

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Harborview Rome		STREET ADDRESS, CITY, STATE, ZIP CODE 1345 Redmond Circle Rome, GA 30165	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>47947</p> <p>Based on record review and staff interview, and review of the facility policy titled, MDS (Minimum Data Set) 3.0 Completion, the facility failed to accurately assess one of 35 sampled residents (R) (R34). The deficient practice had the potential for R34 to be at risk for medical complications, unmet needs, and a diminished quality of life.</p> <p>Findings include:</p> <p>Review of the facility policy titled MDS 3.0 Completion revised 1/1/2024 revealed under Policy Explanation and Compliance Guidelines: According to federal regulations, the facility conducts initially and periodically a comprehensive, accurate and standardized assessment of each resident's function capacity, using the RAI (Resident Assessment Instrument) specified by the State.</p> <p>Review of the electronic medical record (EMR) revealed that R34 was admitted to the facility with but not limited to diagnoses of chronic obstructive pulmonary disease (COPD) and malignant neoplasm of upper lobe, left bronchus or lung.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 7/10/2024 revealed in Section O-Special Treatments, Procedures, and Programs that Oxygen (O2) Therapy was not marked as Performed while a resident of this facility and within the last 14 days.</p> <p>Review of R34's care plan initiated 9/14/2023 revealed the following problem: resident has COPD. Interventions included oxygen settings: O2 via nasal cannula (NC) as ordered.</p> <p>Review of the EMR tab Orders revealed an order dated 1/24/2024 for O2 @ 2L/NC (2 liters via cannula), PRN (as needed) as tolerated.</p> <p>Interview with the MDS Resident Assessment Coordinator on 8/1/2024 at 4:05 pm confirmed that resident was receiving O2 therapy, and section O (Special Treatments, Procedures, and Programs) of the MDS where question related to oxygen should be marked as yes. She stated that this MDS section was marked incorrectly as no.</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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49673</p> <p>Based on observations, record review, resident and staff interviews, and review of the facility policy titled, Activities, the facility failed to ensure residents received activities to meet resident-centered and personal preferences for bed bound and dependent care residents for two of 35 sampled residents (R) (R49 and R36). Specifically, R49 and R36 were not provided with person-centered activities that would meet their individual needs.</p> <p>Findings Include:</p> <p>Review of the facility policy titled Activities last reviewed 3/1/2024 revealed under Policy: It is the policy of this facility to provide an ongoing program to support residents in their choice of activities based on their comprehensive assessment, care plan, and preferences. Facility-sponsored group, individual, and independent activities will be designed to meet the interests of each resident, as well as support their physical, mental, and psychosocial well-being. Activities will encourage both independence and interaction within the community. Under Policy Explanation and Compliance Guidelines .13. The facility will consider accommodations in schedules, supplies and timing in order to optimize a resident's ability to participate in an activity of choice.</p> <p>Review of R49's admission Minimum Data Set (MDS) documented the resident had been admitted to the facility with diagnoses of but not limited to end stage renal disease, dependence on renal dialysis, low back pain, type 2 diabetes, mellitus with hyperglycemia, hypertension, unspecified atrial fibrillation, hyperlipidemia, heart failure, chronic obstructive pulmonary disease, unspecified asthma, uncomplicated, gastro-esophageal reflux disease without esophagitis, benign, prostatic hyperplasia without lower urinary tract symptoms, anemia in other chronic diseases, atherosclerotic heart disease of native coronary artery without angina pectoris, gastroparesis, other intervertebral disc degeneration, lumbar region other cervical disc, degeneration, unspecified cervical region, muscle weakness, dysphagia, difficulty in walking.</p> <p>R49's quarterly MDS dated [DATE] revealed that R49 was assessed with a Brief Interview for Mental Status (BIMS) assessment of 12, indicating the resident has moderate cognitive deficit.</p> <p>Review of R49 baseline care plan dated 5/23/2024 revealed R49 prefers independent activities or spending time with my family rather than doing things in groups. The facility goal for R49 will continue participating in independent activities or things with their friends and family. R49's intervention was to assist resident in participating in their favorite activities at their highest level and invite resident to sit in during activity programs, letting them join in at their own comfort level.