STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115387	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oxley Park Health and Rehabilitation	181 Oxley Drive Lyons, GA 30436

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of the Food and Supply Storage policy, the facility failed to ensure foods were properly covered, sealed, labeled, dated, and discarded, and failed to maintain clean kitchen equipment. These failures resulted in improper food storage and unsanitary food^preparation conditions, creating a risk of cross^contamination and foodborne illness for 85 residents receiving oral diets.Findings include:Review of the facility's policy titled Production, Purchasing, Storage: Food and Supply Storage, revised on 1/17, documented under Procedures. Most products contain an expiration date. The words sell-by, best-by, enjoy-by or use-by should precede the date. The sell-by date is the last date that food can be sold or consumed; do not sell products in retail areas or place on patient trays/resident plates past the date on the product. Foods past the use by, sell-by, best-by, or enjoy by date should be discarded; Cover, label and date unused portions and open packages. Use the [NAME] orange label, Medvantage label or Ecolab Prep N Print label; complete all sections on the label. Products are good through the close of business on the date noted on the label.Observation and interview on 03/03/2026, beginning at 8:58 AM with the Certified Dietary Manager (CDM), revealed that the following concerns were identified and confirmed:The walk^in freezer contained a box of frozen pie dough rounds with an expiration date of 12/23/2025.The walk^in freezer contained a box of macaroons with an expiration date of 02/04/2026.The walk^in refrigerator contained a white Styrofoam plate with leftover hamburgers that were not labeled or dated.The walk^in refrigerator contained a bag of shredded lettuce with brown leaves that was unsealed and without a label.The walk^in refrigerator contained a box of cucumbers covered with a white film and an expiration date of 02/27/2026.The dry pantry contained a box of graham crackers with an expiration date of 03/02/2026.The dry pantry contained a box of sweet chocolate chips with an expiration date of 12/16/2025.Two basket deep fryers contained blackened, used grease, a greasy black substance on the top of the fryer, and crumbs on both the left and right sides of the fryer.The can opener contained a greasy black substance.The Certified Dietary Manager (CDM) confirmed these concerns and stated that dietary staff needed re^education regarding proper labeling, dating, and discarding of food items.Interview on 03/04/2026 at 2:23 PM with the Registered Dietitian (RD) revealed that it was her expectation that staff properly label, store, date, and discard expired food.Interview on 03/05/2026 at 10:40 AM with the Administrator revealed that her expectations were for dietary staff to ensure all food was properly labeled and stored, and that expired food was discarded. She stated that it was her expectation that all dietary staff receive education on how to properly label, date, store leftover foods, and discard expired foods.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, record review, and review of the facility policies titled Hand Hygiene, the certified medical assistants (CMAs) failed to use proper hand hygiene for three of three residents sampled, residents (R) R8, R63, and R91 when administering their medications. This failure increased the risk of infection transmission among residents and staff.Findings include:Review of the policy titled Hand Hygiene, revised 12/27/2025 documented Intent, it is the intent of this facility to promote and facilitate appropriate hand washing as set forth by the guidelines of CDC. Hand Hygiene is the single most important means of preventing the spread of infection. The use of gloves does not replace hand washing. Survey Tag F880, S483.80 (a)(1 - 2) (4) (e-f). Guidelines- Associates should use alcohol-based hand rub or wash hands with soap and water for the following indications: Immediately before touching a patient. Before performing an aseptic task (e.g., placing an indwelling device or handling indwelling devices). Before moving from a soiled body site to a clean body site on the same patient. After touching a patient or the patient's immediate environment. After contact with blood, body fluids or contaminated surfaces. Immediately after glove removal.1.Review of the electronic medical record (EMR) revealed R8 was admitted on [DATE] with pertinent diagnoses including, but not limited to, benign prostatic hyperplasia with lower urinary tract symptoms and Type 2 diabetes mellitus with hyperglycemia.Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 1, indicating severe cognitive impairment.Review of the Physician's Orders for R8 included, but was not limited to, an order dated 12/19/2025 for Lantus Solostar Uˆ100 insulin 60 units subcutaneously twice daily, with multiple approved injection sites listed.2. Review of the EMR revealed R63 was admitted on [DATE] with pertinent diagnoses including Type 2 diabetes mellitus with hyperglycemia, other abnormalities of gait and mobility, and chronic kidney disease stage 4 (severe).Review of the significant change MDS dated [DATE] revealed a BIMS score of 6, indicating severe cognitive impairment.Review of the Physician's Orders for R63 included, but was not limited to, an order dated 12/13/2025 for Aspercreme (lidocaine) 4% topical patch, one patch daily to the neck, to be removed after 8 hours.3. Review of the EMR revealed R91 was admitted on [DATE] with pertinent diagnoses including unspecified dementia with anxiety, hyperlipidemia, anxiety disorder, alcohol abuse with unspecified alcoholˆinduced disorder, depression, essential hypertension, constipation, gastroesophageal reflux disease, and insomnia.Review of the annual MDS dated [DATE] revealed a BIMS score of 11, indicating moderate cognitive impairment. Section GG revealed R91 used a walker and required supervision or touching assistance for ADLs and was independent with eating.Review of the Physician's Orders for R91 included, but was not limited to, an order dated 09/20/2024 for artificial tears twice daily and an order dated 03/05/2024 for lisinopril 20 mg, 1/2 tablet daily, with parameters to hold for systolic blood pressure less than 120.Observation on 03/04/2026 at 9:30 AM with of CMA EE revealed CMA EE did not perform hand hygiene prior to medication setup. CMA EE primed the insulin pen with 2 units and then dialed 60 units. No hand hygiene was performed upon entering the resident's room. R8 was given oral medications, followed by an inhaler; the resident rinsed their mouth. No hand hygiene was performed. CMA EE then grasped R8's left arm and administered insulin without wearing gloves and without performing hand hygiene. CMA EE exited the room without performing hand hygiene and began preparing medications for R63.Observation/ Interview on 03/04/2026 at 9:55 AM revealed CMA EE did not perform hand hygiene prior to medication setup or prior to administering medications to R63. CMA EE donned gloves to apply the lidocaine patch but did not sanitize hands before putting on gloves. After removing gloves, she did not perform hand hygiene. When interviewed, CMA EE stated she realized after the fact that she had not worn gloves when administering insulin to R8. She confirmed she did not perform hand hygiene during medication administration.Observation/Interview on 03/04/2026 at 10:31 AM revealed CMA DD did not perform hand hygiene prior to setting up (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	medications or upon entering R91's room. She donned gloves and administered eye drops, removed gloves, and then applied a blood pressure cuff. She administered oral medications and used hand sanitizer only upon exiting the room. CMA DD stated she had been employed at the facility for about two years and confirmed she did not perform hand hygiene as required. She acknowledged that hand hygiene was important to prevent crossˆcontamination.Interview on 03/05/2026 at 10:23 AM with Register Nurse (RN) BB revealed she had been employed since October 2025. She stated hand hygiene was important to limit the spread of infection and that staff had received hand hygiene education twice since she began employment.Interview on 03/05/2026 at 10:31 AM with RN CC revealed she had been employed approximately six months. She confirmed staff should use hand hygiene and appropriate PPE when providing resident care. She stated staff received infection control inˆservices and that hand hygiene audits were completed.Interview on 03/05/2026 at 11:05 AM with Director of Nursing (DON) revealed she had been employed for six months. She stated she expected staff to use proper hand hygiene and PPE when entering rooms and to wear gloves when needed.Interview on 03/05/2026 at 1:49 PM with the Assistant Director of Nursing / Infection Preventionist (ADON/IP) revealed she had been employed about eight months as the infection preventionist and became ADON two months ago. She confirmed hand hygiene should be completed when providing care, when passing out trays, when hands were visibly soiled, and when entering and exiting resident rooms.