, initiate neuro (neurological)-checks per protocol if indicated, be sure R28's call light is within reach and encourage R28 to use it for assistance as needed, ensure bed/wheelchair is locked during transfer, ensure/educate to keep bed in lowest position, as she allows. Resident able to control bed, fall Risk Assessment upon admission, readmission, and quarterly, keep room and common areas free from clutter, keep personal care items within easy reach, therapy to screen quarterly and prn (as needed).Observation and interview on 8/26/2025 at 3:51 pm with R28 revealed a purple area surrounding her left eye and a purple area in the center of her forehead. When asked about the purple areas, R28 revealed she fell out of the wheelchair and had to go to the hospital. R28 further revealed she had to get stitches but could not express how she fell out of the chair.An interview on 8/23/2025 at 12:23 pm with Certified Nursing Assistant (CNA) EE confirmed she was the CNA working when R28 fell. CNA EE revealed R28 was not in the correct wheelchair and the wheelchair buddy was not fitted for her and not on the wheelchair properly. When the R28 was finished eating, CNA EE put R28 in her room and let her know she was going to get the lift and help to put her in the bed. When CNA EE came back, R28 was on the floor. CNA EE stated the nurse at the time was at the nurses' station and yelled R28 had fallen on the floor. When CNA EE came, they both observed R28's leg wrapped up/caught in the back of the wheelchair, her face was on the floor, and there was a lot of blood on the floor. R28's family and EMS (emergency medical services) were called and EMS got R28 off the floor and she left with them to go to the hospital. An interview on 8/26/2025 at 12:48 pm with the Director of Nursing (DON) revealed she was not in the building when the fall happened. The DON further revealed the Unit Manager on duty at the time did the investigation. The DON revealed she found out on Saturday (the day after the fall) via phone by the agency nurse who was present in the building. She revealed the staff told her about the fall and R28 being transported to the hospital. The DON stated she then notified the Administrator there was a fall and the resident was sent out to the hospital.An interview on 8/26/2025 at 1:40 pm with the Administrator confirmed she received a text from the DON on 8/16/2025 at 6:48 pm and stated she knew the resident was sent to the hospital and there was nothing for her to do. The Administrator further revealed R28 hit her head, and she was awake, alert and bleeding when she was sent out.