STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115368	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carrollton Nursing & Rehab Ctr	2327 North Highway 27 Carrollton, GA 30117

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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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28306 Based on record review, staff interview, and a review of the facility policy titled Resident Self-Administration of Medication, the facility failed to ensure that one of 28 sampled residents (R) (R89) was assessed for self-administration of medications before medications were left at the bedside. This failure had the potential for the residents to overmedicate themselves or for medications to be accessed by other residents. Findings included: A review of the facility's policy titled Resident Self-Administration of Medication and dated November 2017 revealed that if the resident desires to self-administer medications, an assessment will be conducted by the interdisciplinary team of the resident's cognitive, physical, and visual ability to carry out this responsibility. A review of the Electronic Medical Record (EMR) revealed that R89 was admitted to the facility on [DATE] with the diagnosis of dementia, anxiety disorder, hypertension, and major depressive disorder. A review of R89's quarterly Minimum Data Set (MDS) assessment, an Assessment Reference Date (ARD) of 9/17/2024, revealed R89 had a Brief Interview for Mental Status (BIMS) score of three out of 15, which indicated R89 was severely cognitively impaired. A review of R89's physician orders revealed there were no orders for R89 to be allowed to self-administer medications. A review of R89's care plan revealed that there was no plan of care developed for R89 to be allowed to self-administer medications. During an interview on 3/20/2025 at 10:30 am, the Assistant Director of Nursing (ADON) stated, Her [R89] sister brought a cup of pills to my office [on 9/27/2024] and stated that she found them on the nightstand in her sister's [R89] room. The ADON was asked if R89 was able to self-administer her medications, and the ADON confirmed that R89 was not able to self-administer her medications.

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28306 Based on record review and interviews, the facility failed to notify one of 28 sampled resident's (R) (R89) responsible party (RP) of a new medication order before the administration of the medication to the resident. This failure had the potential for R89 to be administered with medication that the RP may not want the resident to receive. Findings included: A review of the Electronic Medical Record (EMR) revealed that R89 was admitted to the facility on [DATE] with the diagnoses of dementia and anxiety disorder. A review of R89's admission Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 5/17/2024, coded R89 as having a Brief Interview for Mental Status (BIMS) score of zero out of 15, which indicated R89 was severely cognitively impaired. A review of R89's physician orders revealed an order dated 8/8/2024 for Naltrexone 50 mg (milligrams), give one tablet by mouth one time a day for OCD (obsessive-compulsive disorder) related behaviors. A review of R89's psychotherapy summary dated 8/7/2024 stated, Recommendations . Start Naltrexone 50 mg QD [every day] for OCD . A review of R89's nursing progress notes revealed no documentation of R89's RP being notified of Naltrexone being started for OCD related behaviors. During an interview on 3/20/2025 at 3:30 pm, the Assistant Director of Nursing (ADON) stated, I did not notice that the nurse who signed the order for Naltrexone did not notify the RP until I made a note in the resident's record on 8/26/2024. The ADON confirmed the nurse should have notified the resident's RP of the new medication and documented it in the medical record. During an interview on 3/20/2025 at 5:00 pm, the Interim Director of Nursing (IDON) confirmed that when a new medication is ordered, the resident's RP should be notified by the nurse that is working on the shift when it was ordered.

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46319 Based on record review, interviews, and review of facility policy titled Abuse Prevention Program, the facility failed to ensure one of three sampled residents (R) (R33) reviewed for abuse was free from abuse. This failure had the potential for psychosocial impairment from being physically abused by another resident. Findings included: A review of the facility's policy titled Abuse Prevention Program, with a revised date of May 2023, indicated, As part of the resident abuse prevention, the administration will: Protect our residents from abuse by anyone, including . other residents. Physical Abuse includes, but is not limited to, hitting, slapping, pinching, and kicking . A review of the electronic medical record (EMR) revealed R33 was admitted to the facility on [DATE] with diagnoses of metabolic encephalopathy, anxiety disorder, bipolar disorder, and depression A review of R33's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 1/1/2025 revealed a Brief Interview for Mental Status (BIMS) score of six out of 15, indicating R33 was severely impaired with diagnosis of metabolic encephalopathy, coronary artery disease, anxiety disorder, bipolar disorder, and depression. A review of the facility's investigation revealed that on 2/19/2025, R33 and R10 were involved in a physical altercation, hitting each other in the arm. A review of the skin assessment dated [DATE] revealed that both R33 and R10 had no redness, no discoloration, and no open areas as a result of the incident. During an interview on 3/20/2025 at 1:04 pm, the Assistant Director of Nurses (ADON) stated that residents were immediately separated. Then R33 was moved to the 300 Hall, in a room without a roommate, to prevent further interactions with R10. During an interview on 3/20/2025 at 1:44 pm, the Social Service Director (SSD) stated that she spoke with R33 and R10 regarding the incident, and both blamed each other.