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and the facility policy titled Food Preparation and Distribution, the facility failed to ensure pureed therapeutic diets were properly prepared for two of two sampled residents(R) receiving a therapeutic pureed diet. In addition, R58 was observed receiving a pureed meal that was of lumpy consistency. This deficient practice had the potential to cause medical complications and place the residents at risk for unmet nutritional needs.Findings include: 1.Review of the policy titled Food Preparation and Distribution, dated 12/27/2025, documented INTENT-It is the intent of this center to prepare and distribute food in a manner that minimizes the risk of food-borne illness and promotes safe food handling practices. GUIDELINE.During preparation of modified consistency foods, safe food handling should be followed. During preparation, standardized recipes should be followed. Observation and interview on 03/04/2026 at 11:08 AM conducted with the Certified Dietary Manager (CDM), Registered Dietitian (RD), and Dietary Aide (DA) AA revealed that four residents in the facility received a puree diet. Observation of the preparation of pureed chopped steak showed that DA AA used an excessive amount of thickener, which overflowed the measuring spoon while pouring. The consistency was too thick, per the CDM and RD. DA AA then added an unmeasured amount of water to the puree on two occasions to obtain the proper modified consistency. During the observation, DA AA received assistance from the CDM and RD on how to properly measure each ingredient. During the interview, DA AA stated that neither she nor other staff used a recipe when preparing pureed meals. She added that a recipe was only followed when the State was present. DA AA reported that she prepared pureed meals from memory rather than using a standardized recipe. Interview on 03/04/2026 at 12:15 PM with the CDM revealed that DA AA was difficult to work with and tended to be resistant to change. The CDM further reported that DA AA did not consistently follow established procedures. The CDM stated that dietary staff required refresher training on the preparation of puree diets and indicated that it was her expectation that staff always use standardized recipes. Interview on 03/04/2026 at 2:23 PM with the RD regarding the puree process revealed that she had never observed the dietary staff complete a puree process until that day. She stated that she was unaware that staff were not using recipes. She emphasized that if the correct consistency was not achieved, it could put a resident at risk of choking. The dietitian expected all dietary staff to consistently use recipes and further expected that staff receive additional education on completing the puree process in accordance with guidelines. Interview on 03/05/2026 at 10:40 AM with the Administrator revealed that DA AA did not find the recipe as ordered during the puree process. The Administrator stated that it was her expectation that all dietary staff follow standardized recipes when preparing meals. She advised that training would be provided for all foodˆservice staff immediately. 2. Record review of R58's electronic health record (EHR) revealed diagnoses that included but not limited to dysphagia, diffuse traumatic brain injury with loss of consciousness of unspecified duration, subsequent encounter, and Gastro-esophageal reflux disease without esophagitis (GERD) Record review of R58's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed for (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Section C (Cognitive Patterns) a Brief Interview of Mental Status (BIMS) score of nine which indicated moderate cognition impairment. Section K (Swallowing/Nutritional status) revealed that the resident received a mechanically altered diet (which required change in texture of food or liquid, puree food). Review of R58's physician order (revealed a dietary order dated 1/7/2026) for puree 4. Record review of R58's care plan (created 01/07/2026) listed a nutrition Risk Focus area which included an intervention that stated observe for worsening swallowing and/or chewing problems/offer frequent fluids, provided assistance as need. Observation on 03/03/2026 at 12:32 PM revealed R58 in the room sitting on the bed receiving a meal that was of non-pureed consistency. Continued observation of the resident meal included pork chops (appearance was lumpy with mixture of ground meat), vegetable (lumpy), bread (thick and lumpy), and. gravy lumpy. Observation/Interview on 03/03/2026 at 1:40 PM of R58's meal with the Director of Nursing (DON) and Administrator, both administrative staff confirmed that R58's meal was of non-pureed consistency. The Administrator reported this error was a from a lack of guidance. The Administrator reported that her plan was to follow up with the dietary staff today in order to educate the dietary staff on pureed preparation. She will also have the Register Dietician follow up the dietary staff. The DON described the risk for any resident on a puree diet receiving food of non-puree consistency could potentially cause choking/aspiration. Interview on 03/ 04/2026 at 4:42 PM, the Registered Dietician (RD) reviewed the photo of R58s meal and confirmed that plated food items did not meet the standard of a pureed food item. She confirmed dietary staff failed to completely achieve the ultimate consistency of ensuring that each food items were pureed and free from a lumpy texture.