

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/06/2025
NAME OF PROVIDER OR SUPPLIER Southland Healthcare and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 606 Simmons St Dublin, GA 31040	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44959</p> <p>Based on observations, resident and staff interviews, record review, and review of the facility policy titled, Oxygen, Administration-Nasal Canula, the facility failed to follow a physician order for oxygen (O2) therapy for one of 11 residents (R) (R1) receiving O2 therapy. The deficient practice had the potential to place R1 at risk of medical complications and unmet needs.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Oxygen, Administration-Nasal Canula, dated October 2023, revealed the Procedure section included, 1. Check the resident's clinical record for the physician's order. 5. Turn the flow meter to the ordered flow rate.</p> <p>Review of R1's electronic medical record (EMR) revealed diagnoses including, but not limited to, acute and chronic respiratory failure, unspecified asthma, other specified chronic obstructive pulmonary disease (COPD), and pneumonia.</p> <p>Review of R1's Admission Minimum Data Set (MDS) assessment dated [DATE] revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 15 (indicating little to no cognitive impairment). Section O (Special Treatments, Therapies, and Programs) documented R1 received O2.</p> <p>Review of R1's Physician's Orders revealed an order dated 4/1/2025 for O2 at 3 liters per minute (LPM) via nasal cannula (NC) as needed for O2 for oxygen therapy</p> <p>Observations on 4/4/2025 at 8:14 am, and 4/5/2025 at 9:15 am and 1:40 pm revealed R1 was receiving O2 via a NC at 4 LPM via an O2 concentrator.</p> <p>During an interview on 4/5/2025 at 1:49 pm, Licensed Practical Nurse (LPN) AA confirmed that R1's O2 was set at 4 LPM. She confirmed the physician's order was for R1's O2 to be set at 3 LPM.</p> <p>During an interview on 4/5/2025 at 3:15 pm, the Unit Manager revealed that she expected staff to follow the physician's orders for O2 and ensure the flow meters were set to deliver the ordered amount of O2.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>42463</p> <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observations, staff and resident interviews, and record reviews, the facility failed to ensure respiratory equipment was maintained in a sanitary manner for one of 11 residents (R) (R25) receiving oxygen (O2) therapy. This deficient practice had the potential to place R25 at risk of respiratory complications and a diminished quality of life.</p> <p>Findings include:</p> <p>Review of R25's electronic health record (EHR) revealed diagnoses including, but not limited to, respiratory failure, unspecified with hypoxia, chronic obstructive pulmonary disease (COPD), emphysema, systolic (congestive) and diastolic (congestive) heart failure, obstructive sleep apnea, acute respiratory failure, and acute and chronic respiratory failure with hypoxia</p> <p>Review of R25's Annual Minimum Data Set (MDS) assessment, dated 1/9/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview of Mental Status (BIMS) of 15 (indicating little to no cognitive impairment). Section GG (Functional Abilities and Goals) documented R25 was dependent on staff for mobility. Section J (Health Conditions) documented R25 had shortness of breath or trouble breathing when lying flat. Section O (Special Treatments, Procedures, and Programs) documented R25 received O2 therapy and non-invasive mechanical ventilation while a resident.</p> <p>Review of R25's Physician Orders revealed orders dated: 1/30/2025 for O2 at 3 liters per minute (LPM) via nasal cannula (NC) two times a day, 10/25/2024 to apply CPAP (continuous positive airway pressure) at bedtime for O2 therapy and remove CPAP in the morning one time a day for O2 therapy, and 10/21/2024 for ipratropium-albuterol solution 0.5-2.5 (3) MG (milligram)/3ML (milliliter) one vial inhale orally via nebulizer every 8 hours related to COPD and albuterol sulfate HFA [high-flow aerosol] inhalation aerosol solution 108 (90 Base) MCG (microgram)/ACT (actuator) one inhale orally every 4 hours as needed for dyspnea (trouble breathing).</p> <p>Observation on 4/4/2025 at 8:00 am revealed R25 receiving O2 at 3 LPM via a NC. Observation revealed the O2 concentrator was covered with debris, and the nebulizer mask and CPAP mask were lying on the nightstand, uncovered and exposed to the environment. In an interview, R25 revealed that she was unable to turn and reposition herself in bed independently or reach the nightstand. She revealed that the nurses placed and removed the respiratory masks for her.</p> <p>Observation on 4/4/2025 at 12:18 pm revealed R25 receiving O2 at 3LPM via NC. The oxygen concentrator was covered with debris, and the nebulizer mask and CPAP mask were lying on the nightstand, uncovered and exposed to the environment.</p> <p>Observation on 4/5/2025 at 8:58 am revealed R25 receiving O2 at 3LPM via NC. The oxygen concentrator remained covered with debris.</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>In a concurrent observation and interview on 4/5/2025 at 2:10 pm, Licensed Practical Nurse (LPN) AA confirmed R25 was receiving O2 at 3LPM via NC. LPN AA confirmed the O2 concentrator was covered with debris. Observation revealed the respiratory masks were in a protective bag, however, LPN AA confirmed they were not in a protective bag and were uncovered and exposed to air on 4/4/2025. LPN AA verified that R25 was unable to reach her nightstand and that the nurses would have placed the nebulizer and CPAP masks on the nightstand uncovered. LPN AA stated she thought Environmental Services was responsible for cleaning O2 concentrators and that the night nurses were responsible for changing and bagging nebulizer and CPAP masks.</p> <p>During an interview on 4/15/2025 at 3:15 pm, the Unit Manager (UM) confirmed the findings of the O2 concentrator with debris and the respiratory masks being unbagged and exposed to the environment after viewing pictures of the findings. The UM revealed her expectations of staff were that they ensure the O2 concentrator was clean and that respiratory masks were placed in protective bags when not in use.</p> <p>A policy related to oxygen equipment maintenance and storage was requested and not provided.</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41914</p> <p>Based on staff interview, record review, and review of the Centers for Disease Control and Prevention (CDC) website and Clinical Laboratory Improvement Amendments of 1988(CLIA) regulations, the facility failed to ensure a current Centers for Medicare & Medicaid Services (CMS) CLIA Certificate of Waiver. The facility census was 56.</p> <p>Findings include:</p> <p>Review of the CDC CLIA website revealed The CLIA of 1988 regulations apply to all United States (US) facilities or sites that test human specimens for health or disease assessment.</p> <p>Review of the CLIA of 1988 regulations revealed .Certification of Laboratories . (b) Certificate Requirement: No person may solicit or accept materials derived from the human body for laboratory for laboratory examination or other procedure unless there is effect for the laboratory a certificate issued by the Secretary under this section applicable to the category of examinations or procedures which includes such examinations or procedure.</p> <p>Review of the facility-provided CLIA waiver revealed an expiration date of [DATE].</p> <p>Record review revealed the facility conducts blood glucose checks for 15 residents per day and urinalysis testing for residents as ordered by the physicians.</p> <p>In an interview on [DATE] at 10:00 am, the Building Manager confirmed that the facility's CLIA certificate was expired. The Building Manager stated there had been a request for renewal that had been denied. Further interview revealed that because the facility was in transition from one company to the next, the CLIA certificate had expired and not been renewed.</p>

