STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115330	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delmar Gardens of Smyrna	404 King Springs Village Pkwy Smyrna, GA 30082

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility policy titled, Medication Expiration Guidelines, the facility failed to discard expired supplements in two of two medication rooms and on two of four medication carts. This deficient practice created the potential for expired or improperly stored supplements to be used in resident care, placing residents at risk for compromised safety, potential adverse consequences. Findings Include:Review of the facility's policy Medication Expiration Guidelines revealed under section Oral Guidelines: If the liquid is dispensed in the manufactures bottle, the expiration date is the manufacturer's expiration date printed on the actual medication bottle.Observation on [DATE] at 11:34 AM of two of two medication storage rooms and two of four medication carts located in Front Annex A & B section and C Hall Annex revealed the following:Biologicals Supplements observed included Nephro, 2 Cal HN and Glucerna with outdated expiration dates.Observation on [DATE] at 11:34 AM in the Main storage room revealed three bottles of 2 cal HN: one which was dated Sept (September) 2024 with two residents in the facility that were on this supplement; Nephro supplements outdated from [DATE] with three residents in the facility that received this supplement; Glucerna Supplement outdated from [DATE].Interview and observation of medication storage room on [DATE] at 11:36 AM with Licensed Practical Nurse (LPN) EE confirmed outdated supplements in the main supply room on the annex hall. She revealed that nurses were responsible for obtaining and checking the supplements when they retrieved them from the supply room, but they were stocked and controlled by medical records.Observation on [DATE] at 9:20 AM revealed LPN BB with a tray of supplements in the hallway. LPN BB revealed that only nurses hand out the supplements and she always verified on the carton the expiration date prior to delivery. She stated these supplements were usually located on the medication cart with ice and they must obtain them from the storage room where they should check the date prior to bringing them to the hall.Interview on [DATE] at 9:13 AM with Certified Medication Aide (CMA) CC revealed that she checked the expiration date when giving her supplements and she checked the date when she obtained them from the medication room.Interview on [DATE] 9:36 AM with the Administrator revealed that in this building medical records were also in charge of central supply and putting supplements in the storage room for nursing. Nursing should then check the dates prior to administration of the product. He revealed that any problems with nursing issues on the floors, such as nursing supplies would be directed to the Clinical Manager and the Director of Nursing.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interview and record review, the facility failed to follow physician's orders to administer a nutritional enteral feeding and hydration according to the physician orders for one of three residents (R) (R99) receiving tube feeding in the facility. The deficient practice had the potential for the resident not to receive the correct amount of nutrition ordered by the physician which could result in a negative outcome for the resident. Findings include:Review of the facility's policy titled Tube Feeding Enteral revealed under Procedure: Review the physician's orders. The order should specify the amount of formula, and the flow rate.Observations on 02/10/2026 at 9:00 AM of the tube feeding in R99's room revealed tube feeding was not running but still connected to the resident. Syringe was in a container but not bagged or labeled.Observations on 02/10/2026 at 2:00 PM observed resident R99 up in bed. Tube feeding was not running per physician orders to start at 1:00 PM.Observations on 02/10/2026 at 3:00 PM observed resident R99 resting in bed, tube feeding was not running per physician orders.Observations on 02/11/2026 at 11:19 AM observed tube feeding infusing at 70ml (milliters) per hour. Tube feeding per physician orders are to be stopped at 9:00 AM.Record Review for R99 revealed admission to the facility on with diagnoses that included but not limited to: aphasia following cerebral infarction; dysphagia following cerebral infarction; encounter for attention to gastrostomy.Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed that R99 had a Brief Interview for Mental Status (BIMS) score of 15, which reflected intact cognitive status. R99 is dependent on staff for ADL's (activities of daily living) and receives tube feeding as a source of nutrition.Review of the Physician orders dated, revealed:Jevity 1.5 Cal (lactose-reduced food with fiber) liquid; 0.06 gram-1.5 kcal/mL; amt: 70 ml; oral; Special Instructions: Enteral Feeding: Formula:(Jevity) Strength:(1.5) Flow Rate:(70ML/HR x 20 hrs. ON at 1 PM and OFF at 9 AM. every shift , days, nights. Continuous 11/04/2025Review of the Care Plan for R99 revealed:Problem Start Date: 02/12/2025 Category: Nutritional Status: R99 is at risk for alterations in nutritional status (R/T) (related to) Dx (diagnosis): dysphagia following cerebral infarction. He receives G (gastrostomy) tube feeding as primary source of nutrition. 02/20/2025 Pureed diet to supplement tube feeding / No liquids by mouth. 03/01/2025 Followed by ST (speech therapy). Long Term Goal Target Date: 03/10/2026 Will consume food/fluids to comfort and satisfaction through next review date. Approach Start Date: 12/01/2025: Notify Hospice of changes.Review of R99 Dietary Notes revealed:Quarterly Nutrition Assessment and TF note: R99 admitted for cerebral infarction with past medical history (PMH) of hemiplegia, hemiparesis, aphasia, dysphagia, hepatitis C, liver cell carcinoma, hyperlipidemia. Hospice enrolled. Pt. Has desirable weight gain of 10.77%/14# over last 90 days. Resident has a healthy/gradual rate of weight gain. Diet order is Pureed Diet with NPO liquids and TF. Tube feed is Jevity 1.5 70ml/hr x 20 hours(off9a-1p) with 125ml water flush every 4 hours plus 30ml water pre and post meds every 4 hours. TF meets 100% of needs providing 2100kcal 70ml/hr x 20 hours(off9a-1p) with 125ml water flush every 4 hours plus 30ml water pre and post meds every 4 hours. TF meets 100% of needs providing2100kcal (32.1kcal/kg); 89g protein (1.4g/kg BW); Total fluids 1814ml/d(27.7ml/kg). PO intake is low with Pureed foods offered. PO fluids are NPO. Meds reviewed.Interview on 02/12/2026 8:33 AM with the Director of Nursing (DON) revealed that she has expectations of her nursing staff to follow physician orders on tube feedings. She expected them to follow the stop and start orders, check placement and basically all the orders the physician wrote. She revealed that if there were problems, she would have education provided, she expected the nursing staff on the floor to be adequately trained.Interview on 02/12/2026 8:43 AM with Staff Educator FF revealed that nursing staff have a skill checklist performed on hire and they update in the computer with Relias training annually. She revealed that if a problem arises in Nursing or comes from QAPI then education is given at that time.Interview on 02/12/2026 at 9:10 AM with Certified (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nursing Assistant (CNA)DD revealed that when she is performing care with a resident that has a tube feeding, she puts the feeding on hold and then restarts when she is finished. She revealed that if she goes into a room and the machine is beeping, she will go get the nurse. She stated CNA staff do not monitor tube feedings that this is a nursing skill. Interview on 02/11/2026 at 11:19 AM in R99's room, with Licensed Practical Nurse (LPN) EE revealed that she confirmed the tube feeding was still infusing. She revealed that she had not turned the feeding off per physician orders at 9:00 am.