</p> <p>Observation on 7/31/2024 at 12:00 pm, R49 was observed to be asleep.</p> <p>Interview and observation on 7/30/2024 at 12:39 pm with R49 confirmed he would like to participate in some activities. He was observed watching television and eating lunch.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 7/31/2024 at 12:39 pm with the Activities Director (AD) revealed she planned and performed activities and completed computer assessments to figure out what residents like and/or dislike. The AD confirmed she performed assessments at admission and quarterly. The AD shared she received help from the Certified Nursing Assistants (CNAs) to bring residents down to activities who were unable to ambulate. The AD confirmed she informed residents of activities by using the intercom, notifying residents by walking to rooms, or received assistance from the CNA's to help notify residents. The AD revealed today's afternoon scheduled activity was changed to bingo. The AD shared she notified residents of the change before the activity. The AD stated for residents who do not come into the activities room she would randomly do one-on-one activities. The AD confirmed she does not have a schedule for one-on-one activities with residents. The AD reviewed R49's quarterly review that revealed R49 would like to participate in bingo and musical entertainment. The AD reviewed the one-on-one log and revealed no forms were completed for the last three months for resident R49. The AD confirmed R49 had not been in any group activities in the last three months. The AD mentioned R49 had not been in activities because he was gone to dialysis or had family visits.</p> <p>Interview on 8/1/2024 at 2:37 pm with the Director of Nursing (DON), Administrator, and Regional Coordinator. The Administrator confirmed the role of the AD included planning and doing activities, resident council, assessment, and completing certain portion of the MDS. The Administrator confirmed for residents who were unable to enter activities were given one-on-one if they preferred, and she knew a log was done and confirmed that it was not located in the EMS but with the AD. The Administrator confirmed the MDS was completed at admission and annually.</p> <p>Review of R36 admission Minimum Data Set (MDS) documented the resident had been admitted to the facility with but not limited to diagnoses of fusion of spine, thoracolumbar region, spinal stenosis, thoracolumbar region, discitis, thoracolumbar region, paraplegia, incomplete, muscle weakness, paroxysmal atrial, fibrillation, benign neoplasm of pituitary gland, chronic diastolic (congestive) heart failure, essential (primary) hypertension, unspecified severe protein-calorie malnutrition, hyperlipidemia, dysphagia, unsteadiness on feet, difficulty in walking, major depressive disorder, recurrent, other lack of coordination, other malaise, chronic atrophic gastritis without bleeding, anemia, anxiety disorder, other chronic pain, polyneuropathy, unspecified osteoarthritis, insomnia, constipation, gastro-esophageal reflux disease without esophagitis, chronic kidney disease, stage, unspecified psychosis not due to a substance or known, physiological condition, acute upper respiratory infection, weakness, Parkinson's disease, without dyskinesia, without mention of fluctuations. R36 was assessed with BIMS assessment score of 10, indicating the resident has moderate cognitive deficit. Section F (Customary Routine) revealed Very Important for Activity preference.</p> <p>Review of R36 baseline care plan dated 10/28/2019 revealed R36 is dependent on staff for meeting emotional, intellectual, physical, and social needs r/t [related to] Physical Limitations. The facility goal for R36 was to maintain involvement in cognitive stimulation and social activities as desired through review date. R36 intervention all staff to converse with resident while providing care. Invite the resident to scheduled activities. Provide with activities calendar. Notify resident of any changes to the calendar of activities. Thank resident for attendance at activity function. The resident needs one-on-one bedside/in-room visits and activities if unable to attend out of room events. The resident needs assistance/escort to activity functions.</p> <p>Observation and interview on 7/30/2024 at 12:20 pm with R 6 revealed she was not able to participate in any group activities because she cannot walk. R36 confirmed she would like to participate in activities.</p> <p>(continued on next page)</p>		

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 7/31/2024 at 12:39 pm with the Activities Director (AD) revealed the AD reviewed R36's preference and confirmed none were offered during one-on-one activities. The AD revealed the one-on-one log she completed for R36 consisted of three dates in July; 7/4/2024, 7/11/2024, and 7/17/2024; each date activity included only conversation but on 7/4/2024 watermelon was consumed during conversation.		

