

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115381	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/11/2026
NAME OF PROVIDER OR SUPPLIER Cottages at Rockmart, The		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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. Based on observations, staff interviews, and review of the facility policy titled, Date and Label, the facility failed to ensure opened food item in the kitchen's dry storage area, emergency preparedness supply, and refrigerator were properly labeled and dated. The deficient practice had the potential to affect 98 out of 99 facility residents who received an oral diet. Findings include: Review of the facility's policy titled Date and Label, dated March 2024, under the section titled Dry Storage revealed, 1. Date each box, package, can, spice container, pasta bag, flour bag, bulk container, etc. upon delivery 2. When food is removed from the original box or when placed in a generic container, the individual food or generic container must be labeled with the name of the item inside and original delivery date. 6. Discard food that has expired or passed the used by date. Under the section titled Refrigerated Foods revealed, 1. Food that is defined as Ready-To-Eat (RTE) or a Prepared foods or a food that is a high risk for food poisoning (Time/Temp Controlled Food), and BULK containers MUST be dated with the following: a. Date the food was prepared or opened. 7. Discard food that does not have an open or prepared date or a discard indicated on the food. During a kitchen tour conducted on 1/10/2026 at 7:40 am, alongside the Certified Dietary Manager (CDM), several expired canned products were identified in the Emergency Food supply: 24 cans of 12 fl oz (fluid ounce) (Company name Evaporated Milk, which expired on 12/5/2025; six cans of 48 oz Pulled Chicken in Broth, with an expiration date of 3/8/2025; seven cans of 106 fl oz beef stew, expiring on 12/1/2024; 12 cans of 15 fl oz sweet corn puree, which expire on 1/9/2025; 12 cans of 15 fl oz beef stew puree, also expiring on 1/9/ 2025; 12 cans of 15 fl oz carrots and peas, with an expiration date of 1/9/2025; 48 cans of 15 fl oz seasoned green beans pureed, expiring on 1/9/2025; 12 cans of 15 fl oz pureed beef, which expires on 1/9/2025; and six cans of 104 oz peeled apricot halves, with an expiration date of 1/23/2024. The CDM has acknowledged her duty to oversee the monitoring of food expiration dates. The inspection of the walk-in freezer's continuation revealed that several food items were either open or repackaged and labeled with the received date, but they did not have an expiration date label. An examination of the food items identified 60 pancakes, 25 loaves of garlic bread, 46 portions of cookie dough, 12 waffles, 30 pork chops, 14 beef pepper steaks, 32 beef fritters, and 31 pieces of fish. An interview on 1/10/2026 at 9:30 am, with the Dietary Manager Assistant disclosed that she was accountable for labeling and dating food items, as well as conducting rounds in each cottage. The Dietary Manager Assistant indicated that upon receiving food deliveries, she recorded the received date and, if the item was opened, she assigned a 'used by' date that was calculated from three days thereafter. The Dietary Manager Assistant affirmed that there was a risk of residents becoming ill. An interview on 1/10/2026 at 9:37 am with the CDM confirmed her responsibility for verifying emergency preparedness food items. She believed that she only needed to label the open/prepared dates on frozen items; however, she acknowledged that the canned goods observed were overlooked because they were stored on a higher rack, out of direct sight, and she should have been more attentive.		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 115381	If continuation sheet Page 1 of 3

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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. Based on observations, staff interviews, record review, and review of the facility policies titled, Catheter Management Care, Anchoring and Changing, and Handwashing/Hand Hygiene, the facility failed to maintain infection control practices related to hand washing during catheter care for one of five residents (R) (R76) with an indwelling urinary catheter. This failure had the potential to cause R76 to have increased urinary tract infections (UTI). Findings include: Review of the facility policy titled Catheter Management Care, Anchoring and Changing revised January 2025 revealed each resident who is incontinent of bladder and has an indwelling catheter receives appropriate treatment of services to prevent urinary tract infections and to restore as much bladder functions as possible. Review of the Procedure for providing catheter care revealed . 5. Wash hands, assemble equipment. 