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	115368	A. Building B. Wing	03/20/2025

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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** 20940 Based on record review, interviews, and a review of the facility policies titled Abuse, Neglect and Exploitation and Abuse Prevention Program, the facility failed to ensure allegations of abuse were reported to the facility's abuse coordinator/administrator promptly for one of four residents (R) (R62) with allegations of abuse. The facility failed to notify the State Agency (SA) promptly. This deficient practice placed the resident at risk for uninvestigated abuse allegations. Findings included: A review of the facility's policy titled Abuse, Neglect and Exploitation dated December 2017 indicated, .staff to report abuse to the abuse coordinator/administrator immediately when a resident reports an allegation of abuse, and an investigation is to begin immediately . A review of the facility policy titled Abuse Prevention Program, revised May 2023, indicated, .the abuse coordinator will report allegations or suspected abuse . immediately to .State Survey and Certification agency . A review of R62's Electronic Medical Record (EMR) revealed an admitted [DATE] with diagnoses of dementia and anxiety. A review of the annual Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 9/19/2024 revealed a Brief Interview for Mental Status (BIMS) score of two out of 15, which indicated R62 cognition was severely impaired. A review of the facility' investigation document indicated that R62 reported to an agency Licensed Practical Nurse (LPN) 3 on 6/29/2024 around 12:00 am and 12:13 am, that Something ain't right, I feel like I've been raped. A review of the facility's Facility Incident Follow-Up Investigation Report revealed the SA was notified on 7/2/2024. During an interview on 3/20/2025 at 10:49 am, the Regional Nurse confirmed that the SA was not notified promptly.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28306 Based on record review, staff interview, and a review of the facility's policy titled Care Plans, the facility failed to develop and implement a comprehensive care plan for two of 28 sampled residents (R) (R44 and R263). This failure had the potential for R44 to not receive the appropriate treatment needed, and R263 did not have the newly identified pressure ulcer treatment ordered to prevent the area from becoming larger. Findings included: A review of the facility's policy Care Plans, Comprehensive Person-Centered dated September 2023 stated, . Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being . 1. A review of the electronic medical record (EMR) revealed that R44 had been admitted to the facility on [DATE] with the diagnosis of dementia. A review of R44's admission Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 11/21/2024 revealed a Brief Interview for Mental Status (BIMS) score of 12 out of 15, which indicated that R44 was moderately cognitively impaired. A review of R44's care plan revealed there was no documentation of a dementia care plan that had been developed for R44. During an interview on 3/19/2025 at 2:45 pm, Licensed Practical Nurse (LPN)5 stated, I don't see where a care plan was developed for dementia for this resident. I think it got overlooked because the resident had a high BIMS score, and the nurse doing the MDS failed to look back at the diagnosis. LPN5 stated that R44 should have a care plan for dementia. 2. A review of the EMR revealed that R263 was admitted to the facility on [DATE] with the diagnoses of dementia and type 2 diabetes mellitus. A review of R263's quarterly MDS assessment with an ARD of 12/6/2023 indicated a BIMS score of four out of 15, which indicated R263 was severely cognitively impaired. R263 was also coded as being at risk for developing pressure ulcers/injuries. A review of R263's Change of Condition form dated 12/25/2023 revealed, During a brief change, sacral wound found. Wound measured and cleansed. AG [Silver] applied to the wound bed. Covered with foam dressing [sic]. The on-call physician was informed of the wound on 12/25/2023 at 2:05 am. The measurements of the sacral wound were documented as being 2.0 inches long; .5 inches wide, depth shallow [sic]. A review of R263's care plan revealed no documentation of a care plan for the newly identified sacral wound found and documented on 12/25/2023. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/19/2025 at 2:45 pm, LPN5 confirmed that the resident's care plan should reflect anything that is going on with that particular resident.