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47947</p> <p>Based on observations, record review, staff interview, and the review of the facility policy titled, Oxygen (O2) Administration, the facility failed to ensure that O2 therapy was administered in accordance with the physician orders for two of 23 residents (R) (R34 and R14) receiving O2 therapy. The deficient practice had the potential to place R34 and R14 at risk for medical complications, unmet needs, and a diminished quality of life.</p> <p>Findings include:</p> <p>Review of the undated policy titled Oxygen Administration dated 1/10/204 revealed under Policy: Oxygen is administered under orders of a physician, except in the case of an emergency.</p> <p>Review of the electronic medical record (EMR) for R34 revealed she was admitted to the facility with diagnoses including but not limited to chronic obstructive pulmonary disease (COPD), malignant neoplasm of upper lobe, left bronchus or lung</p> <p>The resident's most recent Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score was coded as 15, which suggests that cognition is intact.</p> <p>Review of Physician orders for R34 revealed Oxygen Therapy-Nasal Cannula at rate of two liters, initiated 1/24/2024.</p> <p>Review of the care plan initiated on 9/14/2023 and revised on 9/14/2023 revealed that R34 has diagnosis of COPD with potential for respiratory infection/exacerbation of chronic obstructive pulmonary disease (COPD). Further interventions indicate OXYGEN SETTINGS: O2 via NASAL CANNULA (NC) AS ORDERED.</p> <p>Observation on 7/30/2024 at 12:30 pm revealed R34's O2 concentrator (machine to converts room air into O2) set on three liters per minute (LPN), being delivered via NC.</p> <p>Observation on 7/31/2024 at 9:20 am and 11:20 am revealed R34's O2 concentrator flow rate set at three LPM, being delivered via NC.</p> <p>Observation and interview on 7/31/2024 at 11:35 with Licensed Practical Nurse (LPN) AA on the A wing confirmed that R34's O2 tank setting was on almost three LPM. LPN AA checked R34's medical orders in the facility's EMR and confirmed that the physician order was for two LPM via NC.</p> <p>Review of the EMR for R14 revealed she was admitted to the facility with diagnoses including but not limited to acute and chronic respiratory failure with hypoxia, respiratory disorder, post COVID-19 condition.</p> <p>R14's most recent MDS dated [DATE] revealed a BIMS score was coded as 14, which suggests that cognition is intact.</p> <p>(continued on next page)</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>Review of R14's Physician orders revealed Oxygen therapy - two liters via nasal canula continuous as tolerated, dated 6/7/2024.</p> <p>Review of the care plan for R14 initiated on 5/15/2024 revealed that resident has oxygen therapy related to Ineffective gas exchange. Further interventions indicate OXYGEN SETTINGS: O2 via NASAL CANNULA (N/C) AS ORDERED.</p> <p>Observation on 7/30/2024 at 12:35 pm revealed R14's O2 concentrator flow rate set at three LPM, being delivered via NC.</p> <p>Observation on 7/31/2024 at 9:22 am and 11:22 am revealed R14's O2 concentrator flow rate set at three LPM, being delivered via NC.</p> <p>Observation and interview on 7/31/2024 at 11:37 am with LPN AA on A wing confirmed that R14's O2 tank setting was on almost three LPM. LPN AA checked R14's medical orders in the facility's electronic records and confirmed that the physician order was for two LPM.</p>		

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<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>50624</p> <p>Based on observations, staff interviews, record review, and review of the facility policy titled, Medication Administration, the facility failed to ensure that infection control practices were followed and adhered to by one of five nurses observed during medication administration.</p> <p>Findings Include:</p> <p>Review of the facility policy titled Medication Administration dated 6/1/2024 documented under Policy: Medications are administered by licensed nurses in accordance with professional standards of practice, in a manner to prevent contamination or infection. Under Policy Explanation and Compliance Guidelines, number 14 revealed: Remove medication from source, taking care not to touch medication with bare hand.</p> <p>Observation on 7/31/2024 at 8:32 am Licensed Practical Nurse (LPN) AA dropped a medication cup to the floor, bent over, picked up the cup, and placed it on a stack of clean unused medication cups. She then, with her bare hands, took medication out of a medication card and placed it in a medication cup to take to administer to a resident.</p> <p>Interview on 7/31/2024 at 8:48 am LPN AA verified and confirmed that she had dropped a medication cup to the floor, picked it up and placed it on a clean stack of cups. She stated she thought she had thrown it in the trash can but knew she should have thrown it out. LPN AA verified and confirmed that she had touched a medication with her bare hands and confirmed she should not have. LPN AA confirmed both were not appropriate infection control procedures.</p> <p>Interview on 7/31/2024 at 9:04 am the Director of Nursing (DON) confirmed that nurses should not touch any medications with bare hands. The DON confirmed that picking up a medication cup from the floor and placing it back on the clean stack was not an appropriate infection control procedure. She would expect an LPN to know the correct infection control protocols.</p>