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	02/15/2026

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 - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility's policies titled, Laundry Services, Infection Prevention Plan Policy, and Hand Hygiene, the facility failed to utilize effective infection control protocols in the laundry department and during perineal care for one of 40 sampled residents (R) (R2). This deficient practice had the potential to place residents at risk of infections related to cross-contamination. Findings include: Review of the facility's policy titled, Laundry Services, review date 12/27/2025, revealed under Guideline, and Routine Handling of Soiled Linen, Standard precautions will be used by clinical and laundry staff handling the linen . All staff use standard precautions in handling linen, therefore all linen is handled in the same manner. Under Transportation of Linen, Clean linen is NOT to come in contact with dirty linen. Review of the facility's policy titled, Infection Prevention Plan Policy, dated 12/27/2025, documented INTENT It is the intent of this facility to promote and facilitate appropriate hand washing as set forth by the guidelines of CDC. PURPOSE: Hand Hygiene is the single most important means of preventing the spread of infection. The use of gloves does not replace hand washing. Glove use: . Gloves should not be used as a substitute for hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves. Perform hand hygiene immediately after removing gloves. Review of the facility's policy titled, Hand Hygiene, dated 12/27/2025, documented INTENT: The Infection Prevention Plan provides an overview of the infection prevention practices of the center that is charged with the promotion of a healthy and safe environment to reduce the risk of infections in patients, staff, visitors, and others in the health care environment. 1. Observation of the Laundry Department on 02/14/2026 at 8:45 AM with Laundry Staff HH revealed that one side of the room had dirty laundry, a washing machine, and a dryer. The other side of the same room had clean laundry. The second room had clean laundry on shelves and some laundry folded on the table. Observation in the clean laundry room revealed three drinking cups on the shelves and windowsill, and a bottle of hot sauce on one shelf. Observation revealed Laundry Staff HH taking dirty linen from a bin and placing it in the washing machine. Further observation revealed she was wearing gloves, but no gown or apron. Observation revealed pillows in a plastic bag on the floor beside the dryer. The Housekeeping Supervisor and Laundry Staff HH both stated that the pillows were clean. Continued observation revealed a container of linen on the floor in the clean linen room. Interview and observation in the Laundry Department with the Housekeeping Supervisor and Laundry Staff HH on 02/15/2026 at 10:45 AM revealed dirty linen on the right side of the room and clean linen on the left side. Laundry Staff HH stated she only wears gloves when handling dirty laundry. Observation revealed a box hanging on the wall labeled PPE [personal protective equipment] containing gowns. Observation of the clean laundry side of the room revealed a soiled pillow lying on top of the clean linen. Further observation revealed that personal drinking cups were in the clean room of the (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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	department. Continued observation revealed that uncovered, clean linen was located in the room with the dirty items. In an interview on 02/15/2026 at 11:00 AM, the Infection Control Nurse stated that staff should have on gloves and a gown when handling dirty linen, the linen should not be on the floor, although it was in a bag, and personal drinking cups should not be in the clean area. In an interview on 02/15/2026 at 11:15 AM, the Administrator reviewed findings in the Laundry Room and stated they would make some adjustments, such as providing a container for personal drinking cups and a cover for clean linen. 2. Review of the facility's Electronic Medical Records (EMR) revealed R2 was admitted to the facility on [DATE]with diagnosis including but not limited to spastic quadriplegic cerebral palsy. Review of the quarterly Minimum Data Set (MDS) assessment for R2, dated 1/19/2026, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 5 (indicating severely impaired cognition). Section GG (Functional Abilities and Goals) documented upper and lower extremity functional limitation, and the resident required substantial/maximal assistance. Review of care plan for R2, dated 02/05/2026, documented that the resident had a self-care deficit and needed assistance with toileting hygiene. Observation on 02/13/2026 at 3:48 PM during perineal care revealed that Certified Nursing Assistant (CNA) BB removed gloves from her pocket, and CNA AA did not practice hand hygiene between glove changes. In an interview on 02/13/2026 at 3:55 PM, CNA BB confirmed she removed gloves from her pocket and put them on to provide care to R2. She stated she usually kept gloves in her pocket and used them to provide care to residents while on duty. She further stated she also kept her wallet, house keys, and other items in the same pocket as the gloves. She stated the gloves could become contaminated by the other items in her pocket, which could cause infection to the residents. In an interview on 02/13/2026 at 4:00 PM, CNA AA confirmed she did not sanitize her hands between glove changes during perineal care for R2. She stated she should have sanitized or washed her hands after removing her gloves and before putting on another pair. She stated that if hands were not sanitized between glove changes, the resident could get infections. In an interview on 02/14/2026 at 2:55 PM, the Director of Nursing (DON) revealed that she stated her expectations were for the staff to wash their hands or hand sanitize between glove changes. She stated that if the staff didn't wash or sanitize their hands between glove changes, the residents could get infections. In an interview on 02/14/2026 at 3:09 PM, Licensed Practical Nurse (LPN) CC stated that hand hygiene should be performed between glove changes. LPN CC further stated that if this was not done, there could be a spread of germs or infection to the residents.