STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115353	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehabilitation	101 Old Talbotton Rd Thomaston, GA 30286

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50374 Based on resident and staff interviews and review of the facility's policy titled Abuse Prohibition, the facility failed to protect two residents (R) (R58, R73) rights to be free from sexual abuse by R632. The facility also failed to protect R632's right to be free from sexual abuse from R58. The sample size was 38. Findings include: Review of the facility's policy titled Abuse Prohibition, dated 12/29/2023, stated, It is the intent of this center to actively preserve each resident's right to be free from abuse. We believe that each resident has the right to be free from sexual abuse. Residents in our center will not be subject to abuse by anyone (including but not limited to other residents). 1. Review of R58's clinical records documented he was admitted on [DATE] with diagnoses including dementia in other diseases classified elsewhere, mild, with anxiety, adjustment disorder with mixed anxiety and depressed mood, depression, unspecified, and anxiety disorder, unspecified. Review of R58's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Section C (Cognitive Patterns) documented a Brief Interview Mental Status (BIMS) score of 11 (indicating moderate cognitive impairment), and Section E (Behavior) documented no behaviors exhibited. Review of the care plan dated 10/4/2024 revealed R58's history of post-traumatic stress disorder (PTSD) and at risk for disturbed thought processes, hopelessness, post-trauma syndrome, powerlessness, loneliness, and situational low self-esteem. Further review revealed R58's inappropriate sexual behaviors, such as playing with his penis in the presence of others after getting their attention. Continued review revealed R58's history of sexual abuse by a male. 2. Review of R632 clinical records documented he was admitted on [DATE] with diagnoses including Alzheimer's disease, unspecified, dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115353	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehabilitation	101 Old Talbotton Rd Thomaston, GA 30286

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R632's Quarterly MDS dated [DATE] revealed Section C (Cognitive Patterns) documented a BIMS score of 7 (indicating severe cognitive impairment), and Section E (Behavior) documented physical symptoms directed toward others and behavioral symptoms not directed toward others (hitting, kicking, scratching grabbing, public sexual acts, .) occurred one to three days and wandering occurred one to three days. Review of the care plan dated 7/17/2023 revealed R632 was at risk for grabbing and potential risk for trauma related to a history of military trauma. Further review of the care plan revealed that R632 would remove his clothing in the hallway, become agitated when redirected, was observed kissing female residents, wander into female residents' rooms, and exhibited impulsiveness, inappropriate vocalizations, and repetitive behaviors. Continued review revealed the care plan documented R632's inappropriate sexual conduct with another resident, that he will expose himself to female residents, and inappropriate sexual behaviors. In addition, the care plan documented R632's inappropriate sexual advances to female residents, stripping clothing in common areas of the facility in front of other residents, blocking paths of other residents attempting to pass by him, self-simulation in hallways and lobby areas, and entering other resident's room without permission or welcome. Review of a Nurses Notes dated 10/13/2023 revealed, R58 reported that another male resident (R632) had been kissing and rubbing on him. R58 stated that he did not like it because he is not like that. R58 is aware that the situation has been reported and law enforcement will be coming to the facility to speak with him. Resident is in agreement with plan of care. Attempted to call resident's daughter and the number was not working. Will continue to monitor. Review of a Nurses Notes dated 10/13/2023 documented, R632 is being moved to room [ROOM NUMBER] until investigator can come out and talk with him. Review of a Nurse's Notes dated 3/8/2024 documented, R632 was noted ambulating down the hallway in a wheelchair, and another resident (R58) was calling his name and waving his penis at him. Review of a Nurses Note dated 3/8/2024 documented, R58 pulled his private part out and waved it to R632. In an interview on 11/13/2024 at 1:40 pm, R58 revealed he does remember the incident that took place on 10/13/2024 with R632. R58 confirmed he was in the dining room, and R632 came up, kissed, and rubbed on him. He stated he was unsure if this was the first time this incident occurred with R632. He stated the perpetrator was still around after the incident occurred, but the staff kept him away from him. He further revealed that the staff did not ask him about his statement, but the police were called, and he explained to them what had happened. In an interview on 11/13/2024 at 5:05 pm, the Assistant Director of Nursing (ADON) revealed R58 and R632 started talking and sitting with each other in the dining room. She stated it started friendly, but later on, they seemed to become a bother to each other. The ADON revealed that one time, R632 tried to kiss R58, and they were separated. She continued to state it first looked like R632 was getting close to R58, but you could not clearly make out the interactions between the two. She further stated that they were put on different halls as part of their investigation, a reportable was completed, and an in-service took place. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115353	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehabilitation	101 Old Talbotton Rd Thomaston, GA 30286

