

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/31/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115354	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/22/2025
NAME OF PROVIDER OR SUPPLIER  Lagrange Care Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  2111 West Point Road Lagrange, GA 30240	
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 0550  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>51557</p> <p>Based on observations, staff and resident interviews, record review, and review of the facility policy titled Catheter Care, the facility failed to ensure privacy was maintained for two of six residents (R) (R94 and R54) with an indwelling urinary catheter. This deficient practice had the potential to place R94 and R54 at risk of a diminished quality of life in an environment that promotes the maintenance or enhancement of each resident's quality of life.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Catheter Care, reviewed/revised 12/2/2024, revealed the Policy section stated, It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. The Policy Explanation section included, . 2. Privacy bags will be available and catheter drainage bags will be covered at all times while in use. 3. Privacy bags will be changed out when soiled, with a catheter change or as needed.</p> <p>1. Review of R94's electronic medical record (EMR) revealed diagnoses including, but not limited to, urinary tract infection and depression.</p> <p>Review of R94s Quarterly Minimum Data Set (MDS) assessment, dated 4/10/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 13 (indicating little to no cognitive impairment). Section GG (Functional Abilities and Goals) documented the resident required assistance for all ADLs.</p> <p>Observation on 5/19/2025 at 2:41 pm revealed R94 in a wheelchair with a urinary catheter drainage bag attached to the bottom of the wheelchair with no privacy cover on it, allowing the resident's urine to be exposed for other residents, staff, and visitors to see.</p> <p>Observation on 5/21/2025 at 9:20 am revealed R94 coming from the dining room in a wheelchair with a urinary catheter drainage bag attached to the wheelchair with a privacy bag covering the urinary catheter drainage tubing, but not the drainage bag.</p> <p>In an interview on 5/21/2025 at 12:53 pm, Certified Nursing Assistant (CNA) RR stated that all residents with urinary catheter drainage bags should have a privacy cover on the bag.</p> <p>(continued on next page)</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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F 0550  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>2. Review of R54's EMR revealed diagnoses including, but not limited to, urinary tract infection and urethral stricture.</p> <p>Review of R54's Quarterly MDS assessment, dated 3/29/2025, revealed Section C (Cognitive Patterns) documented a BIMS score of 15 (indicating little to no cognitive impairment). Section H (Bladder and Bowel) documented the resident had an indwelling urinary catheter.</p> <p>Observation on 5/19/2025 at 3:25 pm revealed R54 lying in bed. Further observation revealed a urinary catheter drainage bag secured to the bed railing with no privacy cover on it.</p> <p>In an interview on 5/20/2025 at 3:45 pm, Licensed Practical Nurse (LPN) II revealed that every resident with an indwelling urinary catheter should have a privacy bag over their drainage bag.</p> <p>In an interview 5/21/2025 at 12:49 pm, Registered Nurse (RN) FF stated that resident R54 should always have a privacy bag on their urinary catheter drainage bag. She confirmed they put one on 5/20/2025 after it was observed that R54 did not have one.</p> <p>In an interview on 5/21/2025 at 12:58 pm, the Director of Nursing (DON) and the Corporate RN stated that all staff were instructed on placing all urinary catheter drainage bags in a privacy bag.</p>		

