

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2025
NAME OF PROVIDER OR SUPPLIER Bhm Carrollton Opco Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2327 North Highway 27 Carrollton, GA 30117	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and review of the facility policy titled Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident Property Policy, the facility failed to protect one of 14 sampled residents (R) (R3) right to be free from sexual abuse from R5. This deficient practice created the potential for R3 and other residents to experience further potential abuse. Findings include: Review of the facility's policy titled Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident Property Policy, reviewed 9/2024, read, in pertinent part, It is the policy of the facility to prevent abuse. 1. Review of R3's admission Record, dated 9/9/2025 and found in the electronic medical record (EMR) under the Profile tab, revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included dementia and type 2 diabetes. Review of R3's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/8/2025 and found in the EMR under the MDS tab, revealed a Brief Interview for Mental Status (BIMS) score of four out of 15, which indicated R3 was severely cognitively impaired. Review of R3's Progress Notes, dated 6/24/2025 at 3:34 am, and found in the EMR under the Notes tab, indicated CNA [Certified Nurse Aide] reported to nurse resident from room [ROOM NUMBER]B [R5] got up and went into female resident and was being touched by male resident on her leg and trying to pull her cover down. CNA redirected resident [R5] back to his room. 2. Review of R5's admission Record, dated 9/9/2025 and found in the EMR under the Profile tab, revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included vascular dementia, chronic kidney disease, and type two diabetes. Review of R5's quarterly MDS with an ARD of 6/19/2025 and found in the EMR under the MDS tab, revealed a BIMS score of four out of 15, which indicated R5 was severely cognitively impaired. Review of R5's Progress Notes, dated 6/24/2025 at 3:10 am and found in the EMR under the Notes tab, revealed CNA reported to nurse resident got up and went into room [ROOM NUMBER]A and was touching the female [R3] in bed A on her leg and trying to pull her cover down. CNA redirected resident [R5] back to his room. Review of the facility's investigation records, provided by the facility, related to the 6/24/2025 incident during which R5 touched R3 inappropriately on her leg and was trying to remove her covers, and revealed that the facility substantiated that R5 was in R3's room and inappropriately touching R3's upper thigh while trying to remove her bed covers. During an interview on 9/8/2025 at 1:20 pm, the Director of Nursing (DON) confirmed that it had been substantiated that R5 went into R3's room and inappropriately touched her on her thigh while trying to remove her covers during the incident on 6/24/2025. During an interview with the Administrator and DON on 9/9/2025, at 1:15 pm, both confirmed their expectation was that residents in the facility would remain free from abuse.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 115368
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