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 11/14/2024 at 12:17 pm, the Director of Nursing (DON) revealed R632 would go up to R58 at the table to talk to him. She stated it appeared to be a friendly conversation until, one day, R632 tried to kiss R58. She confirmed that they were separated and roomed in different halls as a part of their investigations. The DON stated that both R58's wife and daughter were involved in the investigation related to the sexual abuse incident. In an interview on 11/14/2024 at 6:36 pm, the DON revealed that R58 started seeking sexual behavior towards R632 after the first incident. She revealed both residents had several incidents back and forth, including sexual exchanges of showing their private parts to one another. In a telephone interview on 11/15/2024 at 4:55 pm, a family member of R58 revealed she was aware of the incident that took place on 10/13/2023, with R632 trying to kiss and rub on R58. The family member of R58 confirmed there were several incidents between R59 and R632 where they both exposed themselves to one another. These behaviors continued, and somehow, R58 and R632 were allowed in the dining room with each other, and R632 started blowing kisses at R58 from across the room. She confirmed the family had witnessed a few incidents with R632 instigating a reaction from R58. In an interview on 11/15/2024 at 6:17 pm, the Administration, DON, ADON, and Regional Nurse Consultant confirmed that the facility's interventions to keep the residents safe were to monitor any resident behavior more closely and keep the resident in the common area. 49812 3. Record review revealed R73 was admitted to the facility on [DATE] with diagnoses including depression and anxiety. Record review of R73's Quarterly MDS dated [DATE] revealed Section C (cognitive Patterns) documented a BIMS Score of 15 (indicating intact cognition), and Section E(Behaviors) documented no behaviors were exhibited. Review of a Nurse Notes dated 4/11/2024 revealed that R632 pulled out his penis and shook it at a female resident who was sitting in the hallway. The female was identified as R73. In an interview on 11/14/2024 at 9:00 am, Certified Medical Assistant (CMA) AA revealed that if she witnessed an abuse incident, she would intervene and report it immediately to the abuse coordinator [Administrator], DON, and the nurse. She revealed she has not witnessed any sexual abuse take place. In an interview on 11/14/2024 at 9:53 am, CNA FF stated if she witnessed an abuse incident, she would report it immediately to the abuse coordinator, DON, and ADON. In an interview on 11/14/2024 at 12:11 pm, the DON revealed that R73 had reported to staff that R632 revealed himself to her as she passed by his room. The DON further revealed R73 reported R632 did not physically touch her, and an investigation took place, which resulted in R632 getting sent out to a psychiatric facility to receive emergency services. Once R632 returned, he was shortly transferred to an appropriate facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115353	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehabilitation	101 Old Talbotton Rd Thomaston, GA 30286

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 11/14/2024 at 1:11 pm, the Administrator revealed she was the abuse coordinator, and she takes every step to ensure all residents are safe and free from harm to the best of her ability. She revealed that abuse training occurs annually, and it is appropriately related to a reportable or any other incident. The Administrator revealed that her expectations for her staff were to follow the facility's policies, protocols, rules, and regulations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115353	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehabilitation	101 Old Talbotton Rd Thomaston, GA 30286

