STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115395	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winthrop Health and Rehabilitation	12 Chateau Drive Rome, GA 30161

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and review of the facility policy titled, Reporting and Investigating Abuse, the facility failed to report allegations of abuse timely for two of 41 sampled residents (R) (R71 and R49) related to falls.Findings include:Review of the facility policy titled Reporting and Investigating Abuse revealed under Guidelines: .Allegation of abuse or allegation of serious bodily injury must be reported immediately but no later than 2 hours.Allegations that do not involve abuse or allegations with serious bodily injury must be reported immediately but no later than 24 hours.A review of the electronic medical record (EMR) revealed R71 was admitted to the facility with diagnoses including but not limited to Alzheimer's disease with late onset and displaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing.A review of the discharge with anticipation to return Minimum Data Set (MDS) assessment dated [DATE] documented that R71 presented with a Brief Interview for Mental Status (BIMS) score of eight, indicating moderate cognitive impairment. Further review of the entry tracking MDS dated [DATE] present R71 had a BIMS of three, indicating severe cognitive impairment and required assistance with activities of daily living (ADLs).Review of the electronic medical record (EMR) in the MDS table documented R71 was transferred to the hospital on 8/29/2025 and returned to the facility on 9/2/2025.Review of Facility Incident Report Form (FRI) dated 9/16/2025 documented witnessed falls with major injury.During an interview on 9/16/2025 at 1:07 pm with the Administrator and the Director of Nursing (DON) stated R71 had a fall on 8/28/2025 and was sent back to the hospital. When she returned with the results it was discovered she had a fracture. The DON stated she did not report the fall with major injury to the State Survey Agency (SSA) and did not give a reason why it was not reported. During an interview with the on 9/16/2025 at 3:02 pm with the DON confirmed R71's fracture results came back on 9/2/2025 and she was going to report it the same day, but she was in the middle of serval reportable incidents, and it slipped her mind.An interview on 9/16/2025 at 3:11 pm with the Administrator revealed it was not regulatory to report it. However, he stated he asked the DON if she was going to report R71's fall but she wanted confirmation first, but he believed she forgot to report it.[Cross Reference F610]

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews and record reviews, the facility failed to conduct a thorough investigation of a fall with a major injury that resulted in a fracture for one resident (R) (R71) reviewed for falls.Findings include:A review of the electronic medical record (EMR) revealed R71 was admitted to the facility with diagnoses of Alzheimer's disease with late onset and displaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing.A review of the discharge with anticipation to return Minimum Data Set (MDS) assessment dated [DATE] documented that R71 presented with a Brief Interview for Mental Status (BIMS) score of eight, indicating moderate cognitive impairment. Further review of the entry tracking MDS dated [DATE] present R71 had a BIMS of three, indicating severe cognitive impairment and required assistance with activities of daily living (ADLs).Review of the electronic medical record (EMR) in the MDS table documented R71 was transferred to the hospital on 8/29/2025 and returned to the facility on 9/2/2025.Review of the Nurse's Notes dated 8/29/2025 documented at approximately 5:30 am, R71 found on floor next to bed by Certified Nurse Assistant (CNA). Nurse notified of fall and vital signs and assessment complete. On assessment resident has 10/10 left hip pain. Nurse called emergency medical service (EMS) to transport to emergency department for further treatment.During an interview on 9/16/2025 at 3:02 pm with the Director of Nursing (DON), she stated there was no investigation done related to R71's fall outside of the morning discussions and quality assurance and performance improvement (QAPI). The DON continued to state when R71 returned back from the hospital, they put her in hospice because that was the hospital's recommendation.During an interview on 9/16/2025 at 3:11 pm with the Administrator revealed falls were discussed in morning rounds and they did individualized investigations but for R71 specifically, she was away and when she returned to the facility she was put on hospice. [Cross Reference 609]

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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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observations, staff interviews, record review, and review of the facility policy titled, Medication Administration-General, the facility failed to ensure the medication error rate was 5% (percent) or less. A total of nine errors of 33 opportunities were observed for three of 10 residents (R) (R27, R3, and R31) during medication administration for a total error rate of 27.27%.Findings Include:Review of the facility policy titled Medication Administration-General revealed under Guideline: .Medications are administered within 60 minutes (one hour) BEFORE OR AFTER scheduled time. Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule for the nursing center.Certified Medication Aide (CMA) BB was observed to give R27, R3, and R31 medications late. All medications listed below were due 9/15/2025 at 8:00 am and given late.1. Review of the MAR (medication administration record) for R27 revealed the following:Duloxetine 60 mg (milligram), delayed release, 1 capsule delayed release 1 time per day-scheduled for 8:00 am, given 9/15/2025 at 10:39 am.Finasteride 5 mg tablet 1 tablet by mouth per day-scheduled for 8:00 am, given 9/15/2025 at 10:39 am.Gabapentin 100 mg capsule 1 capsule by mouth 3 times per day-scheduled for 8:00 am, given 9/15/2025 at 10:39 am.2. Review of the MAR for R3 revealed the following:Metoprolol tartrate 50 mg oral tablet ER (extended release)-scheduled for 8:00 am, given 9/15/2025 at 10:51 am.Potassium chloride 10 meq (milliequivalents)-scheduled for 8:00 am, given 9/15/2025 at 10:51 am.Eliquis 2.5 mg-scheduled for 8:00 am, given 9/15/2025 at 10:51 am.3. Review of the MAR for R31 revealed the following:Gabapentin 400 mg oral tablet-scheduled for 8:00 am, given 9/15/2025 at 11:04 am.Acetaminophen 325 mg oral tablet quantity x 2-scheduled for 8:00 am, given 9/15/2025 at 11:04 am.Interview with Director of Nursing (DON) on 9/16/2025 at 2:00 pm revealed that when asked about administration of medications being timely, she stated that the internet was down on the morning of 9/15/2025 and that was the reason these medications were not given timely. Medications showed up on the MAR in the computer as red when late. The monitor for CMA BB passing medications on the 100 hall and medications were all in red.Interview with the DON, Assistant Director of Nursing (ADON), and the Regional Nurse (RN) CC on 9/17/2025 at 1:20 pm revealed that CMA BB was late giving medications to R27, R3, and R31.Interview with CMA BB on 9/17/2025 at 1:35 pm revealed that he was unable to start his medication pass until around 8:00 am or 8:30 am due to the internet being down.