

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/10/2025
NAME OF PROVIDER OR SUPPLIER  Bainbridge Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1155 West College Street Bainbridge, GA 39819	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>07342</p> <p>Based on observations, record review, and resident and staff interviews, the facility failed to ensure the right to receive services with reasonable accommodation of needs and preferences for one of 22 sampled residents (Resident (R) 60) reviewed for accommodation of needs. This failure had the potential to affect the residents through increased isolation leading to depression.</p> <p>Findings include:</p> <p>Review of the Face Sheet located under the Profile tab of the electronic medical record (EMR) revealed diagnoses of acute respiratory failure with hypoxia, chronic obstructive pulmonary disease unspecified, type two diabetes mellitus, mild intermittent asthma, heart failure unspecified, ataxic gait, muscle weakness, hypertensive heart, chronic kidney disease, left side weakness, and depression</p> <p>Review of the annual Minimum Data Set (MDS) with an Assessment Reference Date of 05/23/24 indicated R60 used his wheelchair to mobilize himself. His annual activity assessment indicated he preferred outings, television, movies, shopping, music, resident council, radio, and religion.</p> <p>Review of the quarterly MDS with an ARD of 01/26/25 indicated his Brief Interview for Mental Status (BIMS) of nine out of 15 which indicated the resident was moderately cognitively impaired.</p> <p>Review of the Orders tab of the EMR revealed the resident had a physician order to participate in activities as tolerated, dated 04/01/25.</p> <p>During an interview on 04/10/25 at 10:15 AM, R60 indicated he would prefer to be out of his room and active around the nursing facility but was not going to lug this thing around referring to his oxygen concentrator.</p> <p>During an interview on 04/10/25 at 10:40 AM, the Activity Director (AD) stated R60 liked to keep to himself and did very little outside of his room. The AD stated his brother frequently visited, and they spent most of their time in his room.</p> <p>During an observations and interview on 04/07/25 at 10:40 AM, R60 was lying in bed and stated he was bored. On 04/08/25 at 10:52 AM, he was observed in his bedroom in a wheelchair complaining of boredom. On 04/09/25 at 1:15 PM, he was observed in his room, and he stated nothing to do. On 04/10/25 at 10:10 AM, he was observed in his room stating he was bored and could not go anywhere because of his oxygen concentrator.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/10/25 at 10:20 AM, the Director of Nursing (DON) stated R60 used to have a tank and was more mobile, but he would sit out front all day, took the nasal cannula out of his nose, and allowed the tank to drain requiring them to frequently replace the tanks. The DON stated R60 could not tell them when his oxygen tanks were empty.</p> <p>During an interview on 04/10/25 at 10:30 AM, Nurse Practitioner (NP) 1 stated there was no reason R60 could not have a portable tank so he could mobilize himself in his wheelchair.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 07342</p> <p>Based on observation and staff interview, the facility failed to ensure that it maintained a safe, comfortable, homelike interior on two of four areas/zones (100-hall and 300-hall) and one of one resident (Resident (R) 60) reviewed for environment. The deficient practice has the potential to affect the homelike environment for eight residents in four bedrooms.</p> <p>Findings include:</p> <p>Observation of bedroom [ROOM NUMBER], the bathroom shared with bedroom [ROOM NUMBER] on 04/07/25 at 3:00 PM revealed the sink to the bathroom was loosely fitted to the wall and leaning forward severely to the point water was not draining from the sink. In addition, a hole was noted behind the wall measuring four inches by four inches. The bathroom door inside bedroom [ROOM NUMBER] at the door handle was discolored and dirty for a 12-inch area. During an interview with the Administrator and Maintenance Director on 04/10/25 at 10:05 AM, both verified the conditions noted.</p> <p>Observation of bedroom [ROOM NUMBER], the bathroom shared with bedroom [ROOM NUMBER] on 04/08/25 at 10:36 AM revealed the sink had two wooden posts holding up each end of the sink. The sink was loosely fitted on the wall. The bed near the window to the room had a hole in the wall measuring three inches wide by eight inches high. The same wall had severe, discolored scrapes and gouges five feet long and one and half feet off the ground. During an interview, R60 verified all the noted problems listed and continued by stating when using the bathroom with his wheelchair, the bathroom was so small that he was afraid he was going to knock out one of the posts with his wheelchair and the sink would fall off the wall onto him.</p> <p>Observation of bedroom [ROOM NUMBER] bathroom on 04/08/25 at 11:08 AM revealed the sink was leaning forward severely and appeared to be loosely braced on the wall. Interview with the Administrator and Maintenance Director on 04/10/25 at 10:05 AM both verified the conditions noted.