STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115346	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bolingreen Health and Rehabilitation	529 Bolingreen Drive Macon, GA 31210

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 - Few	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. 43353 Based on observation, interview, and facility policy review, the facility failed to ensure over the counter (OTC) medications were securely stored. This failure had the potential for unauthorized people to access the medication. Findings include: Review of the facility's policy titled, Medication Labeling and Storage, dated 2001, indicated under the section, .The facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls. Only authorized personnel have access to keys. Indicated under section .Medication storage; 2. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner . Observation and interview on 2/25/2025 at 8:05 am with the Central Supply Supervisor (CSS) of the central supply stockroom revealed the room contained a supply cart which contained a 100-tablet count unopened bottle of acetaminophen 500 milligram (MG) in the cart. The CSS confirmed the cart contained the bottle of unopened acetaminophen and stated she did not have room in the medication rooms on the hall to store the acetaminophen. The CSS stated, I don't normally keep meds [medications] in here like this. We have a locked storage cabinet in the next room where all the overstock meds are kept. They're in this cart this time because I fill the cart with all my supplies like briefs, wipes, personal protective equipment (PPE), overstock meds, and whatever else is needed and deliver them to the halls. Sometimes I have extras that there isn't room for, and I leave them in the cart to take back down to central supply and put them away when I get a chance. During an interview on 2/25/2025 at 9:10 am, the Director of Nursing (DON) stated, That shouldn't happen. I know the CSS collects all her supplies together and delivers them all at once, and she handles all our overstock over the counter meds. All medications should be locked up, including all the overstock and over the counter drugs. I'll be re-educating her right away. During an interview on 2/25/2025 at 9:15 am, the Administrator stated, That shouldn't be happening. I'm going down there right now to fix this. Staff know this isn't acceptable practice.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115346	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bolingreen Health and Rehabilitation	529 Bolingreen Drive Macon, GA 31210

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06401 Based on observation, interview, record review, and policy review, the facility failed to provide a therapeutic diet as ordered for one resident (Resident (R) 59) of six residents reviewed for nutrition and/or food out of a total sample of 22 residents. This failure created a potential choking or swallowing hazard for R59, who had a diagnosis of dysphagia (difficulty with swallowing). Findings include: Review of the facility's policy titled, Meal Service, provided by the facility and dated 12/27/2024, indicated, It is the intent of the center to provide an enjoyable meal service in a safe, sanitary, and comfortable environment while focusing on patient centered care . Therapeutic diets and alternatives should be provided as needed. Review of R59's Diagnosis Sheet, provided by the facility, revealed the resident was admitted to the facility on [DATE] with diagnoses which included dysphagia, flaccid hemiplegia affecting right dominant side, and aphasia following cerebral infarction. Review of R59's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/11/2024, located in the electronic medical record (EMR) under the MDS, tab revealed R59 did not have a Brief Interview for Mental Status (BIMS) conducted, had short term and long-term memory problems, severely impaired cognitive skills for daily decision making and received a mechanically altered diet. Review of R59's current Care Plan, provided by the facility, contained the following Care Area/Problem, dated 1/15/2025, Risk for altered nutritional status Related To Dysphagia. Care Plan interventions included, Observe for worsening swallowing and/or chewing . Provide diet as prescribed . Provide meal alternates as needed. Review of R59's Speech Therapist (ST) notes, provided by the facility, revealed a 2/12/2025 ST note that specified the ST observed R59 having difficulty eating cornbread during the lunch meal and cornbread was discontinued from the resident's diet. Review of R59's current Physician's Orders, located in the resident's EMR under the Orders tab, revealed an order with a start date of 2/12/2025 for a regular diet with no cornbread. Observation on 2/23/2025 at 12:35 pm revealed R59 was seated in his room independently eating his lunch meal without staff present. Observation of the food R59 was served at this meal revealed he was served cornbread. Review of R59's tray slip served with this meal specified he was not to be served cornbread. Observation on 2/23/2025 from 12:35 pm to 1:07 pm revealed that R59 continued to independently eat his lunch meal in his room, and staff checked in on him periodically to encourage him to eat. Observation on 2/23/2025 at 1:07 pm revealed R59 had finished eating his lunch meal. R59 did not eat the cornbread that was served at this meal. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bolingreen Health and Rehabilitation	529 Bolingreen Drive Macon, GA 31210