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 46579 Based on staff interviews, record review, and review of the facility policy titled Abuse Prohibition-Reporting and Investigating, the facility failed to report an incident of inappropriate behavior to the State Survey Agency (SSA) within the required time frame for one of 38 sampled residents (R) (R26). The deficient practice had the potential for timely interventions not to be implemented for the protection of the residents. Findings include: Review of the facility policy titled Abuse Prohibition-Reporting and Investigating, review date 12/29/2023, revealed the Intent section stated, It is the intent of the center to establish standards of practice for investigation and reporting of abuse, neglect, mistreatment, exploitation, and misappropriation of property. The Guidelines section included, All allegations of abuse or allegations involving serious bodily injury must be reported immediately but no later than 2 hours. Allegations that do not involve abuse or allegations with serious bodily injury must be reported immediately but no later than 24 hours. Review of a Facility Incident Report Form dated 11/1/2024 documented R26 went into the room of a male resident and got into bed with him. The male resident had no clothing on and was lying on his stomach when they were found. R26 had pants on but no shirt. When the residents were found, they were not engaging in any activity. Further review of the form revealed that the incident occurred on 10/16/2024. Review of a Social Note dated 10/16/2024 revealed the Administrator notified the Social Service Director (SSD) that R26 was found by a staff member in a male resident's room lying in bed with him. The male resident was noted not to have clothes on, R26 was noted to have bottoms but no top on, and they were not engaged in any activity. Staff separated the residents, and the SSD notified R26's Resident Representative. The SSD signed the note on 10/16/2024 at 8:05 pm. In an interview on 11/14/2024 at 11:08 am, the SSD stated she was unsure why the incident that occurred on 10/16/2024 was not reported to the SSA until 11/1/2024. In an interview on 11/14/2024 at 11:52 pm, the Administrator stated she notified the Regional Nurse Consultant before reporting incidents to the State. She stated the Regional Nurse Consultant was unsure if the incident that occurred on 10/16/2024 should be reported because nothing happened. She further stated the Corporate Social Services Director directed the facility's SSD to write a note about the incident. She further stated she submitted the report to the SSA after a complaint about a rape occurring at the facility, and the incident was the closest thing that happened, so she reported it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115353	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehabilitation	101 Old Talbotton Rd Thomaston, GA 30286

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579 Based on staff interviews, record review, and review of the facility policy titled Patients Plan of Care, the facility failed to develop a person-centered comprehensive care plan for one of three residents (R) (R68) reviewed for behaviors. This deficient practice had the potential for R68 to not receive treatment and/or care according to their needs. Findings include: Review of the facility policy titled Patients Plan of Care, revision date 12/29/2023, revealed the Intent section stated, To promote person centered patient care through a comprehensive care plan. The Guideline section stated, Each patient will have a person-centered comprehensive care plan developed and implemented to meet his or her other preferences and goals, and address the patient's medical, physical, mental, and psychosocial needs. Review of R68's Face Sheet revealed she was admitted to the facility on [DATE] with diagnoses that included but were not limited to vascular dementia, depression, visual hallucinations, and auditory hallucinations. Review of the Admission Minimum Data Set (MDS) assessment dated [DATE] revealed Section E (Behavior) documented R68 had hallucinations. Section N (Medications) documented R68 received antipsychotics, antianxiety, and antidepressants. Review of R68's care plan revealed no care plan area, goals, or interventions for refusal of care or medications. Review of R68's medication administration record (MAR) dated November 2024 revealed documentation of refusal of medications. Review of R68's Nurse Note dated November 1, 2024, to November 14, 2024, revealed documentation of refusal of medications and Activities of Daily Living (ADL) care. In an interview on 11/14/2024 at 1:55 pm, Certified Nursing Assistant (CNA) PP stated R68 often refused care. In an interview on 11/14/2024 at 2:01 pm, the Assessment Coordinator stated all nurses can update the care plans. She stated she updates and completes the assessments. She further stated she checked the resident's medical records for documented behaviors and new physician orders and checks to ensure the care plans were updated. She confirmed if a resident refused medications, the behavior should have a care plan area with interventions. In an interview on 11/14/2024 at 2:12 pm, Certified Medication Technician (CMT) AA stated R68 had refused medications for a while. She stated when a resident refused medications, she informed the charge nurse and marked it on the MAR. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115353	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehabilitation	101 Old Talbotton Rd Thomaston, GA 30286