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F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28306 Based on record review and interviews, the facility failed to act upon a change of condition for one of 28 sampled residents (R) (263) related to low blood sugar, which resulted in being transferred to the hospital for treatment. This failure to provide quick intervention led to harm being identified on 12/29/2023, when R263's blood sugar went so low, to the point where the resident was unresponsive and slow to respond to the emergency use of Glucagon intramuscular when administered at the facility. R263 had to be transferred to the emergency room (ER). Findings included: 1. A review of the electronic medical record (EMR) revealed that R263 had been admitted to the facility on [DATE] with the diagnosis of type 2 diabetes mellitus. A review of R263's quarterly Minimum Data Set (MDS) assessment with an assessment Reference Date (ARD) of 12/6/2023 indicated a Brief Interview for Mental Status (BIMS) score of four out of 15, which indicated R263 was severely cognitively impaired. R263 was also coded as taking Hypoglycemic medication, insulin, while a resident at the facility. A review of R263's care plan revealed a care plan dated 10/20/2023 which indicated, I have a diagnosis of Diabetes Mellitus [sic]. Interventions were Diabetes medication as ordered by doctor [sic]. Monitor/document for side effects and effectiveness . Monitor/document/report PRN [as needed] any s/s [signs/symptoms] of hypoglycemia: Sweating, Tremor, Increased heart rate (Tachycardia), Pallor, Nervousness, Confusion, slurred speech, lack of coordination, Staggering gait [sic]. A review of R263's Blood Sugars revealed documentation on 12/29/2023 at 10:04 am of having a blood sugar reading of 45 milligrams per deciliter (mg/dl). The EMR was reviewed in its entirety, and no documentation of the nurses' response to the low blood sugar was identified. A review of the facility's undated Blood Sugar Protocol indicated, If BS [blood sugar] < [less than]60 and asymptomatic, treat with 15 mg [milligrams] of oral glucose. If symptomatic (confusion and/or inability to swallow), treat with IM [intramuscular] Glucagon 1 mg. Recheck BS in 1 hour. If BS > [greater than] 60, continue to monitor. If BS still <60 notify MD [medical doctor] [sic]. A review of the progress notes dated 12/29/2023 at 12:05 pm, written by the Nurse Practitioner (NP)1 indicated, .Patient seen for nurse reports of lethargy. Patients are noted to be unresponsive. Glucose level 39, nurse reports unknown last baseline, reports patient was not able to take meds [medicines] this am d/t [due to] lethargy. Oral glucose was attempted, but the patient was too unresponsive. Glucagon IM given; patient still poorly responsive . Gen: Unresponsive, diaphoretic . Resp [Respirations]: Irregular breathing . Hypoglycemia unawareness due to type 1 diabetes mellitus, unknown down time, poorly responsive to glucagon. Send to ER for full eval [evaluation] . (continued on next page)

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	115368	A. Building B. Wing	03/20/2025

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F 0684 Level of Harm - Actual harm Residents Affected - Few	A review of the hospital records revealed [R263] was found unresponsive at [name of nursing facility] this morning and noted to be hypoglycemic with blood glucose of 30. EMS [Emergency Medical Services] was called, she [R263] received glucagon and D50 with improvement to 67 and improvement in mentation. She [R263] presented to the ED [emergency department] and a recurrent episode of hypoglycemia after initial improvement, and this improved again with dextrose and juice . During an interview on 3/18/2025 at 2:24 pm, Licensed Practical Nurse (LPN)1 stated, I must have done something because that [blood sugar] is too low. I must have forgotten to document it. During an interview on 3/21/2025 at 3:00 pm, NP1 stated, That was a while ago, and I don't remember anything except what I had documented. During an interview on 3/21/2025 at 4:30 pm, the Interim Director of Nursing (DON) stated, I would expect the nurses to follow the Blood Sugar Protocol if they obtained a low blood sugar and notify the doctor of what had occurred and what treatment had to be given.

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	115368	A. Building B. Wing	03/20/2025

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28306 Based on the record review and interviews, the facility failed to investigate a fall for one of three residents (R) (R70) reviewed for falls. This failure had the potential for the fall not to be investigated thoroughly, and allowed R70 to experience another fall. Findings included: A review of the electronic medical record revealed that R70 was admitted to the facility on [DATE] with the diagnosis of Huntington's Disease. A review of R70's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 9/8/2024 indicated R70 had short-term and long-term memory loss and was severely impaired in cognitive skills for daily decision-making. R70 was coded as being independent in bed mobility. A review of R70's care plan dated 1/25/2024 revealed that R70 was at risk for falls related to Huntington's Disease with Chorea and decreased mobility. The interventions indicated, .Educate the me/my family/caregiver about safety reminders and what to do if a fall occurs [sic] . A review of R70's nursing progress note EMR revealed on 9/28/2024 at 4:16 am, CNA [certified nursing assistant] changing resident and when rolled her to her side, resident slid off the edge of the bed onto the floor. ROM [range of motion] within normal limits for this resident. No S/Sx [signs/symptoms] pain observed . During an interview on 3/20/2025 at 5:25 pm, the Assistant Director of Nursing (ADON) stated, I did the investigation report for this fall. I filled it out by reading over the note that the nurse documented. The ADON provided a copy of this report. The ADON was then asked if she had taken statements from the CNA and the nurse who was working when this fall occurred. The ADON stated, No, I didn't. I wasn't aware that I needed to do that.