10. For the male resident, use a gloved hand and a washcloth with peri-wash to cleanse the meatus outward, utilizing only one pass of the washcloth per cleaning stroke. 12. After cleansing area, place soiled washcloth into a plastic bag or place on under pad. 13. Use second washcloth to rinse area in the sequence as before. Place into plastic bag or on under pad. 14. Pat dry with dry cloth from front to back and remove gloves. Pull drape over resident, wash hands, and return to bedside. 15. Remove soiled linen and trash when leaving room, wipe table with paper towel. Review of the facility policy titled Handwashing/Hand Hygiene reviewed January 2025 revealed under Policy: This facility considers hand hygiene the primary means to prevent the spread of infection. 7. h. Before moving from a contaminated body site to a clean body site during resident care. R76 was admitted to the facility with a diagnosis that included but not limited to retention of urine. Review of the 12/26/2025 Quarterly Minimum Data Set (MDS) assessment for R76 revealed a Brief Interview for Mental Status (BIMS) score of 00, indicating severe cognitive impairment, dependent for all Activities of Daily Living (ADLs), and has an indwelling urinary catheter. Review of the care plan for R76 revised 11/28/2025 revealed a focus of The resident has Indwelling Foley catheter with a goal that the resident will show no signs or symptoms of urinary infection through review date. Interventions include the resident has an 18 French (size of catheter) Foley. Position the catheter bag and tubing below the level of the bladder and away from the entrance room door, monitor and document intake and output as per facility policy, monitor for pain/discomfort due to catheter, monitor for signs and symptoms of discomfort on urination and frequency, and monitor/report to Medical Doctor (MD) for signs and symptoms of Urinary Tract Infection (UTI): pain burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns. Review of the Physician orders for R76 revealed orders dated 11/17/2025 of resident admitted with 18F/10cc catheter attached to bedside drainage bag and change 18F/5cc indwelling catheter as needed. Observation on 1/9/2025 at 11:28 am of R76 revealed he was resting in bed in his room. An indwelling urinary catheter bag was hanging on the right side of the bed. Observation on 1/10/2026 at 10:09 am of Certified Nursing Assistant (CNA) BB assisting CNA AA perform catheter care for R76 revealed both CNA AA and CNA BB placed on Enhanced Barrier Precaution personal protective equipment (PPE). CNA AA obtained a pan of water and a pan of soap water and sat them on the bedside table of R76 and placed clean washcloths on the table next to the pan with water. CNA AA took a clean washcloth and placed it in the soapy water, squeezed out the excess water, and began providing care. CNA AA used the clean, unused parts of the washcloth when cleaning around the meatus (urinary opening of the penis) and the catheter tubing. When she finished, she placed the used cloth back into the soapy water, rinsed it, and began cleaning around the resident's genital area. During this time CNA BB asked CNA AA to hand her a clean, wet, cloth. CNA AA reached and got a clean washcloth from the stack and placed it into the soapy water that she had just rinsed a soiled cloth in, then handed it to CNA BB who began using it to assist in cleaning the genital area of R76. CNA AA placed both used clothes into the soapy water. CNA BB and CNA AA turned R76 on his right side and CNA AA took a clean cloth, (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	placed it into the soap water with the soiled cloths, squeezed out the excess water and proceeded to clean the buttocks of R76. When she finished, she tossed the soiled cloth into the soapy water, took a clean cloth, placed it in the clean water and rinsed R76 buttocks then tossed the soiled cloth into the soapy water. CNA AA took a paper towel and dried the buttock of R76, applied barrier cream, and after placing a new brief under him she sprinkled powder onto the scrotum, then sealed the brief. CNA AA then changed her gloves and after making R76 comfortable, she discarded the used water and cloths. At no time during catheter care did CNA AA or CNA BB change their gloves, wash, or sanitize their hands. During an interview on 1/10/2026 at 10:30 am with CNA BB and CNA AA, they confirmed they failed to wash or sanitize their hands during catheter care for R76. CNA AA stated she should change her gloves and wash her hands when going from dirty to clean. Both confirmed that not following proper infection control practices has the potential to cause or spread infections. Interview on 1/10/2026 at 11:30 am with the Assistant Director of Nursing (ADON) with the Administrator present revealed that it was her expectation that staff changed their gloves and washed or sanitized their hands when going from dirty to clean when providing care to residents so as not to spread infection.		