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F 0584  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49140</b></p> <p>Based on observations, staff interviews, and review of the facility's policy titled Routine Bathroom Cleaning, the facility failed to ensure resident bathrooms were maintained in a clean and sanitary manner in three of seven resident restrooms. This deficient practice placed the residents residing in the rooms at risk of living in an unsanitary environment.</p> <p>Findings include:</p> <p>Review of the facility policy titled Routine Bathroom Cleaning, reviewed/revised 6/25/2024, revealed the Policy stated, It is the policy of this facility to establish policies, procedures, and guidelines to provide a clean and sanitary environment for residents, staff, and visitors in order to prevent cross contamination and transmission of healthcare associated infection (HAI). The Procedure section included, 1. a. Remove soiled linen from the floor, wipe up any spills, and remove waste. c. Clean wall attachments. g. Clean support railings, ledges, and shelves. i. Clean entire toilet including handle and underside of flush rim. Apply disinfectants and allow sufficient contact time according to manufacturer's recommendations.</p> <p>Observation on 5/19/2025 at 11:11 am in the bathroom for resident room [ROOM NUMBER] revealed a brown substance on the handrail beside the toilet. There was a wash basin on the floor with soiled pads in it. The bathroom had a strong odor of urine and feces. Photographic evidence obtained.</p> <p>Observation on 5/19/2025 at 12:01 pm in the bathroom for resident room [ROOM NUMBER] revealed the toilet seat had dried brown matter on the lid. The bathroom had a strong odor of urine and feces. Photographic evidence obtained.</p> <p>Observation on 5/19/2025 at 12:43 pm in the bathroom for resident room [ROOM NUMBER] revealed a strong odor of urine and feces. Observation revealed brown, dried matter visible on the handles of the over-toilet seat. Further observation revealed dried brown matter smeared on the toilet lid, with brown matter inside the toilet, and a washcloth with brown matter and an odor of feces was hanging on the bathroom handrail. Photographic evidence obtained.</p> <p>In an interview on 5/21/2025 at 2:35 pm, Housekeeper TT stated that the housekeeping staff spray the bathrooms, take out the trash, sweep and mop the floor, and scrub and wipe the toilets. Housekeeper TT further stated that the Certified Nursing Assistants (CNA) were responsible for cleaning up bodily fluids.</p> <p>In an interview on 5/22/2025 at 7:38 am, Housekeeper UU stated that the housekeeping staff clean the resident bathrooms by spraying them with a disinfectant and allowing it to sit to disinfect the surfaces. Housekeeper UU further stated that the housekeeping staff were not allowed to clean up bodily fluids, and the CNAs cleaned up bodily fluids.</p> <p>In an interview on 5/22/25 7:44 am, Environmental Supervisor VV stated housekeeping staff cleaned resident restrooms, and CNAs cleaned up bodily fluids.</p> <p>(continued on next page)</p>		

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F 0584  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	In an interview on 5/22/2025 7:55 am, the Administrator stated he expected resident rooms and bathrooms to be clean. The Administrator stated that nursing staff cleaned up bodily fluids, and housekeeping staff followed up to disinfect the area.		

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F 0628  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>44959</p> <p>Based on staff interviews, record review, and review of the facility policy titled Bed Hold Notice, the facility failed to provide bed hold information, in writing, at the time of transfer or within 24 hours, for one of 43 sampled residents (R) (R82). This failure had the potential to contribute to possible denial of re-admission and loss of the residents' home following a hospitalization for residents transferred to the hospital.</p> <p>Findings include:</p> <p>Review of the facility policy titled Bed Hold Notice, dated February 5, 2025, revealed the Policy section stated, It is the policy of this facility to provide a written information to the resident and /or the resident representative regarding bed hold practices both well in advance, and at the time of a transfer for hospitalization or therapeutic leave. The Policy Explanation and Compliance Guidelines section included,</p> <p>1. As part of the admission packet and at the time of a transfer to the hospital or therapeutic leave, the facility will provide the resident and/or resident representative written information that specifies :</p> <p>A. The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility.</p> <p>2. In the event of an emergency transfer of a resident, the facility will provide written notice of the facility's bed-hold policies to the resident and/or the resident representative within 24 hours. The facility will document multiple attempts to reach the resident's representative in cases where the facility was unable to notify the representative.</p> <p>Review of R82's Admission Record revealed the most recent admitted was 1/17/2025.</p> <p>Review of the R82's Discharge Minimum Data Set (MDS) assessment, dated 1/11/2025, revealed Section A (Identification Information) documented a discharge to a short-term general hospital with return anticipated.</p> <p>Review of R82's electronic medical record (EMR) revealed R82 was transferred to the hospital on 1/11/2025. Further review revealed no bed hold policy notice in the EMR or the paper chart.</p> <p>During an interview on 5/20/2025 at 11:45 am, Licensed Practical Nurse (LPN) II revealed that the facility did not complete bed hold policies before the week of 5/5/2025. She stated that the nurses were responsible for completing a bed hold policy when residents were sent to the hospital. She confirmed that a bed hold policy was not completed or provided for R82 at the time of discharge to the hospital on 1/11/2025.</p> <p>(continued on next page)</p>		

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F 0628  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 5/21/2025 at 11:15 am, the Director of Nursing (DON) confirmed that the bed hold policy was not completed for R82 when he was sent to the hospital on 1/11/2025. She stated that she had provided education to the nurses on the bed hold policy, and the nurses were for providing the written bed hold policy to the resident or resident representative at the time of transfers.		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>51557</p> <p>Based on observation, staff interviews, record review, and review of the facility policy titled Appropriate Use of Indwelling Catheters, the facility failed to transcribe a physician's order for an indwelling urinary catheter for one of six residents (R) (R94) with an indwelling urinary catheter.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Appropriate Use of Indwelling Catheters, dated 12/2/2024, revealed the Policy section included, . An indwelling urinary catheter will be utilized only when a resident's clinical condition demonstrates that catheterization was necessary. The Policy explanation and Compliance Guidelines section included, . 4. The use of an indwelling urinary catheter will be in accordance with physician orders, which will include diagnosis or clinical condition making the use of the catheter necessary, size of the catheter, and frequency of change (if applicable).</p> <p>Review of R94's electronic medical record (EMR) revealed admission on 12/13/2024 from an acute care hospital with diagnoses including, but not limited to, urinary tract infection and congestive heart failure.</p> <p>Review of R94s Quarterly Minimum Data Set (MDS) assessment, dated 4/10/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 13 (indicating little to no cognitive impairment). Section I (Bladder and Bowel) documented that the resident was incontinent of bladder and bowel.</p> <p>Review of R94's Order Summary Report revealed no order for an indwelling urinary catheter.</p> <p>Review of R94's Progress Notes revealed a Health Status entry dated 5/14/2025 of a verbal order for an indwelling urinary catheter, and the catheter was placed.</p> <p>Observation on 5/19/2025 at 11:54 am revealed R94 had an indwelling urinary catheter drainage bag visible with yellow colored liquid in it.</p> <p>Observation and interview on 5/20/2025 at 9:49 am revealed R94 had an indwelling urinary catheter drainage bag visible with yellow colored liquid in it. Interview with R94 revealed she had the catheter placed for measuring her urinary output due to fluid retention and heart failure.</p> <p>In an interview on 5/20/2025 at 3:54 pm, Licensed Practical Nurse (LPN) II confirmed there was no physician's order for R94 to have an indwelling urinary catheter. She confirmed she received a verbal order and did not transcribe it to the physician's orders.</p> <p>In an interview on 5/20/2025 at 4:08 pm, the Director of Nursing (DON) stated her expectation was for the nursing staff to document and transcribe physician orders directly to the proper place in the electronic health record system when received.