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observations, staff interviews, record review, and review of the facility's policy titled, Use of Oxygen Therapy, the facility failed to ensure oxygen was administered at the prescribed rate for one of 18 residents (R) (R45) receiving oxygen therapy. This deficient practice had the potential to cause adverse respiratory consequences for R45. Findings include: Review of the facility's policy titled, Use of Oxygen Therapy, review date 12/27/2025, revealed the Guideline section included, Physician's order for oxygen should be obtained and include: Oxygen with liter flow as ordered, indicate if use should be continuous or PRN (as needed), method of oxygen delivery. Review of the EMR revealed diagnoses of ataxic cerebral palsy, chronic obstructive pulmonary disease (COPD), shortness of breath, and hypoxemia. Review of the care plan for R45 revealed respiratory difficulties/risk for further decline. Oxygen as ordered. Notify the physician of changes. Orders included oxygen: nasal cannula (NC) 3 liters per minute (LPM) nasally as needed. Observation on 02/14/2026 at 9:18 AM revealed R45 lying in bed receiving oxygen by nasal cannula at 2 LPM via NC.Observation on 02/15/2026 at 8:30 AM revealed R45 receiving oxygen at 2 LPM via NC.In an interview on 02/15/2026 at 8:35 AM, with Certified Medical Aide (CMA) GG revealed she can check oxygen levels if assigned, but she was not assigned to check oxygen levels on R45. She stated the nurse checks this resident's oxygen flow rate.In an interview and observation on 02/15/2026 at 8:45 AM, Licensed Practical Nurse (LPN) FF, confirmed R45 was receiving oxygen at 2 LPM via NC. LPN FF reviewed the EMR for R45 and confirmed the physician's order was 3 LPM NC. LPN FF stated that the oxygen levels were checked monthly. In an interview on 02/15/2026 at 10:00 AM, the Director of Nursing (DON) stated that the respiratory therapist visits the facility once a quarter, reviews the EMR, and assesses the residents. The DON confirmed the physician's order was for 3 LPM NC. She revealed she changed the oxygen level from 2 to 3 LPM.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review and review of the facility's policies titled Medication Storage in the Care Center and Medications Supplied by the Center (Floor Stock), the facility failed to remove expired items from one of one medication room and failed to place open dates on one bottle of eye drops and three vials of glucose test strips in two of three medication carts. This deficient practice had the potential to place residents at risk of receiving medications with altered effectiveness. Findings include:Review of the facility's policy titled Medication Storage in the Care Center reviewed [DATE], documented INTENT: To facilitate safe, secure, and proper storage of medications and biologicals following manufacturer's recommendations or those of the supplier. GUIDELINE: . Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or otherwise compromised are promptly removed from stock, disposed of according to procedures for medication destruction, and reordered from the pharmacy, if a current order exists.Review of the facility's policy titled Medications Supplied by the Center (Floor Stock) reviewed [DATE], documented . Guideline: . Any medication in a multi-dose container whose beyond-use date after opening differs from the original manufacturer expiration date should be labeled with first use and beyond-use date. Observation and interview on [DATE] at 4:18 PM, during review of the medication room, revealed four boxes of Arginine Powder (dietary supplement) with 14 packets per box had an expiration date of [DATE]. Licensed Practical Nurse (LPN) CC confirmed the four boxes of Arginine Powder with expiration dates of [DATE]. She stated the expired dietary supplements should not be in the medication room, and they should have been removed by either the nurses or the person from central supplies who stocks the medication room. LPN CC further stated that if the residents were given the expired supplements, they could have an adverse effect.Observation and interview on [DATE] at 4:25 PM, during review of the medication cart on the 300 Hall, revealed one bottle of Latanoprost Ophthalmic Solution and one vial of EvenCare ProView blood sugar test strips in the cart with no open dates. LPN CC was present during the review and confirmed the bottle of Latanoprost Ophthalmic Solution was opened and had no open date. She stated it should not be used after 42 days based on the usage date of that eye drop, and no one would know when to discard it if there was no open date. LPN CC further stated that if the residents received eyedrops past their expiration dates, they may have lost their effectiveness. LPN CC also confirmed that the vials of blood sugar test strips had no open date, and the manufacturer's instructions on the vial stated, Discard any remaining test strips over 3 months after first opening the vial. LPN CC further stated that no one would know when to discard it if there was no open date, and that if the strips were used for residents, blood sugar readings could be inaccurate and the resident could receive incorrect treatment.Observation and interview on [DATE] at 4:38 PM, during review of the medication cart in 100 Hall, revealed two vials of blood sugar test strips were opened and lacked open dates. LPN CC was present during the review and confirmed the vials of blood sugar test strips had no open dates. She stated that based on the manufacturer's instructions on the vial Discard any remaining test strips over 3 months after first opening the vial no one would know when to discard the strips if there was no open date and if the strips were used for the residents, they could have wrong blood sugar readings and receive wrong treatment based on if the readings were high or low.In an interview on [DATE] at 2:55 PM, the Director of Nursing (DON) stated that her expectations were for the nurses to remove expired items from the medication room. She stated that if the expired items were given to the residents, they could have an altered effectiveness. The DON further stated that her expectations were for the nurses to place open dates on eye drops and blood sugar test strips when they are first opened. She further stated that the eye drops could have altered effectiveness and could also cause (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	complications for the residents. She stated that after a certain time, the blood sugar test strips would not be good any longer, and they would not be effective for use on the residents. The DON stated the test strips could either give high or low readings, and if the readings are high, the nurses will try to bring the blood sugar down, and if the readings are low, the nurses would try to bring the blood sugar up. This could have a negative effect on residents if these were incorrect readings.In an interview on [DATE] at 4:38 PM, Certified Medication Assistant (CMA) DD stated that there should be open dates on eye drop and blood sugar test strip vials when they are opened, because no one would know when they were first opened or when to discard them. She stated they could not be effective after a certain time and should not be used for the residents.