</p> <p>Observation of bedroom [ROOM NUMBER] on 04/08/25 at 3:30 PM revealed the wall between the two beds was sunken from pervious repairs with severe discolored marks measuring over three feet wide.</p> <p>Interview with the Administrator and Maintenance Director on 04/10/25 at 10:05 AM both verified the conditions noted.</p> <p>During an interview on 04/10/25 at 10:05 AM, the Administrator and Maintenance Director verified all the conditions noted above. Further interview with the Maintenance Director (MD) indicated the facility had an informal policy to use Tels (electric system for repairs). The MD stated all staff were to submit maintenance requests in Tels which in turn was submitted as a request for repair. The MD stated the maintenance staff then made the repair from the Tels report. He stated he had not received any notice of the need to repair. He also indicated he made rounds routinely with his staff and had not made a request to repair the noted items.</p>		

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07246</b></p> <p>Based on record review, staff interviews, and policy review, the facility failed to ensure the comprehensive significant change assessment was completed within 14 days and reflected to include a pressure ulcer and significant weight loss for one of 22 sample residents (Resident (R) 62) reviewed for comprehensive assessments. This failure had the potential to lead to a lack of adequate care planning to heal R62's pressure ulcer and prevent further breakdown and the potential to lead to a lack of timely medical intervention, appropriate nutritional support, and compromised health outcomes.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Comprehensive Assessment with a revised date of 08/22, revealed under Policy .A comprehensive assessment will be completed with defined significant change. Under Guidelines item 1. The Assessment Coordinator is responsible for ensuring that the Interdisciplinary Assessment Team conduct timely resident assessments and reviews . Item c. When there has been a significant change in the resident's condition .</p> <p>Review of R62's Admission Record located in the electronic medical record (EMR) under the Profile tab, revealed medical diagnoses that included morbid obesity, hemiplegia and hemiparesis following a cerebral infarction affecting the left non-dominant side, depression, and dysphagia.</p> <p>Review of R62's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/26/24 and located under the MDS tab of the EMR, revealed R62 was admitted to the facility on [DATE]. The MDS documented R62 did not have pressure ulcers on admission and that he was at risk for pressure ulcers. No unstageable wounds were documented.</p> <p>Review of R62's Care Plan, dated 08/29/24 and revised 09/11/24, under the Care Plan tab of the EMR, revealed Focus: Nutritional/Hydration is at risk for altered nutritional/hydration status .The Goal: will maintain present weight +/- 5% .</p> <p>Review of the Care Plan, initiated and revised 09/11/24, located under the Care Plan tab of the EMR, revealed Focus: Bowel/Bladder .has mixed bladder incontinence .has potential for pressure ulcer development . The goals were to have intact skin, free of redness, blisters, or discoloration and to remain free from skin breakdown due to incontinence.</p> <p>Review of the vital signs and weights located in the electronic medical record (EMR) under the Vital Signs/Weights tab, revealed that R62's admission weight on 08/19/24 was 224.0 lbs. (pounds). On 09/13/24, 10/04/24, 10/05/24, and 10/09/24, R62's weight was 234.0 lbs., and on 12/04/24, R62 was 199.0 lbs. sustaining a weight loss of 35 pounds.</p> <p>Review of the monthly skin assessment dated [DATE] revealed R62 had an open area to the coccyx area. Prior assessment date 12/11/24, 12/04/24, 11/20/24, 11/02/24 indicated the skin was intact.</p> <p>Review of the Care Plan initiated and revised on 03/05/25 revealed Focus: has actual skin breakdown with treatment in progress DTI [Deep Tissue Injury] on both heels and stage III to coccyx.</p> <p>(continued on next page)</p>		

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/09/25 at 1:10 PM regarding R62's weight loss and pressure sores, the MDS Coordinator (MDSC) stated I haven't reset it [the date for the change in condition MDS assessment] yet, I was going to do it, but I got busy, I will do it now. I just got back and I'm trying to get everything organized.</p> <p>During an interview on 04/10/25 at 2:30 PM, the MDSC was asked to clarify what constituted a significant change that would require interdisciplinary review or revision of the care plan, or both. The MDSC stated that a significant change was a condition not expected to resolve within a 14-day period that could affect one or more areas, for instance a drastic weight loss or a stage three or four pressure sore. The MDSC confirmed that the 14-day grace period passed for R62 and the change in condition should have been completed. During the same interview on 04/10/25 at 2:30 PM, the MDSC stated that changes in conditions were discussed during clinical meetings every morning. She stated that weight loss, wounds, new medications, and falls were discussed during every clinical morning meeting.