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>51853</p> <p>Based on observations, staff interviews, record review, and review of the facility policy titled Oxygen Administration, the facility failed to ensure oxygen (O2) therapy was administered according to the physician's order and respiratory equipment was maintained in a sanitary manner for one of 23 residents (R) (R6) receiving O2 therapy. The deficient practices had the potential to place R6 at risk of respiratory distress and a diminished quality of life.</p> <p>Findings include:</p> <p>Review of the facility policy titled Oxygen Administration, revised 4/9/2025, revealed the Policy explanation and Compliance Guidelines section included, 1. Oxygen is administered under orders of a physician, except in the case of an emergency. 5. d. If applicable change nebulizer tubing and delivery devices every 72 hours or per facility policy and as needed if they become soiled or contaminated. e. Keep delivery devices covered in plastic bag when not in use.</p> <p>Review of R6's Admission Record revealed diagnoses including, but not limited to, chronic obstructive pulmonary disease (COPD), chronic respiratory failure, unspecified chronic bronchitis, and hypoxemia/dependence on supplemental oxygen.</p> <p>Review of R6's Annual Minimum Data Set (MDS) assessment, dated 4/9/2025, revealed Section O (Special Treatments, Procedures, and Programs) documented the resident received O2.</p> <p>Review of R6's care plan revealed a Focus dated 3/9/2023 that the resident required the use of O2.</p> <p>Review of R6's Clinical Physician Order revealed an order dated 6/18/2024 for O2 at two liters per minute (LPM) via nasal cannula (NC) continuous. Further review revealed an order dated 12/23/2024 for ipratropium-albuterol inhalation solution 0.5-2.5 3 milligram (mg)/3 milliliter (ml), one vial orally via nebulizer (a medication used to treat lung conditions).</p> <p>Observation on 5/19/2025 at 11:27 am revealed R6 was receiving O2 via an NC via an O2 concentrator, and the flow rate was set between one and one and a half LPM. Further observation revealed a nebulizing mask hanging from a metal pole, dated 12/6/2024, unbagged and exposed to the environment.</p> <p>In an interview and observation on 5/21/2025 at 8:36 am, the Director of Nursing (DON) and Regional Nurse Consultant confirmed R6's O2 concentrator was incorrectly set at one and a half LPM and confirmed the nebulizer mask was dated 12/6/2024 and unbagged.</p> <p>In an interview on 5/20/2025 at 10:59 am, the DON stated O2 should be administered according to the physician's orders, nebulizer masks and tubing should be changed weekly, and nebulizer masks should be stored in a protective bag when not in use.</p>		



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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51557</p> <p>Based on staff interviews and record review, the facility failed to ensure that physician-ordered medications were obtained from the pharmacy to be administered at the designated time for three of 43 sampled residents (R) (R93, R64, and R24). This deficient practice had the potential to place R93, R64, and R24 at risk of unmet needs and medical complications.</p> <p>Findings Include:</p> <p>1. Review of R93's Admission Record revealed R93 was admitted to the facility on [DATE] with diagnoses including, but not limited to, essential hypertension and hyperlipidemia.</p> <p>Review of R93's Physician Orders revealed an order dated 5/6/2025 for amlodipine besylate (a medication used to treat high blood pressure, chronic stable chest pain, and coronary artery disease) oral tablet 5 milligrams (mg), give one by mouth one time a day for blood pressure, hold if systolic blood pressure is less than 110. Further review revealed an order dated 5/6/2025 for atorvastatin calcium oral tablet 40 mg, give one by mouth one time a day for cholesterol.</p> <p>Review of R93's medication administration record (MAR) dated 5/2025 revealed the amlodipine besylate oral tablet 5 mg was documented as not administered on 5/6/2025, 5/10/2025, 5/12/2025, 5/16/2025, 5/18/2025, and 5/20/2025, and the atorvastatin calcium oral tablet 40 mg was documented as not administered on 5/6/2025, 5/16/2025, 5/17/2025, and 5/20/2025. The MAR documentation for all dates that the medications were not administered was marked with the number 9. Review of the Chart Codes located on the MAR indicated the number 9 indicated other/see nurse notes.