

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER Macon Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 505 Coliseum Drive Macon, GA 31217	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, staff interviews, record review, and review of facility policy titled Infection Prevention and Control Program, the facility failed to follow infection control procedures for one resident (R) R68 on Enhanced Barrier Precautions (EBP). This deficient practice had the potential to increase the risk of the spread of infection in the facility. The census was 94. Findings include: Review of the facility policy titled Infection Prevention and Control Program, dated June 2025, revealed the Policy Statement section included, To have a comprehensive program that addresses detection, prevention, and control of infections among residents and staff. This facility's infection prevention and control policies/practices are intended to facilitate in maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. The Precaution Guidelines section included, All staff should wear appropriate personal protective equipment (PPE) as necessary to prevent exposure to spills or splashes of blood or body fluids or other potentially infectious materials. Review of the electronic medical record (EMR) for R68 revealed diagnoses including, but not limited to, pressure ulcer of sacral region, stage 3, encounter for orthopedic aftercare following surgical amputation, and acquired absence of left leg above the knee. Review of the Quarterly Minimum Data Set (MDS) assessment, dated 6/20/2025, for R68 revealed that Section GG (Physical Abilities and Goals) documented the resident required substantial to maximal assistance with toileting hygiene. Section H (Bowel and Bladder) documented the resident was always incontinent of bowel and bladder. Section M (Skin Condition) documented the resident had one unhealed stage 3 pressure ulcer. Review of the Order Summary Report for R68 revealed an order dated 7/2/2025 for Enhanced Barrier Precautions related to a wound. In a concurrent observation and interview on 8/20/2025 at 11:20 am, Certified Nursing Aide (CNA) FF was observed providing incontinent care to R68. Observation revealed CNA FF did not have a protective gown on while providing incontinent care. Interview with CNA FF confirmed she did not wear a protective gown while providing incontinent care to R68. CNA FF stated she should have worn a gown during the care. In an interview on 8/21/2025 at 12:30 pm, the Director of Nursing (DON) revealed her expectation was for staff to wear gowns and gloves while providing incontinent care to residents who were on EBP.</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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