</p> <p>During an interview on 04/10/25 at 1:05 PM, the Director of Nursing (DON) stated that changes in conditions were discussed every morning during clinical meetings and that all department heads to include the MDSC, attended the morning clinical meetings. The DON further stated that during the morning meetings weight loss/gains, new infections, psychotropic medications, wounds, and falls were discussed. The DON further stated that a comprehensive assessment to reflect the residents' status would have been completed when there was a significant change in the residents' condition.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27375</b></p> <p>Based on record review, staff interview, and facility policy review, the facility failed to ensure an accurate Minimum Data Set (MDS) assessment for one of 22 sample residents (Resident (R) 21) reviewed for MDS. This failure had the potential to contribute to inaccurate assessment and care planning and for (R) 21 to not receive needed care and services.</p> <p>Findings include:</p> <p>Review of the facility's policy and procedure titled, Comprehensive Assessment, dated 03/25, revealed the following: Residents will receive an accurate assessment, reflective of the resident's status at the time of the assessment, by staff qualified to assess relevant care areas and are knowledgeable about the resident's status, needs, strengths, and areas of decline.</p> <p>Review of R21's Admission Record of the electronic medical record (EMR) located under the Admission tab, revealed an initial admitted [DATE] with a diagnosis of Alzheimer's disease.</p> <p>Review of R21's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/22/25 and located in the EMR under the MDS tab, revealed R21 had a Brief Interview for Mental Status (BIMS) score of nine out of 15, which indicated R21 was moderately impaired. Nutritional Approaches revealed R21 was not on a mechanically altered diet.</p> <p>Review of R21's diet order and communication form dated 06/21/24 and located under the Miscellaneous tab of the EMR, revealed R21 was placed on a mechanical soft ground meat until R21's mouth healed.</p> <p>Review of R21's Clinical Physician Orders with a date of 01/01/25 and located under the Orders tab of the EMR, revealed R21's diet was carb-controlled diet, mechanical soft, ground meat texture, thin consistency.</p> <p>During an interview on 04/10/25 at 9:05 AM, the Dietary Manager (DM) stated R21 was on a mechanically altered diet where her meat was chopped for each meal.</p> <p>During an interview on 04/10/25 at 9:08 AM, the Nurse Practitioner (NP) 1 stated R21 had a diet change on 06/21/24 which consisted of chopped meat until R21's mouth healed. The NP1 also stated R21 had not been reassessed to change the diet order. The NP1 further stated R21 was being seen by speech therapy for cognition. The NP1 stated she transcribed R21's orders from R21's admit orders to the facility.</p> <p>During an interview on 04/10/25 at 9:12 AM, the MDS Coordinator (MDSC) stated R21's MDS Section K Nutritional Status should have stated R21 was on a mechanically altered diet. The MDSC stated she should have marked yes on the MDS form. The MDSC further stated she was going to modify the mistake immediately.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>07342</p> <p>Based on observations, staff interviews, and review of policy and procedures, the facility failed to ensure that racks were rust free and clean, air vent was clean, walls were clean, the brush was a cleanable surface, and dishes were properly sanitized in one of one kitchen and food was properly labeled and dated in one of one kitchenette in accordance with professional standards. The deficient practice has the potential to affect all 64 residents that received food by mouth.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Food Brought by Family/Visitors F813, last reviewed on 10/24, revealed Item one indicated family members would inform nursing staff of their wishes to bring in food for a resident. Item six indicated the foods would be labeled and dated.</p> <p>Review of the facility's policy titled, Sanitation F812, revised 10/22, revealed item two indicated utensils, counters and equipment shall be maintained in good repair (rusted shelves in walk-in, paint brush utensil used for putting butter on rolls and cooking oil on cookie sheets. Item eight indicated that sanitizing water for equipment and pots and pans shall be at 150-200 PPM [parts per million]. The policy does not address how long items that were washed shall be submerged in the sanitizing solution. Item 17 indicated that kitchen and dining room surfaces not in contact with food shall be cleaned on a regular schedule and frequently enough to prevent the accumulation of grime (wall vent and wall above pots and pans). No such cleaning schedule was available at the time of the survey.</p> <p>Observation on 04/07/25 at 10:00 AM revealed two metal four rack shelves in the walk-in refrigerator in the main kitchen each measuring five feet high by four feet wide. All four shelves on each rack were severely rusted including flaking rust. The shelves were holding food items such as fruit and containers with food and vegetables. In addition, on 04/07/25 at 10:05 AM, a small two rack set of shelves were under the coffee machine table holding coffee supplies such as coffee, coffee containers, and coffee filters. The racks were also severely rusted with flaking rust. During an interview on 04/07/25 at 10:05 AM the Dietary Manager (DM) verified the condition of the shelves in both areas and stated she was considering moving the shelves and replacing them with clean plastic shelves and racks.