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	115368	A. Building B. Wing	03/20/2025

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06401 Based on interviews, record review, and a review of the facility policy titled End-Stage Renal Disease, Care of a Resident with, the facility failed to complete a Dialysis Communication Form for one of 28 sampled residents (R) (R77) to ensure effective communication regarding the provision of care and medication administration for dialysis. The failure had the potential for R77 to have unmet care needs and complications with her dialysis treatments. Findings included: A review of the facility's policy titled End-Stage Renal Disease, Care of a Resident with, dated September 2010, indicated residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care. Policy Interpretation and Implementation. Staff caring for residents with ESRD, including residents receiving dialysis care outside the facility, shall be trained in the care and special needs of these residents. Agreements between this facility and the contracted ESRD facility include all aspects of how the resident's care will be managed, including: How information will be exchanged between the facilities . A review of the electronic medical record (EMR) revealed that R77 was admitted to the facility on [DATE] with a diagnosis of ESRD. A review of R77's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 12/26/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R77 was cognitively intact. A review of 77's care plan with a start date of 2/17/2025 revealed the following: Focus: [R77's name] has AKF [acute kidney failure] and ESRD. She requires dialysis and medications. The care plan goal specified, [R77's name] will have no unaddressed complications through next review. A review of R77's physician orders revealed an order dated 7/30/2024, which indicated, Dialysis @ [at] [Center's name] Tues [Tuesday], Thurs [Thursday], Saturday. During an interview on 3/18/2025 at 9:15 am, R77 stated she had just returned to the facility from her dialysis treatment. R77 stated that when she went to dialysis, she took her dialysis notebook with her, and the facility and dialysis center documented information, including her vital signs, in the book. During an interview on 3/18/2025 at 3:57 pm, the Assistant Director of Nursing (ADON) stated that the facility and dialysis center communicated with each other by completing R77's Dialysis Communication Form, which the resident took to each of her treatments. The ADON stated that when R77 went to dialysis, the facility nursing staff completed Section 1 (the resident's pre-dialysis information) and Section 3 (the resident's post-dialysis information) on the form, and the dialysis center completed Section 2 on the form. The ADON explained that these forms were kept either in R77's Dialysis Communication Notebook or were scanned into the resident's EMR. (continued on next page)

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	115368	A. Building B. Wing	03/20/2025

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of R77's EMR and R77's Dialysis Communication Notebook revealed Dialysis Communication Forms since 12/3/2024 were not completed by the facility or dialysis center on the following treatment dates; 12/3/2024, 12/7/2024, 12/14/2024, 12/21/2024, 12/28/2024, 12/31/2024, 1/2/2025, 1/7/2025, 1/11/2025, 1/16/2025, 1/23/2025, 1/25/2025, 1/30/2025, 2/8/2025, and 2/22/2025. During an interview on 3/20/2025 at 3:45 PM, Registered Nurse Consultant (RNC) confirmed Dialysis Communication Forms were not completed by the facility when R77 received dialysis treatments on 12/3/2024, 12/7/2024, 12/14/2024, 12/21/2024, 12/28/2024, 12/31/2024, 1/2/2025, 1/7/2025, 1/11/2025, 1/16/2025, 1/23/2025, 1/25/2025, 1/30/2025, 2/8/2025, and 2/22/2025. During an interview on 3/20/2025 at 4:06 pm, the Director of Nursing (DON) stated she expected the nursing staff to complete a Dialysis Communication Form each time R77 received dialysis treatment.

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	115368	A. Building B. Wing	03/20/2025

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28306 Based on observation, interview, record review, and review of facility policy titled Administering Medications,, the facility failed to ensure a medication error rate below five percent. During medication administration, two medication errors for one of 25 residents (R) (R5) opportunities resulted in a medication error rate of eight percent (%). These failures had the potential to increase or decrease the effectiveness of these medications. Findings included: A review of the facility's policy Administering Medications dated February 2020 indicated, . The individual administering the medication should check the label to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication . A review of R5's undated Face Sheet located under the Profile tab in the electronic medical record (EMR) revealed R5 had been admitted to the facility on [DATE] with the diagnosis of gout and schizoaffective disorder. A review of R5's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 12/24/2024 revealed R5 was coded as having a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating that R5 was cognitively intact. A review of R5's physician orders revealed an order dated 10/9/2024 for Allopurinol (medication to decrease the body's production of uric acid) 200 milligrams (mg), give one tablet by mouth one time a day. Another order dated 9/5/2024 was for Quetiapine Fumarate (Seroquel) (antipsychotic medication) 200 mg, give one tablet by mouth two times a day, and Seroquel 400 mg, give one tablet by mouth at bedtime. During an observation on 3/18/2025 at 8:37 am, Licensed Practical Nurse (LPN)7 administered Allopurinol 100 mg one tablet and Seroquel 400 mg one tablet to R5. The medication label from the pharmacy for the Allopurinol stated, Allopurinol 100 mg, give two tablets (200 mg) by mouth daily. The pharmacy label for Seroquel indicated, Quetiapine Fumarate [Seroquel] 400 mg, give one tablet by mouth at bedtime. During an interview on 3/18/2025 at 8:45 am, LPN7 confirmed that she had given one Allopurinol 100 mg tablet instead of the two tablets as directed by the physician order and that she had given the bedtime dose of Seroquel that was 400 mg instead of the 200 mg of Seroquel that was ordered two times a day. LPN7 stated, I gave the wrong doses of the medications that you just showed me. During an interview on 3/18/2025 at 8:47 am, the Assistant Director of Nursing (ADON) stated, The nurse is expected to give medications using the five rights of med [medication] administration. They are the right medicine, the right dose, the right frequency, the right route, and the right person.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115368	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carrollton Nursing & Rehab Ctr	2327 North Highway 27 Carrollton, GA 30117

