STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115376	A. Building B. Wing	03/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southland Healthcare and Rehab Center	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interviews, and record review, the facility failed to ensure the resident's right to privacy during shower care for one of 29 sampled residents (R) (R36). This deficient practice had the potential to diminish the resident's quality of life and contribute to emotional distress and reduced trust in facility staff. Findings include:Record review of R36's electronic health record (EHR) revealed R36 was admitted on [DATE] with diagnoses including, but not limited to, discitis of the unspecified lumbar region, polyneuropathy, lumbar spinal fusion, and lumbar spinal stenosis without neurogenic claudication.Review of the Quarterly Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15 in Section C, indicating little to no cognitive impairment. Section GG documented that the resident required a walker for ambulation, supervision or touching assistance for bathing and showering, and touching assistance for most Activities of Daily Living (ADLs).Observation on 03/13/2026 at 10:56 AM of the Hall 1 Shower Room revealed CNAs BB and AA providing shower care to R36. The resident was observed naked, seated in a shower chair inside a shower stall that was not equipped with any privacy curtains. Continued observation of the shower room showed that none of the shower stalls had privacy curtains in place. The toilet area also lacked any privacy curtains or barriers.Interview on 03/13/2026 at 10:56 AM with R36 revealed that the privacy curtains had been missing for two months or more. The resident stated that the lack of curtains and the possibility of being exposed to anyone entering the shower room made her feel uncomfortable and deprived of personal privacy.Interview on 03/13/2026 at 10:57 AM with CNAs BB and AA confirmed that the privacy curtains were missing from all shower stalls. Both staff acknowledged that there were no hanging privacy curtains in the shower room for any of the shower stalls or the toilet area. CNA BB reported that the curtains had been removed for cleaning weeks ago and had not been replaced.Interview on 03/13/2026 at 11:20 AM with the Administrator and Environmental Supervisor, both staff confirmed the missing privacy curtains and being unaware of the missing privacy curtains for the shower room. The Administrator reported touring the shower room last week and not observing the missing privacy curtains. The Administrator confirmed that providing any resident with a bath/shower without ensuring privacy due to absence of missing privacy curtains was a dignity issue.

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 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** Based on observations, resident and staff interviews, and record review, the facility failed to ensure one of 29 sampled residents (R) (R40) did not have unauthorized and unsecured medications at the bedside. This failure had the potential to result in medication errors, improper use, and adverse drug events for the residents. Findings include:Review of R40's Electronic Health Records (EHR) revealed R46 was admitted on [DATE] with diagnoses that included, but were not limited to, bipolar disorder, chronic obstructive pulmonary disease, chronic systolic heart (congestive) failure, and suicidal ideations.Review of R40's Quarterly Minimum Data Set (MDS) assessment dated [DATE] for Section C (Cognitive Patterns) revealed, a Brief Interview of Mental Status (BIMS) score of six which indicated severe cognitive impairment, and Section GG (Functional Abilities and Goals) revealed, impairment on one side to the upper and lower extremities, required substantial/maximal assistance with activities of daily living (ADL).Review of R40's Physician's Orders revealed there were no active orders for eye drops or creams. Further review of the physician orders revealed that there were no physicians' orders authorizing the resident to self-administer medications.Review of R40's EHR revealed there was no evidence that a self-administration of medications assessment had been completed to determine if the resident could not self-administer medications.Observation on 03/13/2026 at 9:05 AM revealed, [Name] prescription topically cream and nystatin cream was sitting on the bedside table.During a concurrent observation and interview on 03/14/2026 at 9:30 AM, the Director of Nursing (DON) confirmed that the [Name] prescription topically cream and nystatin cream was sitting on top of the bedside table inside 40's room. Interview with the DON revealed that R40 had not been assessed to self-administer medications and there was no order in place for R40 to self-administer medications. She revealed her expectation was for the nurses to monitor the resident rooms for unauthorized medications.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record reviews, and review of the facility's Advance Directives policy, the facility failed to ensure residents/representatives/guardians were informed of and provided written notice of the right to accept or decline medical and surgical treatments and their right to formulate an advance directive for two of two sampled residents (R) reviewed (R9 and R42). Findings include:Review of the facility policy titled Advance Directives dated September 2022, revealed under Determining Existence of Advance Directives2. The resident or representative is provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so.Review of R9 and R42's medical records revealed no documented evidence or signed statement of acknowledgment, the resident and his/her representative were informed or received written information advising of their right to accept or decline medical and surgical treatments and to formulate an Advance Directive.Review of the electronic medical record (EMR) revealed resident R9 was admitted to the facility on [DATE] and pertinent diagnoses including but was not limited to other intervertebral disc degeneration, lumbar region with lower extremity pain only.Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed R9 had moderate cognitive impairment with a Brief Interview for Mental Status (BIMS) of 8.Interview on 03/14/2026 at 9:30 AM with R9 revealed he did not recall if he was given any written information on formulating an advance directive or written information on his right to accept or deny medical or surgical treatment. Review of the electronic medical record (EMR) revealed resident R42 was admitted to the facility on [DATE] and pertinent diagnoses including but was not limited to type 1 diabetes mellitus with diabetic nephropathy.Review of the quarterly MDS dated [DATE] revealed R42's cognition was intact with a BIMS score of 15.Interview on 03/14/2026 at 9:36 AM with the R42 revealed he did not recall the facility giving him any written information regarding formulating an advance directive or his right to refuse or accept medical or surgical treatment.Interview on 03/14/2026 at 9:50 AM with the Admissions Nurse revealed she completes the admission packet which includes obtaining information about a resident's advance directive. She revealed she did not provide written information to the residents or their representative on their right to accept or deny medical surgical treatment or the right to formulate an advanced directive. She stated she was not aware she was supposed to do so.Interview on 03/14/2026 at 11:33 AM with Chief Nursing Officer revealed she had never heard of giving written information to a resident regarding their right to accept or deny medical and surgical treatment or the right to formulate an advance directive. She later stated that she found an old admission packet and that language was included. She confirmed R9 and R42 were not given the written information.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of the facility's policy titled Quality of Life - Homelike Environment, the facility failed to maintain a safe, clean, and comfortable environment for residents on two of five halls. Specifically, tripping hazards in front of resident toilets, drawers with chipped and missing paint, and uneven, bulging baseboard tiles along the walls of the shower room on one hall. These conditions created an environment that was not safe or homelike and had the potential to negatively affect residents' safety, dignity, and overall quality of life. Findings include: Review of the facility policy Quality of Life-Homelike Environment undated, revealed 2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include A. cleanliness and order C. Inviting colors and décor. Observations on 03/13/2026 at 8:16 AM and 03/14/2026 at 8:30 AM in room [ROOM NUMBER] revealed ceiling tiles that were not fitted correctly, resulting in visible gaps, as well as ceiling tiles that were torn or ripped. The headboard of the bed was chipped with missing paint, and the standˆup closet had a cabinet door that did not fully close. The dresser drawers were also chipped with missing paint. The bathroom floor was black, discolored, scuffed, and in need of repair. Observations on 03/13/2026 at 9:23 AM and 03/14/2026 at 12:28 PM revealed that in room [ROOM NUMBER], the standˆup closet cabinet door and the twoˆdrawer dresser had chipped paint on the top drawer and at two locations on each end. In room [ROOM NUMBER], the standˆup closet cabinet door had a twoˆfoot paint chip near the handle, and several areas of chipped paint were noted on the top of the top drawer. Observation and interviews on 03/14/2026 at 12:28 PM with the Maintenance Director and the Administrator confirmed the identified concerns in rooms [ROOM NUMBER]. Both the Administrator and the Maintenance Director agreed that the issues were not conducive to a homeˆlike environment and stated the concerns would be addressed and corrected. 2.Observation on 03/13/2025 at 1:30 PM and 03/14/2026 at 9:00 AM of the shower room on Hall One revealed badly damaged, loose, cracked, and uneven bulging baseboard tiles lining the walls in two areas of the shower room, caused by water infiltration. The unstable structure of the baseboard also resulted in large and small pieces of baseboard tiles lying on the floor. Broken baseboard tiles were observed on the floor in front of the toilet and in front of the shower bed. This created a tripping hazard in the front of the toilet area. The flooring was coated with dark, thick brown substances and debris within the floor grooves. Interview on 03/13/2026 at 1:36 PM with the Administrator and Maintenance Director confirmed the badly damaged baseboard tiles. The Administrator reported that the problem had been identified earlier and was the result of water infiltration causing the baseboard to loosen from the wall and water to coat the floor. The Administrator stated that staff continued to use the shower area but was unsure whether staff were using the toilet area. The Administrator reported that the plan was to make the needed repairs. He also stated that there was no Performance Improvement Plan (PIP) or Quality Assurance Performance Improvement (QAPI) plan in place, although the issue was on the facility's toˆdo list.