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 11/14/2024 at 3:54 pm, the Director of Nursing (DON) stated she expected the resident's care plan to include refusal of care and medications if the resident refused medication and care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115353	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehabilitation	101 Old Talbotton Rd Thomaston, GA 30286

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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50374 Based on staff interviews, record review, and review of the facility's policy titled Discharge Recapitulation Summary, the facility failed to complete a recapitulation of stay and discharge instructions for one of 24 discharged residents (R) (R73). The deficient practice had the potential to affect the continuance of care for R73 after being discharged from the facility. Findings include: Review of the facility's policy titled Discharge Recapitulation Summary, dated 12/29/2023, documented It is the intent of this center to complete a recapitulation summary for patients discharge from the Center. A recapitulation summary should be completed when the patient is discharged home, to another nursing center or an assisted living center, respite care and patient's discharge. The recapitulation will include a service summary by each discipline. Review of the most recent Quarterly Minimum Data Set (MDS) dated [DATE] documented R73 had a Brief Interview for Mental Status (BIMS) score of 15 (indicating intact cognition). Further review revealed Section Q documented R73 does not have an active discharge plan to the community with no referral to Local Contact Agents (LCA). Review of R73's care plan dated 7/23/2024 documented a care area for discharge planning, and the goal was to assist in planning for discharge to the safest environment through the review period. Review of R73's Physician Orders dated 11/13/2024 revealed an order dated 8/30/2024 of Discharge home with home health with nursing for disease and medication management. Review of R73's Discharge Instruction for Care, dated 8/31/2024 and provided to the resident, revealed the Follow-Up Physician Care section was not completed. Review of R73's Interdisciplinary Discharge Summary dated 8/30/2024 revealed the interdisciplinary team did not complete the document. The Activity Summary During Stay section was completed and dated 8/30/2024, but all other interdisciplinary sections were incomplete, including the Recapitulation of Resident's Stay section. In an interview on 11/13/2024 at 2:41 pm, the Director of Nursing (DON) confirmed R73's Interdisciplinary Discharge Summary form was not filled out completely. The DON confirmed that she, the Assistant Director of Nursing (ADON), the Nurse Supervisor, and the Wound Care Nurse were all responsible for completing the information. In an interview on 11/13/2024 at 2:48 pm, SW EE confirmed R73's Interdisciplinary Discharge Summary form was not completed. She stated she was unsure why the form was incomplete. She further stated R73 was discharged on [DATE] to her caregiver's home. She continued to state Medical Records was responsible for ensuring the discharge summary was complete. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115353	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehabilitation	101 Old Talbotton Rd Thomaston, GA 30286

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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 11/13/2024 at 4:54 pm, the Administrator stated the Social Worker initiated the discharge and medical records were responsible for the summary recapitulation to be completed. She further confirmed she expected the discharge summaries to be completed promptly.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115353	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehabilitation	101 Old Talbotton Rd Thomaston, GA 30286

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 - Many	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. 50940 Based on observations, staff interviews, and review of the facility's policy titled Pharmacy Services: Medication Storage in the Care Center, the facility failed to store medications and biologicals at proper temperatures to preserve their integrity in one of one medication storage refrigerator. This deficient practice created the potential for residents to receive medications with altered effectiveness. The facility census was 72 residents. Findings include: Review of the facility policy titled Pharmacy Services: Medication Storage in the Care Center, dated 2023, revealed the Intent section stated, To facilitate safe, secure, and proper storage of medications and biologicals following manufacturer's recommendations or those of the supplier. The Guideline section included, Medications requiring refrigeration or temperatures between 2C (Celsius) (36F [Fahrenheit]) and 8C (46F) are kept in a refrigerator with a thermometer to allow temperature monitoring. Medications requiring storage in a cool place are refrigerated unless otherwise directed on the label. The temperature of the med room refrigerators should be checked daily and documented on a Refrigerator Temperature Log. If vaccines are stored in the refrigerator, temperatures should be checked and documented twice daily. The temperature should be between 2C (36F) and 8C (46F). This log should be kept on or near the refrigerator in the med room. When the temperature of the refrigerator is not within the proper range (between 2C (36F) and 8C (46F), document the temperature and immediately notify the supervisor and /or Director of Nursing for further instructions and document the corrective action taken. On 11/13/2024 at 12:15 pm, observation of the medication storage refrigerator in the medication storage room revealed the refrigerator temperature was 51 degrees F. Licensed Practical Nurse (LPN) BB confirmed the refrigerator temperature and stated she was unsure if or how often the refrigerator temperatures were checked and documented. On 11/13/2024 at 2:10 pm, observation of the medication storage refrigerator in the medication storage room with LPN DD revealed the refrigerator temperature was 51 degrees F. LPN DD confirmed the temperature reading. In an interview on 11/13/2024 at 2:15 pm, LPN DD stated she had contacted maintenance to investigate the issue. In an interview on 11/13/2024 at 3:00 pm, the Director of Nursing (DON) revealed she was just informed they had problems with the refrigerator or the thermostat. She stated they had an extra new refrigerator and replaced the medication storage refrigerator with it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115353	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehabilitation	101 Old Talbotton Rd Thomaston, GA 30286