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06401 Based on observation, interview, record review, facility menu review, and facility policy review, the facility failed to ensure that menus were followed as planned for one (R) (R105) of seven sampled residents reviewed for food in a total sample of 28 residents. This failure had the potential to cause nutritional needs to go unmet for 110 residents who consumed food prepared from the facility's kitchen. Findings included: A Review of the facility's policy titled, Menu Planning and Nutrition Adequacy dated 4/5/2024 indicated, Purpose The dining services department shall serve meals that meet the nutritional needs of the resident in accordance with the recommended dietary allowances (RDAs) of the Food and Nutrition Board of the National Research Council, of the National Academy of Sciences. A review of R105's undated Admission Record located in the electronic medical record (EMR) under the Profile tab indicated R105 was admitted to the facility on [DATE], with a diagnosis of diabetes mellitus. A review of R105's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 1/24/2025 revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated R105 was cognitively intact. A review of R105's March 2025 physician orders revealed an order for the resident to receive a Reduced Concentrated Sweets diet, Regular texture, Regular consistency dated 12/16/2024. During an interview on 3/16/2025 at 12:55 pm, R105 stated that he was diabetic and was not always served the food listed on his meal tray slip at meals. The resident specified his breakfast tray slip specified that he was to receive cereal of choice, but he was not always served cereal at breakfast. A review of the facility's planned menu for the breakfast menu of 3/17/2025 indicated residents on a reduced concentrated sweets diet were to be served four ounces of cereal of choice at this meal. During an interview on 3/17/2025 at 8:32 am, R105 stated he was finished with his breakfast, but he was not served any cereal with his breakfast even though his 3/17/2025 breakfast tray slip specified that he was to receive cereal at this meal. An observation on 3/17/2025 at 8:32 am revealed R105's tray slip, which was served with his breakfast meal, indicated he was to receive cereal of choice - 4 OZ [ounces] at this meal. An observation of the resident's finished meal tray revealed R105 was not served any cereal with his breakfast meal. A review of the facility's planned menu for the breakfast menu of 3/19/2025 indicated residents on a reduced concentrated sweets diet were to be served Cold Cereal of Choice at this meal. (continued on next page)

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	115368	A. Building B. Wing	03/20/2025

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/19/2025 at 8:35 am, R105 stated he was finished with his breakfast, but he was not served any cereal with his breakfast even though his 3/19/2025 breakfast meal tray slip specified that he was to receive cereal at this meal. An observation on 3/19/2025 at 8:35 am revealed R105's tray slip that was served with his breakfast meal indicated he was to receive cold cereal of choice - 1 EA [each] at this meal. An observation of the resident's finished meal tray revealed that R105 was not served any cereal with his breakfast meal. R105 stated he was still hungry and would like to be served some cold cereal. During an interview on 3/19/2025 at 8:40 am, Certified Nursing Assistant (CNA)2 confirmed R105's breakfast tray slip specified cold cereal of choice, but the resident was not served any cereal with his 3/19/2025 breakfast meal. During an interview on 3/19/2025 at 8:45 am, the Dietary Manager (DM) stated if a resident's breakfast tray slip indicated the resident was to be served cold cereal of choice but did not specify the type of cereal the resident was to receive the resident's CNA was to provide a cold cereal to the resident at this meal. The DM stated that during the 3/17/2025 breakfast meal, R105 should have received grits at this meal, and he should have been served cold cereal with his 3/19/2025 breakfast meal as specified on the facility's planned menus and on the resident's tray slips. During an interview on 3/19/2025 at 9:00 am, the Administrator stated that if a food item was on a resident's meal tray slip, the kitchen was responsible for serving this food on the resident's meal tray.

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	115368	A. Building B. Wing	03/20/2025

