STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115356	A. Building B. Wing	09/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dublinair Health & Rehab	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)
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** Based on observation, staff interview, and review of the facility policies titled, Food Storage Guidelines and Ice Maker Sanitation, the facility failed to ensure opened food items in the kitchen's dry storage area were securely wrapped, labeled and dated. Also, the facility failed to discard refrigerated food items by expiration date in one of two freezers. In addition, the facility failed to maintain sanitary conditions for one of one ice machine units. The deficient practice had the potential to affect 92 out of 105 residents receiving an oral diet.Findings include: Review of facility's policy titled Food Storage Guidelines, dated 3/2024, under the section titled Procedure revealed, 2. Non-Perishable food will have the following dates available: Delivery Date and once opened, will have the Open Date. 4. Prepared Foods upon delivery will have the following dates: Delivery Date and once opened, will have the Open and Discard Date.Review of facility policy titled Ice Maker Sanitation, revised dated 2/2025, under the section titled How Often Should Ice Supplies be Cleaned and Sanitized? revealed, Ice Cooler/Chest= Weekly or more often if it is the facility protocol.During a tour of the kitchen on 9/12/2025 at 7:42 am, with [NAME] CC, the following was observed:The dry storage area revealed open, unlabeled, and undated items that consisted of: one 5 (five) lb. (pound), bag of grits, one 160 oz. (ounce) bag of elbow macaroni and spaghetti noodles, one 5 lb. bag of egg noodles, and one 5 lb. bag of a yellowish dry mix identified by [NAME] CC as breadcrumbs, along with one 2 (two) oz. gourmet coffee blend.The reach-in refrigerator contained one 6 (six) qt. (quart) Bacon-[NAME] with an expiration date of 9/11/2025. Interview with [NAME] CC during this time revealed that she had checked for expiration dates, past usage, and expired foods, during the delivery from the truck the previous day.Further observation revealed the ice machine had a black/reddish-like substance at the ice base and underneath it. A visual inspection of the interior revealed a white substance near the bolt hinge which was missing a bolt. The outer parts of the interior exhibited various particles. Interview with [NAME] CC revealed that the Maintenance Director was responsible for the cleaning of the ice machine.An interview with the Maintenance Director conducted on 9/12/2025 at 8:29 am, confirmed that he had not completed the monthly cleaning for this month. Additionally, a review of the cleaning log indicated that the last deep cleaning occurred on 8/15/2025.An interview conducted on 9/14/2025 at 7:58 am, with [NAME] CC revealed that the Dietary Manager, along with the two cooks, was tasked with labeling and dating all food items on Mondays and Thursdays during delivery. However, the cooks and dietary staff who stored any leftover food were also responsible for labeling and dating it. [NAME] CC confirmed that the dates that are to be recorded should include the date received and the open date but expressed uncertainty regarding the discard date. [NAME] CC acknowledged that the failure to properly store or label food could lead to food poisoning.An interview held on 9/14/2025, at 8:03 am, with the Dietary Manager (DM) revealed that both the cooks and the DM herself were responsible for verifying the labeling and dates on all food items. The DM stated that we make an effort to check the food items consistently throughout the day and on a daily basis; however, this was an oversight this time, which could present a risk of someone falling ill. The Dietary Manager revealed that the dates should have the date received, the date opened, and if the manufacturer's date was not available, they would put a discarded date.