</p> <p>Observation on 04/09/25 at 9:35 AM revealed a four-foot high by three-foot-wide return air vent on the wall near the prep sink to be full of dirt and grease. Interview with the DM at the time of the observation stated she put in a request for maintenance to clean. The condition of this vent was verified by the Registered Dietician (RD) on 04/09/25 at 10:30 AM.</p> <p>Observation of the light switch on the wall near the exit door on 04/09/25 at 9:40 AM revealed brown dirt/discoloration on the wall 12 inches below and above the light switch. Interview with the DM at the time of the observation verified the condition of the light switch. The condition of this wall was verified by the RD on 04/09/25 at 10:30 AM.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation of the outside exit door on 04/09/25 at 9:40 AM revealed the door had a one-inch gap at the base of the door allowing for the passage of bugs and possible rodents. The wooden screen door at this exit door was open during meal service. Interview with the DM at the time of the observation verified the condition of the base of the door and the gap. The condition of this door was verified with the RD on 04/09/25 at 10:30 AM.</p> <p>Observation on 04/09/25 at 9:40 AM revealed the wall at the ceiling above the hanging pots and pans rack revealed large amounts of dust and dirt hanging from the wall two feet down from the ceiling extending five feet in length. Interview with the DM at the time of the observation verified the condition of the wall. The condition of this wall was verified by the RD on 04/09/25 at 10:30 AM.</p> <p>Observation on 04/09/25 at 9:50 AM revealed the DM was spreading vegetable oil on three large cookie sheets with a paint brush in the main kitchen. The brush had severely curled, charred bristles with a wooden handle burned in two locations. She later placed dozens of chicken breasts on each cookie sheet for which vegetable oil was applied with the paint brush. Interview with the DM at the time of the observation indicated she has been using paint brushes for years for this application and it was cleaned in the dishwasher before each use. The DM stated the same paint brush was also used for several purposes. On 04/09/25 at 1:20 PM, Dietary Aide (DA) 2 was observed spreading butter on a large cookie sheet full of dinner rolls. She dipped the paint brush noted above in warm butter and spread the butter across all of the dinner rolls repeatedly until all were coated on the top with butter.</p> <p>Observation on 04/09/25 at 9:55 AM revealed DA1 washing pots and pans in the three-compartment sink in the main kitchen. The sink was tested for sanitizer added to the water. The test showed 700 PPM (parts per million). DA1 stated that it was correct. The sanitation solution sink had six inches of water thus leaving a large prep bowl and another stainless-steel container eight inches wide by 18 inches long laying on top of the water and not submerged in the sanitizing solution. Interview on 04/09/25 at 10:15 AM with the DM and the RD verified the items were not properly submerged and would not sanitize the containers as intended.</p> <p>Further interview with the DM on 04/09/25 at 10:15 AM indicated the seal on the drain of the sink leaked causing the water to drain early leaving the pots and pan above the water line. She stated she put in a maintenance request two weeks ago. The interview with the Maintenance Director (MD) at 10:20 AM indicated he had a replacement seal for the sink and would install it immediately. He also indicated he had not received a maintenance request in Tel's (system to log and track maintenance issues) to repair the sink drain. The sink was repaired at 10:45 AM.</p> <p>Observation of the kitchenette near the main nursing station on 04/09/25 at 10:05 AM revealed a refrigerator freezer with chocolate ice cream container open at the top with whip cream on the top of the ice cream without a label or date, completely frozen rock solid. In the refrigerator, a Tupperware container six inches wide by 10 inches long labeled with the name of a current resident to be lacking a label of contents and date. The contents appeared to be ground beef in marinara sauce with macaroni. Interview with the Director of Nursing (DON) at the time of the observation verified the contents noted above. She indicated dietary staff were responsible for the condition of the refrigerator and she thought the family brought the food in yesterday (04/08/25) for the resident and placed it into the refrigerator without telling staff.