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 06401 Based on observation, interview, record review, and facility policy review, the facility failed to serve food that was palatable and hot to four of seven residents (R) (R22, R77, R83, and R105) reviewed. Findings included: A review of the facility's undated policy titled Assistance with Meals indicated, . All foods shall be held at a temperature of 136 degrees or above until served. Cold foods shall be held at 40 degrees or below until served. Nursing and Dietary Services will establish procedures such that the delivery of food to serving areas accommodates this requirement. A review of the facility's policy titled, Food Temperatures and Test Tray Audits dated 04/05/24, indicated, Policy Test trays will be audited periodically to ensure that food temperatures, food quality, and overall dining experience are at optimal levels. Procedure . 11. Minimum temperatures at the time of service are defined below: a. Soups >[above]135 degrees F [Fahrenheit]. b. Milk & Milk Products < [below] 45 degrees F., Cold Entrees < 55 degrees F., Hot Entrees > 135 degrees F., Starches > 135 degrees F., Hot Vegetables > 135 degrees F., Cold Desserts (pudding/gelatin) < 55 degrees F., Cold Beverages < 55 degrees F., Hot beverages > 140 degrees F. 1. A review of R22's electronic medical record (EMR) revealed a quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/23/2024 indicated a Brief Interview for Mental Status (BIMS) score of 14 of 15, which indicated the resident was cognitively intact. During an interview on 3/17/2025 at 9:35 am, R22 stated she ate her meals in her room, and the food served at meals was not hot. R22 specified that she would prefer her food to be served hot. 2. A review of R77's quarterly MDS assessment with an ARD of 12/26/2024 revealed a BIMS score of 15 of 15, which indicated the resident was cognitively intact. During an interview on 3/16/2025 at 1:35 pm, R77 stated the food served at meals lacked seasoning and was not hot. R77 specified that the hot food she was served at breakfast was cold. 3. A review of R83's quarterly MDS assessment with an ARD of 1/1/2025 revealed a BIMS score of 15 of 15, which indicated the resident was cognitively intact. During an interview on 3/16/2025 at 1:10 pm, R83 stated she ate her meals in her room, and the food she was served was cold, especially at breakfast. R83 stated that the hot food she was served at other meals was cold, too. 4. A review of R105's EMR revealed a quarterly MDS with an ARD of 1/24/2025 located under the MDS tab, revealed a BIMS score of 14 of 15, which indicated the resident was cognitively intact. (continued on next page)

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	115368	A. Building B. Wing	03/20/2025

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Carrollton Nursing & Rehab Ctr	2327 North Highway 27 Carrollton, GA 30117

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/16/2025 at 12:55 pm, R105 stated he ate his meals in his room, and when his meals were served, his food was cold. R105 specified that at breakfast, he was served cold eggs and cold breakfast meat. In response to resident complaints about food, a test tray was requested to be sent to the facility's 400 hallway during the breakfast meal on 3/18/2025. An observation revealed that before the meal tray cart, which contained the test tray, left the kitchen at 8:02 am, resident meals were observed being served on unheated plates, and food temperatures were at acceptable levels of 140 degrees Fahrenheit (F) and above on the kitchen tray line. The meal trays were placed on an open tray cart that was covered, but the cart had no heating element and was delivered to the 400 hallway at 8:04 am. The last resident breakfast tray was served on the 400 hallway on 3/18/2025 at 8:29 am. At this time, the food on the test tray was sampled in the presence of Licensed Practical Nurse (LPN)2. Tasting of the food revealed the following: a. The scrambled eggs tasted cold. LPN2 also tasted the scrambled eggs and confirmed that the eggs were cold. b. The grits served tasted cold and had begun to congeal on the plate. LPN2 also tasted the grits and confirmed that the grits were cold. During an interview on 3/18/2025 at 8:45 am, the Dietary Manager (DM) confirmed that residents' breakfast meals on 3/18/2025 were served on unheated plates. The DM stated the kitchen had a plate warmer, but staff were currently not using it because the suction cup the staff used to get the plates out of the warmer was broken. The DM explained that the kitchen also had insulated plate holders available to help keep the plate and food hot, but the staff did not use them at this meal.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115368	A. Building B. Wing	03/20/2025

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06401 Based on interviews, record review, and facility policy review, the facility failed to provide a bedtime snack each night for three of three diabetic residents (R) (R76, R77, and R83). This failure had the potential to cause unmet nutritional needs for residents who received meals and snacks from the facility's kitchen. Findings included: A review of the facility's undated policy titled, Snacks (Between Meals and Bedtime) Serving indicated, The purpose of this procedure is to provide the residents with adequate nutrition . A review of the facility's undated policy titled, Food Preferences indicated, . 10. The Food Services Department will offer a variety of foods at each scheduled meal, as well as access to nourishing snacks throughout the day and night. 1. A review of R77's undated Admission Record, located in the electronic medical record (EMR) under the Profile tab, indicated R77 was admitted to the facility on [DATE], with diagnoses including end-stage renal disease (ESRD) and diabetes mellitus. A review of R77's quarterly Minimum Data Set (MDS) located in the EMR under the MDS tab with an Assessment Reference Date (ARD) of 12/26/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R77 was cognitively intact. A review of R77's March 2025 Physician orders located in the EMR under the Orders tab revealed an order for the resident to receive a snack at bedtime for insulin dependence dated 9/26/2024. During an interview on 3/20/2025 at 9:33 am, R77 stated she was an insulin-dependent diabetic and was not always offered a bedtime snack each night. R77 explained that approximately three to four times a week, staff do not provide her with a bedtime snack, and she would like to receive a snack every night. 2. A review of R76's undated Admission Record, located in the EMR under the Profile tab, indicated R76 was admitted to the facility on [DATE] with a diagnosis of diabetes mellitus. A review of R76's quarterly MDS located in the EMR under the MDS tab with an ARD of 12/23/2024 revealed a BIMS score of 12 out of 15, which indicated R76 had moderate cognitive impairment. During an interview on 3/20/2025 at 10:10 am, R76 stated she was an insulin-dependent diabetic, and she was not always provided with a bedtime snack each night. R76 explained that the staff used to offer her a snack at night, but she had not received one in a while. The resident stated she would like to receive a nightly bedtime snack. (continued on next page)

