STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115362	A. Building B. Wing	09/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Macon Rehabilitation and Healthcare	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, record review, and review of the facility's policy titled Abuse Prevention Policy, the facility failed to report an injury of unknown origin to the State Survey Agency (SSA), specifically an alleged head injury, within the required time frame for one of three sampled residents (R) (R1).Findings include:Review of the facility's policy titled Abuse Prevention Policy, with a reviewed date of [DATE], revealed all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property are reported immediately, but no later than two hours after the allegation is made, if the events that cause the allegation involve abuse or result in seriously bodily injury, to the Administrator of the facility and to other officials (including State Survey Agency and adult protective services where state law provides for jurisdiction in long term facilities in accordance with State Law).Review of the Facility Incident Report Form revealed the SSA was notified on [DATE] and indicated an off-campus injury at dialysis. The alleged incident was reported to have taken place on [DATE] at 3:00 pm. The details of the incident noted that the facility received notification that R1 was sent to the emergency room and arrived at the emergency room at 7:45 am. Per dialysis, he was sent due to a hematoma to the head that was bleeding profusely. R1 received care in the emergency room until he was pronounced deceased sometime after noon. Per the Coroner, a computed tomography scan (CT) was completed during his course of care at the emergency room that showed a subarachnoid hemorrhage. The Administrator reported to the Coroner that R1 was picked up from the facility, and transport started at 5:20 am, and per the transport team, arrived at the dialysis center at 5:25 am. Per transport crew interview and written statements, the resident was picked up from the facility with no apparent signs of injury or bleeding to his head or face. They deny any incident during transport and stated the resident arrived to dialysis with no injury and was placed in care of his assigned dialysis nurse. The resident was in the care of the dialysis center for over two hours prior to his transfer to the hospital.Review of the facility's final investigative summary, dated [DATE], revealed that it was sent to the SSA and noted that, in conclusion, the facility did not substantiate that R1 was injured or involved in any incident at the facility that would have caused the head injury. The facility had remained in contact with the local County Investigator in order to assist with any additional information they may need.During an interview with the Administrator on [DATE] at 2:30 pm, she stated she was notified on the evening of [DATE] by the Coroner that the resident was deceased . She stated she talked to the Coroner again later that evening, and he reported to her that the resident had a hematoma and a subarachnoid hemorrhage. She confirmed that she submitted the initial report on [DATE] because she wasn't sure what happened.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115362	A. Building B. Wing	09/02/2025

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Macon Rehabilitation and Healthcare	505 Coliseum Drive Macon, GA 31217

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, record review, and review of the facility's policy titled Abuse Prevention Policy, the facility failed to thoroughly investigate an allegation of injury of unknown origin for one of three sampled residents (R) (R1). Findings include:Review of the facility policy titled Abuse Prevention Policy, with a reviewed date of [DATE], revealed Injury of unknown source means source of injury was not observed by another person or injury could not be explained by the resident. Injury is suspicious because of the extent of the injury, location of injury (e.g. injury is located in an area not generally vulnerable to trauma such as facial injuries, bruising of inner thighs, wrap around bruises of arms, legs or torso, skin tears on sites other than arms/legs) or the number of injuries observed at one point in time or the incidence of injuries over time.Review of the Facility Incident Report Form revealed the State Survey Agency (SSA) was notified on [DATE] and indicated an off-campus injury at dialysis. The alleged incident was reported to have taken place on [DATE] at 3:00 pm. The details of the incident noted that the facility received notification that R1 was sent to the emergency room and arrived at the emergency room at 7:45 am. Per dialysis, he was sent due to a hematoma to the head that was bleeding profusely. R1 received care in the emergency room until he was pronounced deceased sometime after noon. Per the Coroner, a computed tomography scan (CT) was completed during his course of care at the emergency room that showed a subarachnoid hemorrhage. The Administrator reported to the Coroner that R1 was picked up from the facility, and transport started at 5:20 am, and the transport team arrived at the dialysis center at 5:25 am. Per transport crew interview and written statements, the resident was picked up from the facility with no apparent signs of injury or bleeding to his head or face. They deny any incident during transport and stated the resident arrived to dialysis with no injury and was placed in care of his assigned dialysis nurse. The resident was in the care of the dialysis center for over two hours prior to his transfer to the hospital.Review of the facility's final investigative summary, dated [DATE], that was submitted to the SSA, noted that, in conclusion, the facility did not substantiate that R1 was injured or involved in any incident at the facility that would have caused the head injury. The facility had remained in contact with the County Investigator in order to assist with any additional information they may need.There was no evidence that a complete investigation was conducted regarding the alleged head injury for R1. There was no evidence that the facility obtained the emergency room medical record, the County Sheriff's report, the Supplemental Report from the Sheriff's Department Investigator, and there was no evidence that the facility obtained information from the dialysis clinic to be able to complete a thorough investigation. Review of the [DATE] Emergency Department Provider Notes noted that the resident presented from dialysis for bleeding. At dialysis, he was given intravenous heparin and began bleeding from the back of his head. He was noted to have a 3-centimeter occipital scalp laceration, which was repaired at the bedside with three staples. The physician noted the resident had a large subarachnoid hemorrhage and subdural hemorrhage. Neurosurgery suspected an aneurysm rupture as the initial insult. The physician further noted this was a terminal non-cardiac event and medically futile to code.Review of the County Sheriff's Office Supplemental Report Narrative, dated [DATE], noted the Investigator made contact with the dialysis clinic manager along with her two nurses who were present during the appointment with R1. The clinic manager stated that the transport team lifts the patient and places them in the chair, and that her employees only touch the dialysis portion of the visit and do not move patients. There was no injury sustained during R1's visit. Dialysis staff AA stated he was giving R1 his treatment when he noticed that there was blood on his head. He wiped the blood and realized it was coming from the back of his head after blood thinners were administered. Dialysis staff AA stated the wound appeared to be a straight line, like a scrape on the back of R1's head that had reopened. He immediately applied pressure, and an ambulance was called to transport R1 to the emergency room. The clinic manager stated she would speak to her legal team about providing statements from the nurses and patients that were there during the incident.Review of the [DATE] Coroner's Death Investigation Report noted the resident came into the emergency room from dialysis on [DATE] at 7:45 am. CT showed subarachnoid hemorrhage. The Coroner noted the cause of death on discharge as renal failure. The date and time of death were [DATE] at 12:25 pm.The Georgia Death Certificate noted the resident was pronounced deceased on [DATE] at 12:25 pm. The immediate cause of death was cardiac arrest due to respiratory failure and renal failure.During an interview with the Administrator on [DATE] at 2:30 pm, she stated she was notified of the resident's death on the evening of [DATE] by the Coroner, who also told her