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 - Few	Provide and implement an infection prevention and control program. 50940 Based on observations, staff interviews, and review of the facility's policies titled Hand Hygiene and Cleaning of Shared Equipment, the facility failed to follow proper hand hygiene practices between residents' care and to sanitize shared medical equipment between residents' use during two of five medication pass observations. The deficient practices had the potential to increase the potential for cross-contamination and spread of infection. Findings include: Review of the facility policy titled Hand Hygiene, review date 12/29/2023, revealed the Purpose section stated, Hand hygiene is the single most important means of preventing the spread of infection. The use of gloves does not replace hand washing. The Guidelines section included, Associates should use alcohol-based hand rub or wash hands with soap and water for the following indications: -Immediately before touching a patient -Before performing an aseptic task -Before moving from a soiled body site to a clean body site on the same patient -After touching a patient or the patient's immediate environment. -After contact with blood, body fluids, or contaminated surfaces. Unless hand is visibly soiled, an alcohol-based hand rub is preferred over soap and water. Gloves should not be used as a substitute for hand hygiene. Review of the facility policy titled Cleaning of Shared Equipment, review date 12/29/2023, revealed the Purpose section stated, It is the policy of the facility to clean and disinfect (with a Hospital Grade Approved Disinfectant) equipment, which is shared between patients before and after its use. The Procedure section included, Medical equipment which is shared between patients shall be cleaned with soap and water or other appropriate cleaner and then disinfected prior to and again after its use on another patient. This procedure includes but is not limited to . Blood Pressure cuffs . During a medication pass observation on 11/13/2024 at 8:50 am, Certified Medical Technician (CMT) CC was observed entering a resident's room to check their blood pressure and administer morning medication. Observation revealed CMT CC did not clean the blood pressure monitor either before entering the resident's room or after returning it to the medication cart. In an interview after the medication pass observation, CMT CC acknowledged that she should have cleaned the blood pressure cuff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115353	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehabilitation	101 Old Talbotton Rd Thomaston, GA 30286

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 - Few	During a medication pass observation on 11/13/2024 at 9:45 am, Licensed Practical Nurse (LPN) BB was observed exiting a resident's room without sanitizing her hands and preparing medication for another resident at the medication cart. Further observation revealed LPN BB entered the resident's room with medication without washing or sanitizing her hands. In an interview after the medication pass observation, LPN BB confirmed that she should have re-sanitized her hands between the first and second resident and upon entering the resident's room. During an interview with the Director of Nursing (DON) on 11/13/2024 at 3:00 pm, she revealed that she expected her staff to perform hand hygiene before and after contact with each resident. During an interview with the Infection Control (IC) Nurse on 11/13/2024 at 3:15 pm, she revealed that she expected staff to sanitize and/or wash their hands when entering and exiting resident rooms. She further explained that hand sanitizer was appropriate unless hands were visibly soiled or the resident was in isolation, in which case staff should perform hand washing. The IC Nurse also stated medical equipment, such as blood pressure cuffs, should be cleaned using approved sanitizing wipes between each resident.