STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115381	A. Building B. Wing	11/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cottages at Rockmart, The	750 Goodyear Avenue Rockmart, GA 30153

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33548 Based on observations, staff interviews, and review of facility policy titled, Oxygen (O2) Concentrator, the facility failed to ensure respiratory equipment was maintained in a sanitary manner for one of 21 residents (R) (R34) who receive oxygen therapy. The deficient practice had the potential to place R34 at an increased risk of respiratory complications and infection. Findings include: Review of the facility policy titled Oxygen Concentrator revealed under Care of the Concentrator: Follow manufacturer recommendations for the frequency of cleaning filters and servicing the device, external filters will be cleaned weekly. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed in section O (Special Treatments, Procedures, and Programs) that R34 was receiving oxygen therapy while in the facility. Review of the physician orders for R34 revealed clean oxygen concentrator filter weekly - every day shift every Friday when oxygen is in use. Observation on 11/22/2024 at 10:10 am and 11/23/2024 at 1:20 pm of R34 O2 concentrator revealed the filter was covered with a heavy layer of lint. During an interview on 11/23/2024 at 1:35 pm, Certified Nursing Assistant (CNA) EE revealed that they were the Cottage Guide for Cottage E. Cottage Guides oversee the day-to-day operations of the Cottage where residents reside. The CNA EE verified that R34's O2 filter was full of lint. The CNA stated that the treatment nurse was responsible for cleaning the filters to all residents' O2 concentrators when the O2 tubing [NAME] replaced. The CNA revealed that staff should have cleaned the filter. During an interview on 11/23/2024 at 1:45 pm with the Director of Nursing (DON) revealed that the Treatment Nurse was responsible for cleaning the O2 filters on resident's O2 concentrator machines. (continued on next page)

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/23/2024 at 2:45 pm, Licensed Practical Nurse (LPN) DD, Treatment Nurse, confirmed that she was responsible for cleaning the O2 filters on all O2 concentrator machines and completed the task when she changed the resident's O2 tubing. LPN DD stated that the cleaning of the O2 filters was completed weekly on Fridays. LPN DD revealed that she had asked another staff member to assist her with the task this week and the filter to R34's O2 concentrator was overlooked. LPN DD revealed that she should have gone back to ensure the other staff member completed the task.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 35180 Based on record review, staff interviews, and review of the facility policy titled, Medication Orders, the facility failed to ensure a stop date was implemented, not to exceed 14 days for psychotropic medications for one of six residents (R) (R12) reviewed for unnecessary medications. Findings include: A review of the facility policy titled Medication Orders, effective 11/28/2017 revealed that as needed (PRN) orders for psychotropic medications are limited to 14 days. If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she would document their rationale in the resident's medical record and indication the duration of the PRN order. A review of R12's physician (MD) orders dated 9/23/2024 revealed an order for 0.5 mg (milligrams) of lorazepam by mouth (PO) every four hours PRN for anxiety. The stop date was documented as indefinite. A review of the Medication Administration Record (MAR) revealed R12 was administered lorazepam 0.5 mg PO on 9/27/2024 at 9:36 am. During an interview with the Director of Nursing (DON) on 11/23/2024 at 11:40 am, she stated that all PRN psychotropic medications were supposed to have a 14-day stop date. If the MD determined a clinical rationale to extend the medication beyond 14 days, the MD would write a progress note noting the clinical indication, and the note would be added to the chart. She added that she would also call the MD at times to get an order if a psychotropic medication was getting close to the 14-day stop date. Per the DON, she received all new orders on the system's dashboard and reviewed all medications for stop dates. She acknowledged the lorazepam did not have a stop date, and she said she must have missed it on review.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 46691 Based on observations, staff interviews, facility document review, review of the Center for Disease (CDC) guideline titled, Handle With Care: Protect Your Vaccine, Protect Your Patients, and review of the facility's policy titled, Medication Storage in the Facility, the facility failed to store vaccines under proper temperature controls with twice daily monitoring in two of six refrigerators used to store medications and biologicals. The deficient practice created the potential for residents to receive vaccinations with altered effectiveness. The facility census was 78 residents. Findings include: A review of the facility's policy titled Medication Storage in the Facility dated June 1, 2018 revealed the Temperature section included F. The facility should check the refrigerator or freezer in which vaccines are stored, at least two times a day, per CDC [Center for Disease Control] guidelines. A review of the CDC guideline titled Handle With Care: Protect Your Vaccine, Protect Your Patients, dated 3/19/2024, included Check and record storage unit min/max (minimum/maximum) temperatures at the start of each workday. If your device does not display min/max temperatures, then check and record current temperature a minimum of 2 (two) times (at start and end of workday). A concurrent observation and interview on 11/23/2024 at 10:00 am with Licensed Practical Nurse (LPN) AA revealed one refrigerator located on a countertop in the Nurse's Office in Cottage D. Observation revealed a Refrigerator Temperature Log Location: D dated November 2024, secured to the refrigerator with documentation of once daily temperature checks. Observation of the refrigerator contents revealed a stand-alone refrigerator thermometer displaying the current temperature and one box containing ten pre-filled syringes of single-dose influenza vaccine Afluria (a vaccine given to protect residents from influenza). LPN AA confirmed the vaccine was stored in the refrigerator, and the temperature of the refrigerator was documented as checked once daily. She stated the night shift nurse checked the temperature, and the day shift nurse was not required to document