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>41165</p> <p>Based on staff interviews and facility document review, the facility failed to employ a qualified dietician. This deficient practice had the potential to place the 56 residents residing in the facility at risk of unmet nutritional needs and a diminished quality of life.</p> <p>Findings include:</p> <p>A job description for the Registered Dietitian was requested and was not provided.</p> <p>Review of the facility-provided document titled Dietary Manager included, Job Summary: The primary purpose of the Dietary Manager position is to assist the Dietitian in planning, organizing, developing, and directing the overall operation of the Dietary Department.</p> <p>An interview on 4/4/2025 at 8:30 am with the Dietary Manager (DM) revealed the facility did not have a Registered Dietitian (RD). She stated that the facility has been without an RD for the past two months. She stated that she communicated with the Minimum Data Set (MDS) nurse about residents' diets.</p> <p>In an interview on 4/4/2025 at 8:52 am, the Administrator revealed the former RD was offering support until an RD was hired.</p> <p>In an interview on 4/5/2025 at 12:43 pm, the former RD stated that her last day of service to the facility was 1/26/2025, she was no longer affiliated with the facility, and was not offering support to the facility.</p> <p>In an interview on 4/5/2025 at 2:23 pm, the MDS Coordinator stated that the facility does not currently have an RD. She stated that she did not communicate with the DM about the residents' diets.</p> <p>In an interview on 4/5/2025 at 1:28 pm, the Administrator revealed she was unaware that there was no RD for the facility. She stated someone would be covering until a new RD was available, and was unable to provide confirmation of the coverage.</p> <p>In an interview on 4/5/2025 at 1:45 pm, the Building Manager stated the facility was in the process of a change in company ownership. He stated he was unaware that the RD's contract had ended.</p>		

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<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>41914</p> <p>Based on staff interviews and record review, the facility failed to employ a qualified Social Service Worker on a full-time basis to provide services for the residents in the facility. The facility was licensed for 126 beds.</p> <p>Findings include:</p> <p>Review of the facility's licensure revealed that the facility was licensed for 126 beds.</p> <p>Review of the facility personnel files revealed there was no Social Services Worker employed by the facility to provide consultation or oversight of the facility's resident population.</p> <p>In an interview on 4/5/2025 at 9:28 am, the Human Resources Director revealed that the last day the previous Social Services Director worked at the facility was on February 28, 2025, and there had not been any person working in the capacity of the Social Worker in the facility since that day.</p> <p>In an interview on 4/5/2025 at 1:28 pm, the Administrator revealed that she was aware the facility had not employed a qualified Social Service Worker since February 28, 2025.</p> <p>In an interview on 4/5/2025 at 1:45 pm, the Building Manager revealed that he was unaware that the facility did not have a qualified Social Services Worker working in the facility.</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>44959</p> <p>Based on staff interviews and review of the facility-provided document titled CNA/STNA (Certified Nursing Assistant/State tested Nursing Assistant), the facility failed to provide the required in-service training for the CNAs employed by the facility. This deficient practice had the potential to adversely affect the 56 residents residing in the facility.</p> <p>Findings include:</p> <p>Review of the facility-provided document titled, CNA/STNA, dated 11/2023, revealed the Specific Educational/Vocational Requirements section included, Must attend a minimum of 12 continuing education programs provided by the center in order to maintain certification.</p> <p>During an interview on 4/4/2025 at 2:30 pm, the Human Resource Director (HRD) revealed that the Director of Nursing (DON) was responsible for submitting CNA in-service hours to the State Agency to determine compliance. She further stated the DON had not submitted the 2024 in-service hours.</p> <p>During an interview on 4/5/2025 at 10:15 am, the HRD stated she had contacted the State Agency, and the 2024 CNA training hours had not been received by the agency.</p> <p>During an interview on 4/5/2025 at 4:03 pm, the Administrator stated the DON was responsible for providing education, and the HRD was responsible for submitting the CNA in-service hours to the State Agency. The Administrator confirmed that the education records for CNAs for 2024 could not be found and was unable to provide evidence of the required in-service training for the facility's CNAs.</p>