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	115368	A. Building B. Wing	03/20/2025

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. A review of R83's undated Admission Record indicated R83 was admitted to the facility on [DATE], with a diagnosis of diabetes mellitus. A review of R83's quarterly MDS assessment with an ARD of 1/1/2025 revealed a BIMS score of 15 out of 15, which indicated R83 was cognitively intact. A review of R83's March 2025 physician's orders tab revealed an order for a snack at bedtime for insulin dependence dated 9/26/2024. During an interview on 3/20/2025 at 9:55 am, R83 stated she was not offered a bedtime snack each night. R83 explained she only received a snack a couple of times per week at night. R83 stated she was an insulin-dependent diabetic, and she would like to receive a snack each night at bedtime. During an interview on 3/19/2025 at 4:07 pm, Certified Nursing Assistant (CNA)3 stated the kitchen will send residents' bedtime snacks to the 400 hallway with the evening meal cart. CNA3 estimated the kitchen only provided enough snacks for ten or eleven residents. CNA3 explained that the kitchen sent three or four juices, packages of cookies and crackers, and some ginger ale to offer residents in the hallway for their bedtime snacks. CNA3 stated the kitchen did not always provide snacks labeled with resident names for the residents who were diabetic. During an interview on 3/20/2025 at 9:40 am, CNA2 stated the kitchen did not always provide bedtime snacks for residents. CNA2 stated that approximately three times per week, the kitchen staff did not provide resident bedtime snacks, including snacks for diabetic residents. During an interview on 3/20/2025 at 11:05 am, the Dietary Manager (DM) stated that all diabetic residents should receive a bedtime snack each night. The DM explained that the dietary staff were to prepare a bedtime snack for each diabetic resident and were to label the snack with each diabetic resident's name. The DM stated that the dietary staff were also to provide and deliver additional snacks to the hallways for residents who were not diabetic and wanted to receive a bedtime snack.

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	115368	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carrollton Nursing & Rehab Ctr	2327 North Highway 27 Carrollton, GA 30117

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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. 06401 Based on observation, interview, and facility policy review, the facility failed to keep the kitchen's two convection ovens, deep fat fryer, steamer, storage shelves, large manual can opener, and the main dining room's ice machine and microwave oven clean and sanitized. Additionally, the dietary staff failed to label, date, and/or cover food and beverages stored in the kitchen. This failure had the potential to create an environment for food-borne illnesses, which could affect 101 residents who consumed food prepared from the facility's kitchen. Findings included: A review of the facility's policy titled Sanitation dated October 2008 indicated Policy Statement: The food service area shall be maintained in a clean and sanitary manner. Policy Interpretation and Implementation 1. All kitchens, kitchen area and dining areas shall be kept clean . 2. All utensils, counters, shelves, and equipment shall be kept clean, maintained in good repair and free from breaks, corrosions, open seams, cracks, and chipped areas that may affect their use or proper cleaning . 3. All equipment, food contact surfaces and utensils shall be washed to remove or completely loosen soils by using manual or mechanical means necessary and sanitized using hot water and/or chemical sanitizing solutions . 12. Ice machines and ice storage containers shall be drained, cleaned, and sanitized per manufacturer's instructions and facility policy . A review of the facility's policy titled Dating and Labeling Policy dated 04/05/24 indicated, Policy: The kitchen will ensure food safety by maintaining proper dates and labels on all goods and ready-to-eat food products. Procedure: . 2. Label products in storage with the date the package was opened . 4. Ready-to-eat foods must be dated with a 72-hour use-by date and discarded when they expire. 7. Keep all storage areas clean and dry . 1. An observation during the initial kitchen inspection on 3/16/2025 from 7:55 am to 8:25 am revealed the following unclean food preparation and storage equipment: a. The kitchen's two convection ovens had a heavy accumulation of dried and burned food substances on their inner cooking compartments. The doors on both convection ovens also had brown substances on them. b. Both sides of the kitchen's deep fat fryer had a heavy accumulation of a yellow-colored gritty substance, and grease was encrusted on both exterior sides of the deep fryer. c. A shelving unit above the kitchen's two-compartment sink was unclean with a heavy accumulation of dried substances. Food storage containers and lids were stored directly on this unclean shelf. d. The kitchen's steamer had dried food substances and loose debris around the exterior of the steamer's door and on its top. e. Six shelving units in the kitchen's walk-in refrigerator were unclean with accumulated dried substances. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115368	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carrollton Nursing & Rehab Ctr	2327 North Highway 27 Carrollton, GA 30117

