

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER Dublinair Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Industrial Blvd Dublin, GA 31021	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45813</p> <p>Based on staff interviews, record review, and a review of the facility policy titled, Resident Assessment-Coordination with PASARR (preadmission screening and resident review) Program, the facility failed to submit a PASARR Level II for one of two residents (R) (R1) reviewed for a mental illness diagnosis. This deficient practice had the potential to affect the appropriate level of care and services provided for R1.</p> <p>Findings include:</p> <p>A review of the facility policy titled, Resident Assessment-Coordination with PASARR Program, dated 12/19/2022, revealed the Policy stated, This facility coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receive care and services in the most integrated setting appropriate to their needs. The Policy Explanation and Compliance section stated, 6. The Social Services Director shall be responsible for keeping track of each resident's PASARR screening status and referring to the appropriate authority. 9. Any resident who exhibits a newly evident or possible serious mental disorder, intellectual disability, or a related condition will be referred promptly to the state mental health or intellectual disability authority for a level II resident review. Examples include: b. A resident whose intellectual disability or related condition was not previously identified and evaluated through PASARR.</p> <p>A review of the electronic medical record (EMR) revealed that R1 was admitted to the facility with diagnoses including, but not limited to, schizophrenia, psychosis not due to a substance or known physiological condition, mood disorder due to known physiological condition, major depressive disorder, and anxiety disorder.</p> <p>A review of the annual Minimum Data Set (MDS) dated [DATE] revealed section A (Identification Information) documented the resident was not currently considered by the state Level II PASRR process to have serious mental illness and/or intellectual disability or a related condition, section I (Active Diagnoses) documented schizophrenia, and section O (Special Treatments and Programs) documented R1 did not receive psychological services.</p> <p>A review of the quarterly MDS dated [DATE] revealed section I (Active Diagnoses) documented schizophrenia, and section O (Special Treatments and Programs) documented R1 did not receive psychological services.</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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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the EMR revealed a PASRR Level I request dated 12/12/2022 without schizophrenia marked on the form. A further review revealed there was no re-submission for a PASRR Level I after the facility coded schizophrenia on the MDS.</p> <p>In an interview on 8/21/2024 at 1:03 pm, the Social Service Director (SSD) stated all residents were admitted to the facility with a least a PASRR Level I. The SSD further stated she was responsible for checking the admissions for qualifying diagnoses that would potentially trigger a PASRR Level II. She confirmed that R1 did not have PASRR Level II and had been admitted from a hospital. The SSD confirmed that she was aware R1 had a diagnosis of schizophrenia but felt her hallucinations and delusions were stable. The SSD further stated she did not feel R1 needed a referral for psychological services because the issues she was experiencing were normal for her.</p> <p>In an interview on 8/21/2024 at 1:12 pm, Certified Nursing Assistant (CNA) AA revealed R1 had behaviors such as cursing and speaking inappropriately to staff while they were caring for her roommate. She stated these behaviors seem to not have any triggers.</p> <p>In an interview on 8/21/2024 at 1:16 pm, Licensed Practical Nurse (LPN) BB stated R1 didn't always have behaviors but did have mood swings. LPN BB further stated R1 was not aggressive. However, she yelled out and exhibited attention-seeking behaviors.</p> <p>In an interview on 8/21/2024 at 1:28 pm, LPN Unit Manager CC verified R1 had a diagnosis of schizophrenia and stated the resident had episodes of hollering out for no apparent reason. LPN UM CC stated that R1's behaviors have been communicated to the SSD. LPN UM CC further stated she was not involved in the process of requesting PASARR Level II's.</p> <p>In an interview on 8/21/2024 at 1:45 pm, the Director of Nursing (DON) verified that R1 had inappropriate behavioral outbreaks, delusions, and hallucinations. The DON further stated she did not have knowledge of the criteria for PASARR Level II's because the SSD was solely responsible for that process.</p>		