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observations, interviews, and review of the facility's policy titled Safe and Homelike Environment, the facility failed to provide a provide a safe, clean, comfortable and homelike environment on two of six halls (A hall and D hall). Specifically, the facility failed to ensure rooms in four rooms (A3,A12, D1, and D2) were free of scuffed and peeling paint on the walls, holes and cracks in the walls, missing baseboards, sheet rock and baseboards in disrepair.Findings include: Review of the facility's undated policy titled Safe and Homelike Environment under the section titled Policy: revealed, In accordance with the resident's rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility, both inside and outside, maximizes resident independence and does not pose a safety risk. 1. Observation on 9/12/2025 at 10:05 am in room D1 revealed scuffing and peeling paint on the dry walls, along with two large circular patches, gouged, and uneven sheet rock, each approximately twelve inches in diameter, situated at the head of bed B. The previously patched areas of sheet rock remain in disrepair. Further observation revealed that the missing baseboard was discovered caught under the wheels of resident B bed. 2. Observation on 9/12/2025, at 10:16 am in room D2 revealed one of the walls contained a hole or gouge measuring approximately thirty-six inches in the sheetrock, located at the head of resident A bed near the baseboard. Observation and interview conducted on 9/13/2025 at 1:11 pm with the Administrator in rooms D1 and D2 confirmed the findings of scuffing and peeling paint on the dry walls, sheet rock in disrepair, and missing baseboard. An interview conducted on 9/14/2025, at 8:09 am with the Maintenance Director (MD) confirmed that each department head was accountable for inspecting the residents rooms on each hallway. If any issues were observed, they were recorded on the form or in the Maintenance and Equipment book request. The Maintenance Director noted that he attempts to delegate tasks between himself and his assistant; however, he often finds himself in multiple locations simultaneously, striving to fulfill work orders. An interview conducted on 9/14/2025 at 8:42 am, with the Medical Records Director (MR) revealed that she was tasked with completing rounds on the D hall. However, she mentioned that she did not remember observing or being responsible for inspecting room D1. The MR noted that she only recalled inspecting room D2, where she confirmed the presence of a scuffed wall, peeling paint, and damaged sheetrock. Furthermore, the MR explained that she discussed her findings during morning meetings attended by all department heads, including the Maintenance Director. An interview conducted on 9/14/2025, at 8:53 am with the Administrator revealed that each department head was responsible for completing Angel Rounds/Compliance Rounds, which encompasses the observation of ceiling tiles, walls, bathroom tiles, and essentially the entire room. The Administrator confirmed that during the morning meeting, the findings were discussed, and the observations made during the tour should have been previously identified. The Administrator (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	explained that there were no risks; however, the observations impact the residents homelike environment. 3. Observation on 9/12/2025 at 11:00 am in room A3 revealed a crack in the wall approximately 13 inches long on the right side of the bathroom door panel. 4. Observation on 9/13/2025 at 12:15 pm in room A12 revealed that the baseboard on the side of the resident in A bed was hanging off the wall and needed repair. An interview conducted on 9/14/2025 at 9:45 a.m. with the Supply Clerk revealed that she was tasked with completing rounds on half of A hall. However, she mentioned that she did not observe the wall being cracked in room A3. She confirmed that she should have noticed the crack and reported it in TELS (platform used maintenance work orders) for repairs. The supply clerk confirmed that the baseboards in room A12 also needed to be repaired.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, record review, and review of the facility's policy titled Activities of Daily Living (ADL) Supporting, the facility failed to ensure nail care was provided for one of four sampled Residents (R) (R96) reviewed for ADLs.Findings include:A review of the facility's policy titled, Activities of Daily Living (ADL) Supporting dated March 2018 under the section titled Policy Statement revealed, Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.A review of the electronic medical record (EMR) revealed R96 was admitted to the facility with a diagnosis that included but was not limited to, age-related physical debility.A review of the admission Minimum Data Set (MDS) assessment dated [DATE] for R96 revealed, Section C (Cognitive Patterns), a Brief Interview for Mental Status (BIMS) score of 12 which indicated moderate cognitive impairment and Section GG (Functional Abilities and Goals) revealed, R96 was dependent on staff for personal hygiene care.A review of the care plan dated 8/28/2025 revealed R96 required assistance with ADLs that included interventions to provide assistance with ADLs as needed.During an observation and interview on 9/12/2025 at 9:39 am revealed R96's fingernails were long with a dark substance underneath them. R96 stated his fingernails needed to be trimmed down and that he had informed a Certified Nurse Assistant (CNA) about cutting them.During an interview on 9/13/2025 at 1:22 pm with CNA AA confirmed R96 fingernails were long, needed to be trimmed and had a dark substance underneath them. She revealed that if R96 was assigned to her she would have taken care of his nails.During an interview on 9/13/2025 at 1:27 pm with Licensed Practical Nurse (LPN) BB confirmed R96's finger nails should be trimmed and cleaned during care. LPN BB revealed that at the nurse's station there was a check-off list with residents' names that they should be following to ensure nail care was completed. During an observation and interview on 9/13/2025 at 1:31 pm with the Director of Nursing (DON) confirmed R96's nails were long with a dark substance underneath them. The DON stated that the CNAs were supposed to check and perform nail care during baths.