</p> <p>Review of R93's clinical record revealed a Pharmacy Alert, alert effective date 5/16/2025, for amlodipine besylate oral tablet 5mg, documenting that the pharmacy indicated the order would not be filled due to rejection and to resubmit on or after 6/1/2025.</p> <p>In an interview on 5/20/2025 at 7:55 am, Certified Medication Technician (CMT) EE stated they informed the Licensed Practical Nurse (LPN) when medication was missing and they ordered from the pharmacy. CMT EE stated an order was placed with the pharmacy for R93's amlodipine besylate oral tablet 5mg on 5/6/2025.</p> <p>In an interview on 5/22/2025 at 10:31 am, Registered Nurse (RN) FF confirmed R93 was not administered the amlodipine besylate oral tablet 5mg six times in the last 20 days. She further confirmed that the only blood pressure documented in R93's clinical record was on 5/17/2025.</p> <p>2. Review of R64's Admission Record revealed R64 was admitted to the facility on [DATE] with diagnoses including, but not limited to, chronic diastolic heart failure, Parkinsonism, cardiomegaly, chronic obstructive pulmonary disease, type II diabetes mellitus, pulmonary hypertension, and atrial fibrillation.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R64's Physician's Orders revealed an order dated 12/25/2024 for Sinemet oral tablet (a medication used to treat Parkinson's disease) 25-100 mg, give two tablets by mouth three times a day. Further review revealed an order dated 12/25/2024 for amiodarone hydrochloride oral tablet (a medication used to treat heart rhythm problems) 200 mg, give one tablet by mouth one time a day, hold for pulse less than 62, and an order dated 4/11/2025 for apixaban oral tablet 5 mg (a medication used to prevent and treat blood clots), give one tablet twice a day.</p> <p>Review of R64's MAR, dated 5/2025, revealed the Sinemet oral tablet 25-100 mg was not documented as administered on 5/5/2025 12:00 pm, 5/8/2025 at 5:00 pm, and 5/11/2025 at 12:00 pm. There was no documentation on the MAR indicating a reason the medication was not documented as administered. Further review revealed the amiodarone hydrochloride oral tablet 200 mg was documented as not administered on 5/15/2025, 5/16/2025, and 5/17/2025. The MAR documentation for all dates that the medications were not administered was marked with the number 9. Further review revealed there was no documentation of the amiodarone hydrochloride oral tablet 200 mg being administered on 5/9/2025. Continued review revealed the apixaban oral tablet 5 mg was documented as not administered on 5/11/2025 at 9:00 am or 9:00 pm, 5/12/2025 at 9:00 am, and 5/15/2025 at 9:00 am. Review revealed no documentation in the 5/11/2025 9:00 am section, and the number 9 was coded on the dates of 5/11/2025 9:00 pm, 5/12/2025 9:00 am, and 5/15/2025 9:00 am. Review of the Chart Codes located on the MAR indicated the number 9 indicated other/see nurse notes.</p> <p>Review of R64's clinical record revealed a Pharmacy Alert, alert effective date 5/20/2025, for apixaban oral tablet 5mg and amiodarone hydrochloride oral tablet 200 mg, documenting that the pharmacy indicated the orders would not be filled due to rejection.</p> <p>In an interview on 5/20/2025 at 10:41 am, the Director of Nursing (DON) and the Corporate Nurse Consultant stated that nurses reorder medication through the MARs. They stated that if a medication was unavailable, it should be pulled from the emergency medication supply, and if it was not in stock in the emergency medication supply, the pharmacy should be called.</p> <p>3. Review of R24's Admission record revealed R24 was admitted to the facility on [DATE] with diagnoses including, but not limited to, essential (primary) hypertension.</p> <p>Review of R24's Physician Orders revealed an order dated 4/22/2024 for Tiadylt extended release (ER) 24-hour oral 180 mg capsule (a medication used to treat high blood pressure or chronic stable chest pain), give one capsule daily by mouth.</p> <p>Review of R24's MAR, dated 5/2025, revealed Tiadylt ER 24-hour oral 180 mg capsule was not documented as administered on 5/2/2025, 5/11/2025, 5/12/2025, 5/13/2025, 5/15/2025, 5/17/2025, and 5/20/2025. Further review revealed 5/11/2025 and 5/20/2025 had no documentation, and all other identified dates were marked with the number 9. Review of the Chart Codes located on the MAR indicated the number 9 indicated other/see nurse notes.</p> <p>In an interview on 5/21/2025 at 9:13 am, Pharmacy Technician LL stated R24's Tiadylt ER 24-hour oral 180 mg capsule required a new order. Pharmacy Technician LL further stated a billing issue was holding the delivery up, but it was also not time for this medication to be filled.</p> <p>(continued on next page)</p>		