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/23/2025 at 1:10 pm, the Dietary Manager (DM) confirmed R59 was served cornbread with his lunch meal. The DM stated R59 should not have been served cornbread at this meal and should have received a roll instead. The DM stated that ST had previously informed the dietary staff to restrict cornbread from R59's diet, and this restriction was placed on the resident's meal tray slip. The DM stated the dietary staff needed to read the resident meal tray slips more closely to ensure resident diets were followed. During an interview on 2/24/2025 at 1:29 pm, Certified Nursing Assistant (CNA) 1 stated R59 was able to independently feed himself after staff set up his meal tray. During an interview on 2/26/2025 at 11:05 am, the ST stated she worked with R59 twice a week from 2/3/2025 to 02/23/25 to determine if his diet could be upgraded from a chopped meat diet to a regular diet. The ST stated when she observed R59 eating his lunch meal on 2/12/2025, the resident began coughing as he ate cornbread, and it took him several minutes to recover. The ST stated she wrote the order for R59 not to receive cornbread with his meals. The ST confirmed R59 was able to independently feed himself a regular diet, but he should not have been served cornbread with his 2/23/2025 lunch meal.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115346	A. Building B. Wing	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bolingreen Health and Rehabilitation	529 Bolingreen Drive Macon, GA 31210

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06401 Based on observation, interview, and facility policy review, the facility failed to date, label, and/or cover bread products stored in the kitchen, and failed to keep the kitchen's two ovens, large manual can opener and its table base attachment, and food preparation pans clean. The facility also failed to discard two opened containers of thickened beverages stored in resident refrigeration for greater than seven days. This failure had the potential to create an environment for food-borne illnesses, which could affect 80 of 80 residents who consumed food prepared from the facility's kitchen. Findings include: Review of the facility's policy titled, Storage Areas, dated [DATE], indicated, It is the intent of this center to store food in a manner that maintains quality and safety . First in first out (FIFO) should be followed . Refrigerator Food codes and internal tools may be used as a reference for proper dating. Review of the facility's policy titled, Cleaning and Sanitizing, dated [DATE], indicated, It is the intent of this center to clean and sanitize utensils, dishware, pots and pans, workspace, and equipment to minimize the risk of food-borne illnesses . All small ware equipment should be in a self-draining position that allows it to air dry . Items should be washed, rinsed, and sanitized . Fixed equipment Items should be washed, rinsed, and sanitized appropriately . 1. Observation on [DATE] from 8:05 am to 8:30 am, during the initial kitchen inspection with the Dietary Manager (DM) present, of bread products stored on the kitchen's bread storage racks revealed eight unopened and undated loaves of thawed bread, two unopened and undated packages of thawed hamburger buns, one opened and undated package of thawed hamburger buns, that was open to air and contained six buns that were very hard, and one 18 ounce package of hot dog buns, with an expired hand written use by date of [DATE] on the package which had three buns with mold growth. During an interview on [DATE] at 8:30 am, the DM confirmed the concerns observed with how bread products were stored in the kitchen. The DM stated bread products should be dated by staff when taken out of freezer storage to thaw and utilized within fourteen days after they are thawed. The DM stated bread products should be completely closed when stored and should be discarded if not utilized within fourteen days or have signs of spoilage. 2. Observation on [DATE] from 8:05 am to 8:30 am, during the initial kitchen inspection with DM present, revealed the kitchen's two ovens were unclean with heavy accumulated blackened and dried food spills on its interior cooking compartment, the large manual can opener's blade and table base attachment were unclean with accumulated dried and sticky substances, and five food preparation pans were stored stacked together and ready for use with food residue, grease residue, and moisture on them. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Bolingreen Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 529 Bolingreen Drive Macon, GA 31210	

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on [DATE] at 8:30 am, the DM confirmed the kitchen's ovens, manual can opener and its' base attachment, and food preparation pans were unclean. The DM stated the kitchen's two ovens were scheduled to be cleaned weekly, but staff had been unable to clean them weekly because of staffing shortages, and the kitchen's manual can opener and food preparation pans should be stored clean and free of moisture. 3. Observation on [DATE] at 11:05 am of food and beverages stored in the resident refrigerator for the facility's 400 and 500 hallways revealed one opened forty-six container of thickened cranberry juice and one opened forty-six-ounce container of thickened apple juice. Observed on both containers was a handwritten date of [DATE]. The manufacturer's directions printed on both containers indicated, Refrigerate after opening. After opening, may be kept seven days under refrigeration. During an interview on [DATE] at 11:15 am, the Regional Nurse Consultant (RNC) confirmed the containers of thickened cranberry juice and apple juice stored in the resident ,d+[DATE] hallway refrigerator were opened and dated [DATE]. The RNC confirmed the two opened containers of thickened juice had been stored in refrigeration for more than seven days and discarded both containers.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER: Bolingreen Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 529 Bolingreen Drive Macon, GA 31210	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 43353 Based on observations, interviews, and policy review, the facility failed to maintain a clean environment by storing unwashed and unsanitized mattresses next to racks of clean resident clothing in the shared clean laundry room and central supply room. This failure had the potential for residents being subject to the spread of infections within a facility, leading to more serious illnesses. Findings include: Review of the facility's policy titled, Cleaning and Disinfection of Resident-Care Items and Equipment, revised 2022, indicated .Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard . Observation on 2/25/2025 at 7:54 am in the shared clean laundry room and central supply room revealed four unwashed and unsanitized mattresses being stored side by side leaning next to a rack of lost and found clothes. The Housekeeping Supervisor (HSKS) confirmed the mattresses were being stored unwashed, touching the rack of hanging clean clothes. During an interview on 2/25/2025 at 7:55 am, HSKS stated, Those clothes are lost and found items and should have a cover draped over them to keep them clean. Once a month, we take the clothes to the 400 hall and let the residents and families go through them to find any lost clothes. The mattress is cleaned whenever maintenance needs a replacement prior to putting on a resident's bed. During an interview on 2/25/2025 at 8:05 am, the Central Supply Supervisor (CSS) stated, We store a few mattresses down here until they're needed. Maintenance will come down here and get them when they're needed and clean and disinfect them before they put them on the resident's bed. We should clean them when we store them. During an interview on 2/25/2025 at 9:10 am, the Director of Nursing (DON) stated, Those mattresses should all be cleaned. They know they can't store dirty with clean. We will be reeducating all staff. During an interview on 2/25/2025 at 9:15 am, the Administrator stated, That shouldn't be happening. I'm going down there right now to fix this. Staff know this isn't acceptable practice.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bolingreen Health and Rehabilitation	529 Bolingreen Drive Macon, GA 31210