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	f. The kitchen's large manual can opener had dried and sticky substances on its blade and table base attachment. During an interview on 3/16/2025 at 9:00 am, the Dietary Manager (DM) confirmed that the kitchen's convection ovens, deep fat fryer, steamer, large manual can opener, and shelving units were unclean, that were observed during the initial kitchen inspection. The DM stated that the dietary staff were to follow the kitchen's cleaning schedule and keep all kitchen equipment clean. 2. An observation during the initial kitchen inspection on 3/16/2025 from 7:55 am to 8:25 am revealed the following concerns with food storage: a. An observation of the kitchen's walk-in refrigerator revealed the following stored food and beverages were unlabeled and/or undated: one large pan of Sheppard's pie, one large pan of cooked broccoli, 10 cups of juice, 15 ham sandwiches, one 32 ounce opened package of ham slices, one opened package of shredded cheese that was not closed, and one opened bag of lettuce that was not closed. b. Observation of the kitchen's bread storage racks revealed three opened and undated packages of hamburger buns. c. Observation of the kitchen's food storage bins revealed an open 25-pound bag of flour that was stored completely uncovered. During an interview on 3/16/2025 at 9:00 am, the DM confirmed the undated, unlabeled, and/or uncovered food that was observed stored in the kitchen's walk-in refrigerator, bread storage racks, and food storage bins that were observed during the initial kitchen inspection. The DM stated that food should be labeled, dated, and covered when stored by staff. 3. An observation on 3/16/2025 at 8:35 am of the facility's ice machine that was located just outside the kitchen, revealed its interior had a black mold-like substance that could be wiped away with a paper towel. During an interview on 3/16/2025 at 8:55 am, the Administrator confirmed the interior of the ice machine was unclean with a black substance. The Administrator stated that the ice machine should be cleaned by maintenance every month. 4. An observation on 3/16/2025 at 8:35 am of the microwave oven located in the facility's main dining room, just outside the kitchen, revealed the microwave's inner cooking compartment had a heavy accumulation of dried food spills and loose food debris. During an interview on 3/16/2025 at 8:55 am, the Administrator confirmed the microwave oven in the facility's main dining room was unclean. The Administrator stated that the microwave was utilized by staff to heat resident food and should be cleaned as needed by the staff. 5. An observation on 3/16/2025 at 9:10 am of food stored in the kitchen's walk-in freezer, with the DM present, revealed that two large bags of frozen potato cakes, one large box of biscuits, and one large box of chicken tenderloins were stored open and unprotected from possible contamination. (continued on next page)

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	115368	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 3/16/2025 at 9:10 am, the DM confirmed the opened potato cakes, biscuits, and chicken tenderloins were stored in the kitchen's walk-in freezer. The DM stated that food should be completely covered when stored by staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115368	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carrollton Nursing & Rehab Ctr	2327 North Highway 27 Carrollton, GA 30117

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 20940 Based on observation and interview, the facility failed to ensure that the soiled and clean sides of the laundry room were in good repair. Specifically, the facility failed to repair a gap under the exterior door that opens into the soiled laundry area; failed to repair broken wallboard with exposed insulation; failed to clean the air vents in the soiled side of the laundry that had debris build up; the doorless opening between the sorting area and the room with the washing machines was trimmed with unfinished molding, rendering the surface uncleanable; the floor where the washing machine was located had heavy debris build up; reusable rubber gloves were on the floor in the drying area; and the floor (standing) fan had heavy debris build-up on the fan grate. This deficient practice had the potential for the clean linen for all residents to be contaminated. Findings included: During an observation and interview on 3/18/2025 at 8:47 am with the Laundry Supervisor and the Infection Preventionist (IP) nurse revealed the following: 1. A three-fourth-inch gap under the exterior door that opens into the soiled laundry area, where items are sorted before washing, had a broken wallboard about five feet from the floor to the ceiling with exposed insulation around the missing and broken wallboard. Three pillows were stacked on top of a bin and resting against the insulation. The air vents in the room had debris built up and exposed steel beams. 2. The doorless opening between the sorting area and the room with the washing machines was trimmed with unfinished molding, rendering the surface uncleanable. 3. The floor where the washing machine was located had heavy debris built up on the horizontal surfaces, including the floor and the plastic crates supporting the buckets of laundry chemicals. There were reusable rubber gloves on the floor behind a bucket of chemicals, which was next to the washing machine. 4. In the drying area, the floor (standing) fan had heavy debris buildup on the fan grate. During an interview on 3/20/2025 at 10:11 am, the Laundry Supervisor confirmed the laundry area was in need of repair, and the standing floor fan should be cleaned before being used in the clean laundry area.