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F 0755  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>In an interview on 5/21/2025 at 9:15 am, Pharmacists MM stated R64 had been inactive in their system, had been reactivated, and any missing medications would be sent to the facility that night. Pharmacists MM stated they were unaware of why the resident had been inactive.</p> <p>In an interview on 5/21/2025 at 11:45 am, Nurse Practitioner OO stated the facility had been having problems with the pharmacy reordering process, and she had discussed the concern with the DON and Unit Managers.</p> <p>In an interview on 5/21/2025 at 1:24 pm, the DON and the Corporate Nurse Consultant confirmed that there had been a problem with communication with the pharmacy. They stated their expectation was for the nurse to notify the DON when a medication was not available.</p> <p>In an interview on 5/21/25 at 4:15 pm, LPN YY stated that it took a long time to receive medications from the pharmacy at times.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115354	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/22/2025
NAME OF PROVIDER OR SUPPLIER  Lagrange Care Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  2111 West Point Road Lagrange, GA 30240	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>51557</p> <p>Based on observations, staff interviews, and record review, the facility failed to ensure a medication error rate of less than five percent. There were three errors of 30 opportunities for two of six residents (R) (R93 and R24) observed for a medication error rate of 10 percent. This deficient practice had the potential to result in medication not being given in accordance with the physician's orders and the potential to adversely affect R93 and R24's clinical conditions.</p> <p>Findings include:</p> <p>1. Review of R93's Physician Orders revealed an order dated 5/6/2025 for amlodipine besylate (a medication used to treat high blood pressure, chronic stable chest pain, and coronary artery disease) oral tablet 5 milligrams (mg), give one by mouth one time a day for blood pressure, hold if systolic blood pressure is less than 110. Further review revealed an order dated 5/6/2025 for atorvastatin calcium oral tablet 40 mg (a medication used to lower cholesterol), give one by mouth one time a day for cholesterol.</p> <p>Review of R93's medication administration record (MAR), dated 5/20/2025, revealed the amlodipine besylate oral tablet 5 mg and atorvastatin calcium oral tablet 40 mg were scheduled to be administered at 9:00 am.</p> <p>Observation on 5/20/2025 at 7:53 am revealed Certified Medication Technician (CMT) EE administered R93's morning medications. Observation revealed that the amlodipine besylate oral tablet 5 mg and the atorvastatin calcium oral tablet 40 mg were unavailable to administer.</p> <p>In an interview on 5/20/2025 at 7:55 am, CMT EE revealed the Licensed Practical Nurse (LPN) was informed of missing medication, and they would find it for them, or would order from the pharmacy. CMT EE stated that R93's amlodipine was ordered on 5/6/2025.</p> <p>2. Review of R24's Physician Orders revealed an order dated 4/22/2024 for Tiadylt extended release (ER) 24-hour oral 180 mg capsule (a medication used to treat high blood pressure or chronic stable chest pain), give one capsule daily by mouth.</p> <p>Review of R24's MAR, dated 5/20/2025, revealed the Tiadylt ER 24-hour oral 180 mg capsule was scheduled to be administered at 9:00 am.</p> <p>Observation on 5/20/2025 at 8:10 am revealed CMT EE administered R24's morning medications. Observation revealed that the Tiadylt ER 24-hour oral 180 mg capsule was unavailable to administer.</p> <p>In an interview on 5/20/2025 at 8:15 am, CMT EE stated R24's Tiadylt ER 24-hour oral 180 mg capsule was not available to administer and was not in the emergency medication stock.</p> <p>In an interview on 5/20/2025 at 10:41 am, the Director of Nursing (DON) and the Corporate Nurse stated that the nurses should obtain medications from the emergency medication supply if the medication was unavailable from the cart.</p>		