STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115321	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warrenton Woods of Journey LLC	813 Atlanta Highway Warrenton, GA 30828

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, and record review, the facility failed to accurately complete a PASARR for one resident (R)52. This deficient practice could result in the resident not receiving appropriate services. The census was 51. Findings Include:The facility submitted a document titled admission Guideline The section titled What is a PASARR? states the following, A PASARR screening is completed prior to admission or for any significant status change to determine if they are indicators of mental and/or mental retardation. This screening is intended to assess whether an individual is appropriate for nursing home placement. If admitting from the hospital, the case manager or discharge planner at that facility will typically do the PASARR. If admitting from home, the PASARR is typically completed by the facility. This is usually done by the social worker but could also be completed by admissions or the business office manager. EVERY admission MUST HAVE A PASARR APPROVED PRIOR TO admission TO FACILITY.LEVEL 1A Level 1 is completed to determine if there are positive indicators for mental health diagnosis or suspected diagnosis. Those who do not meet the Level 1 screening are referred for a Level 2 assessment. An approved Level 1 will show approved or denied. If denied, you will need to call and speak with someone regarding the denial. Many times support can fix the issue or give you additional information. Phone numbers listed below.LEVEL 2A completed Level 2 will always show pending in GAMMIS. You will only know it is approved when you receive a written letter from The Georgia Collaborative ASO. You will use the prior authorization on the letter for billing which begins with the number 9. (See attached example.)HOSPITAL LEAVE OR DISCHARGEA PASARR does not have to be redone if a resident discharges or transfers from the facility to the hospital.If a resident discharges (not LOA) home, a new PASARR must be completed because they fell below a skilled level of care. On the facility return if a new PASARR was required for a returning resident, the resident would be a new admission on your census line.Review of medical record revealed resident (R)52 was admitted on [DATE] with diagnoses that include but not limited to nontraumatic intracerebral hemorrhage, cerebral infarction, and bipolar disorder, unspecified.Review of Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 10. Section GG- Dependent with activities of daily living (ADL), related to impairment on both sides of lower extremities, manual wheelchair.Review of R52 care plan did not have a focus related to behaviors or R52 receiving antianxiety medications.An observation and interview on 03/30/2026 at 12:13 PM with R52 revealed R52 lying in the bed with brace on right arm. R52 revealed she has been here about two months and had not had any concerns.An interview on 04/1/2026 at 2:06 PM with the Social Service Director (SSD) revealed that R52 should have a PASARR one or two from the receiving facility. If they are a level one, the facility would put it into Georgia Medicaid Management Information System (GAMMIS) to see if they trigger a level two. An audit was recently completed, and no residents were identified during the audit needing a level two. The facility conducts an audit every three months. If a resident is schizophrenic, bipolar or any mental health issue they should have a PASARR two. It doesn't always trigger in GAMMIS. The business office submits the PASARR information to see if they trigger for a PASARR two. The business office will notify me. The SSD also revealed that she keeps track of the (continued on next page)

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	residents on PASARR. Interview on 04/01/2026 at 2:36 PM with Business office/HR Manager revealed, What will happen is the admission coordinators send me the admission paperwork. I will go on the DMA 6 and ensure it is signed and that the PASARR is approved or pending in GAMMIS. If it (PASARR) is pending that means it is not approved or it may need a level two PASARR. The resident cannot come in the building without a PASARR one or two. When the admission package comes in and does not PASARR they will let me know. We meet as a team. Dementia or Alzheimer stops a level two. Mental health disorders should trigger them for a level two. The Business office/HR Manager also stated that bipolar disorder should be considered for a PASARR two. An Interview on 04/01/2026 at 3:13 PM with the Director of Nursing (DON) revealed the business office manager reviews the PASARR and submit them. Our social worker then takes a look and will let us know what level the person transferred over as, whether they are level one or level two. The business office manager reviews the PASARR, but MDS is the one who puts in the diagnosis codes for the residence. The DON stated that a resident with a bipolar diagnosis should have a PASARR two completed. The DON stated that a dementia diagnosis may be a reason a resident would not have PASARR 2.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, record review, and review of the facility policy titled Medication Administration, the facility failed to ensure that one of four sampled residents (R) (R35) was free from significant medication errors. This deficient practice had the potential to place R35 at increased risk of adverse effects from medications.Findings include:Review of the facility policy titled Medication Administration, revised 2/14/2024, revealed the Policy section stated, Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. The Policy Explanation and Compliance Guidelines section included, . 10. Review MAR [medication administration record] to identify medication to be administered. 11. Compare the medication source (bubble pack, vial, etc.) with the MAR to verify the resident name, medication name, and form. dose, route, and time.Review of the electronic medical record (EMR) revealed resident R35 was admitted to the facility on [DATE] and diagnoses included, but were not limited to, encounter for orthopedic aftercare following surgical amputation, altered mental status, schizoaffective disorder, bipolar type, depression, and anxiety disorder.Review of the quarterly Minimum Data Set (MDS) assessment for R35, dated 12/30/2025, revealed a Brief Interview for Mental Status (BIMS) of 15, which indicated R35 was cognitively intact. Review of the Physician's Orders for R35 included, but was not limited to:Order dated 01/9/2026 for Abilify oral tablet 5 milligrams (mg) (Aripiprazole), give 0.5 tablet by mouth one time a day for schizoaffective disorder.Order dated 01/9/2026 sertraline hydrochloride (HCl) tablet 50 mg, give 0.5 tablet by mouth one time a day for depression. Observation of medication pass on 03/31/2026 at 9:40 AM for R35 revealed Registered Nurse (RN) CC administered sertraline 50 mg one whole tab and aripiprazole 5 mg one whole tablet to the resident.In an interview on 03/31/2026 at 2:25 PM, RN CC confirmed that the resident received the wrong medication dose. RN CC reviewed the medication package and confirmed it was mislabeled and stated that she had given what was in it. RN CC stated the dispensing order did not match the prescribing order. She stated she would notify the pharmacy.In an interview on 03/31/2026 at 3:30 PM, the Director of Nursing (DON) stated she would notify the physician and see if the correct medication was in the emergency medication supply. The DON stated the pharmacy had been notified, and they planned to conduct an audit of all resident medications.In an interview on 04/01/2026 at 3:13 PM, the DON revealed that some adverse effects of the resident receiving the wrong medication were that the levels could be off, they could have been in a stupor, having more confusion, and it could cause tardive dyskinesia because psychotropic medications do have black box warnings, and could have also caused a reverse effect and caused agitation.In an interview on 04/01/2026 at 3:45 PM, the Pharmacist stated that the pharmacy recently started servicing the facility and that there was a period of a few days during which orders were not communicated to the pharmacy. The Pharmacist stated potential effects of the resident receiving the wrong dose of sertraline and Abilify were overdose, nausea, tremors, anxiety, and restlessness.