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. 43353 Based on observation, interview, and policy review, the facility failed to ensure the laundry dryers were maintained to ensure safe operating conditions. This failure placed the facility at an increased risk of fire and had the potential to affect all residents who resided at the facility. Findings include: Review of the manufacturer's manual titled UniMac Tumble Dryer Operational/Maintenance by Alliance Laundry Systems, dated January 2020, revealed . Maintenance .Daily 2. End of Day: a. Clean lint filter to maintain proper airflow and avoid overheating. Monthly 3. Remove lint filter and thoroughly vacuum exhaust duct. 4. Inspect fan, remove any accumulated lint or debris from fan to maintain proper airflow and avoid overheating . During an observation on 2/25/2025 at 7:54 am with the Housekeeping Supervisor (HSKS) of the laundry room revealed one dryer vent filter had two layers of lint built up, each shaded with a different color. Observation of the bottom compartment inside of the dryer revealed approximately one inch thick of lint lying on the bottom compartment inside of dryer. Observation of the second dryer vent filter revealed the filter had three layers of lint build up, each shaded a different color, and there was also lint hanging loose from the filter. Observation of the bottom compartment inside the dryer revealed approximately one and a half inches of lint lying on the bottom compartment inside of the dryer. The HSKS stated, The dryer lint filters should have been cleaned last night at the end of the shift, before the laundry aide left. They're supposed to be cleaned after every two dryer loads. She will be retrained because it's a fire hazard. The evening laundry aide has worked here for two months, but she should have known better and cleaned the dryer lint out after every two loads and every night before the end of her shift. We keep a check-off schedule of when they're checked and cleaned, but I can't find it right now. During an interview on 2/25/2025 at 9:10 am, the Administrator stated, The dryer vent filters should be cleaned at the end of every day. We don't know where the cleaning schedule check-off sheets are to show when they were cleaned. We're looking into it. During an observation on 2/25/2025 at 10:35 am with the Maintenance Director (MD) of the laundry room revealed the back of the dryers and floor were covered in an accumulation of approximately a half to one inch thickness layer of lint and dust mixture as well stringy lint from the pipes of the ceiling. Observation looking from the ground up to the dryer ductwork (approximately 40 feet) revealed an accumulation of approximately two inches of lint built up from under the dryer hood. During an interview on 2/25/2025 at 10:36 am, the MD stated, We take turns and clean the back of the dryers every three months using a hand vacuum and wiping it down. I believe the dryer duct on top of the roof was last cleaned three months ago. I don't keep a record of when we clean it, we just clean it every three months. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Bolingreen Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 529 Bolingreen Drive Macon, GA 31210	

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 2/25/2025 at 10:55 am, the Regional Maintenance Supervisor stated, The last time the dryer duct on the rooftop was cleaned was back in November 2024. I kept the date of when I cleaned it in my phone, but I can't find it now. It was horrible and covered completely. I cleaned under the hood and then inside the exhaust pipe. Before that, I can't tell you when it was ever cleaned. During an interview on 2/25/2025 at 11:00 am, the Administrator stated, I don't know when the dryer exhaust gets cleaned. Maintenance has always taken care of it. I'm not able to reach the laundry aide that may have taken the cleaning schedule check off sheets home. She may have them with her. I can't say they exist because I can't produce them, but I'm fairly certain that they do exist, and she has them with her. Review of the facility's Dryer Filter Log Binder, provided by the facility revealed the binder contained sheets for documenting Clean filters every two hours. The binder contained eight days of checks during the month of November 2024 only. No other documentation of the dryer vent filters being cleaned was received. Review of the facility's Dryer Lint Removal Sign Off sheets dated for November 2024, December 2024, and January 2025, provided by the facility the day after they were requested, revealed when comparing the sign off sheets to the Dryer Filter Log Binder, dates and times of the two documents did not match and they should have.