

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115340	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/29/2026
NAME OF PROVIDER OR SUPPLIER Calhoun Crossing of Journey LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1387 Highway 41 North Calhoun, GA 30701	

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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on record review, staff interview, and review of the facility policy titled Use of Psychotropic Medication(s), the facility failed to ensure a stop date was implemented, not to exceed 14 days, for psychotropic medications administered to one resident (R) (R84) from a sample of 33 residents. The deficient practice increased the risk of adverse clinical outcomes. Findings include: A review of the facility policy Use of Psychotropic Medication(s), dated 03/20/2025, documented as needed (PRN) orders for psychotropic medications would require the prescriber to specify a duration over 14 days with a clinical rationale. Per the policy, psychotropic orders would require a set duration time and could not be renewed for longer than 14 days without a direct evaluation of the patient by the prescriber. A review of the physician (MD) orders dated 10/23/2025, revealed the MD ordered lorazepam injection solution 2 mg/ml {milligrams per milliliter} intramuscularly every 12 hours as needed. There was no stop date for the order. A review of the pharmacist's consultation report dated 12/22/2025, documented that R84 had an order for lorazepam 20 mg; to be administered as 2 mg/ml intramuscularly every 12 hours as needed (PRN) for seizure activity. Per the form, this order had been in effect for more than 14 days without a specified stop date. The recommendation was to discontinue the PRN lorazepam. If discontinuation was not possible at this time, it was advised to document the indication for use, the intended duration of therapy, and the rationale for the extended use. The form was not signed by a physician, and two notes were added at the bottom: 1. Psych to follow up. 2. Resident has seizures. During an interview with the Licensed Practical Nurse (LPN AA) and Unit Manager on 03/28/2026 at 10:50 AM, she stated that a 14-day stop date is required for psychotropic medications. However, she confirmed that there was no 14-day stop date for R84's PRN lorazepam. LPN AA further explained that she believed a stop date was unnecessary because R84 has a seizure disorder. During an interview with the Director of Nursing Services (DNS) on 03/28/2026 at 10:52 AM, she stated that she mistakenly believed R84's PRN lorazepam had a 14-day stop date; however, she realized this was confused with another order. She acknowledged that R84 did not have a stop date for the PRN lorazepam, which should have been assigned to the order.</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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