the refrigerator temperatures. A concurrent observation and interview on 11/23/2024 at 10:55 am with LPN (CC) revealed one refrigerator located on a countertop in the Nurses' Office in Cottage B. Observation revealed a Refrigerator Temperature Log Location: B dated November 2024, secured to the refrigerator with documentation of once daily temperature checks. Observation of the refrigerator contents revealed a stand-alone refrigerator thermometer displaying the current temperature, one Previnar20 (a vaccine given to protect residents from pneumonia) single dose 0.5 milliliter (ml), and one Arexvy (a vaccine given to protect residents from respiratory syncytial virus [RSV]) 120 milligram (mg)/0.5 ml single dose stored in the refrigerator. LPN CC confirmed the vaccine was stored in the refrigerator, and the temperature of the refrigerator was documented as checked once daily. She stated the night shift nurse checked the temperature, and the day shift nurse was not required to document the refrigerator temperatures. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility-provided documents titled Refrigerator Temperature Log Location: D and Refrigerator Temperature Log Location: B, dated September 2024 and October 2024, revealed the refrigerator temperatures were documented once daily. In an interview on 11/23/2024 at 3:55 pm with the Infection Preventionist (IP) and Director of Nursing (DON), the DON stated the Nurse's Office medication refrigerator temperatures in each Cottage were checked once daily, generally by the night shift nurses. The IP confirmed vaccines were currently stored in Cottages B and D refrigerators. The DON stated a pharmacy nurse consultant conducted compliance checks every three months, and the facility had not been provided with education on monitoring medication refrigerator temperatures. The DON and the IP stated they were unaware that the refrigerators where vaccines were stored should have temperatures checked and documented twice daily. The DON stated if vaccinations were not stored according to CDC guidelines, the vaccine may have decreased effectiveness.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 38997 Based on observations, staff interviews, and review of the facility's policies titled, Glucometer Disinfection, Laundry, and the User And Care Guide Manual, the facility failed to ensure the infection control process was followed by one Licensed Practical Nurse (LPN) on cleaning and disinfecting a glucometer (a device used to measure blood glucose) after using it on one of two residents (R) (R31) with a physician order for a glucometer reading. In addition, the facility failed by not using a barrier before placing the glucometer on any surface. The facility also failed to clean the dryer lint screens from two of twelve dryers. Findings include: Review of the facility policy titled Glucometer Disinfection dated January 2024 revealed under Policy: The purpose of this procedure is to provide guidelines for the disinfection of capillary-blood glucose sampling devices to prevent transmission of blood borne diseases to residents and employees. Under Policy Explanation and Compliance Guidelines: . 2. The facility will ensure multi-use blood glucometers will be cleaned and disinfected after each use and according to manufacturer's instructions for multi-resident use. Review of the facility policy titled Laundry dated 7/29/2021 revealed on the bottom of page 2 ***Clean lint screen and dispose of lint in trash after each load***. Review of Use and Care Guide manual indicated on page 13: Cleaning The Lint Screen: Every-load cleaning. The lint screen is located in the door opening of the dryer. Clean the lint screen before each load. A screen blocked. To clean: 1. Pull the lint screen straight up. Roll lint off the screen with your fingers. An observation and interview on 11/24/2024 at 8:30 am of Licensed Practical Nurse (LPN) FF performing a glucometer reading on R31 revealed LPN FF removed the glucometer from a small, dark colored, flexible container and placed the glucometer on top of the medication cart without a barrier. LPN FF gathered additional supplies and carried the supplies to the resident's room. LPN FF placed the supplies on the resident's overbed table without a barrier. After obtaining the residents' blood sugar, the LPN exited the room and placed the glucometer back into a small, dark colored, flexible container. The LPN stated the resident did not have her own personal glucometer machine. LPN FF was asked if the glucometer machines were cleaned after use. LPN FF then removed the glucometer machine from the black bag, wiped the test strip slot, and placed the glucometer back into the small, dark colored, flexible container. An observation on 11/23/2024 at 8:50 am of the six laundry areas for the facility revealed that the Cottage B laundry area has two home size dryers. When standing facing the dryers: dryer one was to the left: an observation of the lint screen revealed a moderate amount of lint. The area where the lint screen was held also had a moderate amount of lint. Dryer two, to the right: an observation of the lint screen revealed a copious amount of lint. The area where the lint screen was held also had a moderate amount of lint. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An observation on 11/23/2024 at 8:55 am of the laundry area in Cottage C revealed two home size dryers. When standing facing the dryers: dryer one, to the left was in use. Dryer two, to the right: an observation of the lint screen revealed a copious amount of lint. The area where the lint screen was held also had a moderate amount of lint. An interview on 11/23/2024 at 9:23 am with Laundry Supervisor GG confirmed the lint was not removed from the screen in the dryers in Cottage B and C. The Supervisor stated the lint should be removed from the screens and the area where the screen was held. The Laundry Supervisor stated the staff would be educated to remove the lint from the dryer screens and where the screen was held. She also stated that she would be responsible for ensuring that all the dryers were being cared for properly. An interview on 11/24/2024 at 10:38 am with the Director of Nursing (DON) revealed the glucometer should be cleaned before and after use with a disinfectant wipe. She stated staff education would be started immediately to ensure that the glucometers were cleaned before and after use. She stated she was aware of the lint screens not being cleaned after dryer use. The DON stated the Laundry Supervisor has started education with the staff on cleaning the lint screens after the dryer was used.