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07246</b></p> <p>Based on observations, record review, staff interviews, and facility policy review, the facility failed to ensure catheter drainage bags were maintained inside a privacy storage bag and were not in direct contact with the floor for two of five residents (Resident (R) 53, and R61) reviewed for catheters out of 22 sample residents. This deficient practice created a risk for cross-contamination and increased the potential for urinary tract infections compromising the health and safety of residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Policy- Infection Prevention and Control Program, dated January 2024, revealed, under Policy: 1. The Infection Control Committee shall oversee the internal community system for the preventing, identifying, reporting investigation, and controlling of infections and communicable diseases .</p> <p>Review of the facility's policy titled, Policy -Indwelling Urinary Catheters, dated June 2022, revealed under Infection Control: .2. b. Be sure the catheter tubing and drainage bag are kept off the floor .</p> <p>1. Review of R53's Profile tab of the electronic medical record (EMR) revealed he was admitted to the facility on [DATE] with diagnoses including cellulitis of the groin, and acute and chronic respiratory failure with hypoxia. R53 was admitted to hospice care on 04/04/25.</p> <p>Review of R53's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/21/24 and located in the MDS tab of the EMR, revealed a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated intact cognition. R53 used an indwelling/suprapubic urinary catheter.</p> <p>Review of R53's Care Plan, dated 12/19/24 and located in the Care Plan tab of the EMR, revealed R53 was at risk for UTI (Urinary Tract Infection) for obstructive uropathy, and history of UTI. R53 used an indwelling urinary catheter and had a goal of signs and symptoms of urinary tract infection will be minimized daily.</p> <p>During an observation and interview on 04/08/25 at 11:49 AM, R53 was observed lying in bed. The indwelling catheter urinary container bag was not covered in a privacy storage bag and was lying on the floor in direct contact with the floor. Licensed Practical Nurse (LPN) 1 revealed that foley catheter bags usually had a liner cover on them, and confirmed indwelling foley container drainage bags should not be lying on the floor to prevent the spread of infection.</p> <p>2. Review of R61's Profile tab of the EMR revealed he was admitted to the facility on [DATE] with diagnoses including polyneuropathy, diabetes mellitus, and urethral stricture.</p> <p>Review of R61's quarterly MDS with an ARD of 02/01/25, located in the MDS tab of the EMR, revealed a BIMS score of eight out of 15 which indicated R61 was moderately cognitively impaired and indicated R61 used an indwelling/suprapubic urinary catheter.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R61's Care Plan, revised on 07/29/24 and located in the Care Plan tab of the EMR, revealed R61 was on EBP (Enhanced Barrier Infection Precautions) due to suprapubic catheter. R61 used an indwelling suprapubic urinary catheter and had a goal of appropriate precautions would be taken.</p> <p>During an observation on 04/07/25 at 10:49 AM, R61 was observed lying in bed. The indwelling suprapubic urinary catheter container bag was not covered in a privacy storage bag.</p> <p>During an observation and interview on 04/08/25 at 11:49 AM, R61's indwelling suprapubic urinary catheter container bag was not covered in a privacy storage bag, and the bottom of urinary catheter container collection bag was directly touching the floor. LPN1 revealed that foley catheter bags usually had a liner cover on the container collection bag, and confirmed the indwelling foley container drainage bag should not have been lying on the floor to prevent the spread of infection.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/10/2025
NAME OF PROVIDER OR SUPPLIER  Bainbridge Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1155 West College Street Bainbridge, GA 39819	

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 0924</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Put firmly secured handrails on each side of hallways.</p> <p>07342</p> <p>Based on observations and staff interviews, the facility failed to equip handrails on each side of the corridor in four examples in two of four corridors reviewed for handrails. The deficient practice has the potential to affect 25 total residents' safety.</p> <p>Findings include:</p> <p>Observation on 04/08/25 at 4:10 PM revealed the corridor in the front of the building wall at the dining room measured 21 feet lacking a handrail between the two entrance doors to the large dining room.</p> <p>Observation on 04/08/25 at 4:10 PM revealed the corridor in the front section of the building wall at the public restroom area measuring eight feet, lacking a handrail.</p> <p>Observation on 04/08/25 at 4:15 PM revealed the corridor across from the main nursing station leading to the 300 unit measuring 13 feet, lacking a handrail.</p> <p>Observation on 04/08/25 at 4:15 PM revealed the corridor across from the nursing station leading to the 100 unit measuring eight feet, lacking a handrail.</p> <p>The interview with the Administrator on 04/10/25 at 10:05 AM verified the lack of handrails in the noted areas and indicated no one has ever said anything about this in the past.</p> <p>Interview with the Maintenance Director on 04/10/25 at 10:06 AM verified the corridors noted were not equipped with handrails.</p>