STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115396	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quiet Oaks Health Care Center	125 Quiet Oaks Drive Crawford, GA 30630

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility's policy titled Resident's Federal and State Rights, the facility failed to accommodate the needs of one of 15 sampled residents(R) R26 by not providing assistance with placing his hearing aids as needed. This deficient practice placed the resident at risk of psychosocial harm and a diminished quality of life.Findings include:Review of the facility's undated policy titled Resident's Federal and State Rights revealed under the section Accommodation of Needs 1. You have the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences except when your health and safety of other residents would be endangered. 3. You have the right to receive care, treatment, and services that are adequate and appropriate and provided: a. with reasonable care and skill. d. with respect for your personal dignity and privacy.Review of R26's medical record revealed diagnoses including, but not limited to, dementia, prostate cancer, and hard hearing.Review of the History and Physical dated 05/29/2025 revealed under the physical examination section that the physician documented, ENT [Ear, Nose, Throat]: .He was hard of hearing.Review of the care plan dated 10/22/2025 revealed R26 was at risk for miscommunication related to hearing impairment. The care plan included interventions to promote effective communication, including ensuring the resident's hearing aids are functioning properly and assisting the resident with placement of hearing aids as needed, among other interventions.Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Section B, Hearing, Speech, and Vision, indicated the resident uses a hearing aid. Section C documented a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive impairment. Section GG, Functional Abilities, indicated upper body dressing and personal hygiene were coded as 03, meaning the helper provides less than half the effort but lifts, holds, or supports trunk or limbs. Section I documented medically complex diagnoses.Review of skilled daily nursing notes dated 11/03/2025 revealed Hearing, Speech, and Vision documentation indicated the resident was Unable to hear - HOH [hard of hearing].Review of the Social Services Annual Progress Note dated 07/02/2025 revealed the resident was alert and oriented but may have confusion at times and was documented as hard of hearing.Review of the Activity Quarterly Progress Note dated 01/16/2026 revealed R26 was at risk for falls related .vision and hearing impairment. The note further indicated that the resident was at risk for miscommunication related to hearing impairment and requires speakers to increase volume and speak distinctly. The note documented that the resident usually understands and is understood and wears hearing aid.Observation on 02/16/2026 at 11:54 AM, R26 was observed sitting in a wheelchair in his room. During observation, the resident attempted to communicate with the surveyor but appeared very hard of hearing and repeatedly stated he can't hear. The resident pointed to his ears with his hand to indicate his inability to hear. No hearing aids or other hearing assistive devices were observed in the resident's ears or present in the resident's room.Observation on 02/16/2026 at 9:31 AM, R26 was again observed in his wheelchair in his room without hearing aids present in his ears or visible in the room. The resident was trying to communicate with the surveyor, but unable to respond to questions as he could not hear them. In an interview conducted immediately following the observation at 9:35 AM, the Certified Nursing (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assistant (CNA) AA stated she communicates with the resident by leaning close and speaking directly into his ear.Interview via phone on 02/16/2026 at 10:46 AM, the Family of Resident (R26) stated R26 lost his hearing aids approximately one month ago. The facility was aware of the loss.Interview on 02/16/2026 at 11:00 AM, Certified Medication Technician (CMT) BB stated she was unsure about hearing aids for the resident. She stated CNAs typically place hearing aids when assisting residents with morning care and confirmed she was not responsible for placing hearing aids.Interview on 02/16/2026 at 11:05 AM, Licensed Practical Nurse (LPN) CC stated nursing staff and CNAs are expected to follow the care plan to determine resident needs. She stated she was unaware R26 had hearing aids or that they were lost.Interview on 02/16/2026 at 12:20 PM, the Social Services Director stated staff are expected to follow the care plan and assist residents with hearing aids during care.Interview on 02/16/2026 at 12:11 PM, the MDS Coordinator stated that if the resident was care planned for use of hearing aids, failure to provide or assist the resident with hearing aids would indicate the care plan was not implemented. A follow-up interview on 02/16/2026 at 2:00 PM, the surveyor asked CNA AA how she determines residents' care needs. CNA AA stated she has worked at the facility for approximately four years and is familiar with the residents and their care needs. She further stated she receives report from the prior shift and is expected to follow the care plans. When asked who is responsible for ensuring implementation of the care plan interventions related to hearing, including ensuring the hearing aids are functioning properly and assisting with placement as needed, CNA AA stated she was not performing those tasks for the resident. Interview on 02/17/2026 at 10:15 AM, the Director of Nursing (DON) stated staff are expected to follow the care plan. She stated any nursing staff could assist the residents with placement and use of hearing aids and that this should have been done. Interview on 02/18/2026 at 10:15 AM, the Administrator stated the facility does not have a policy specifically addressing residents who are deaf or accommodation of hearing-related needs. He stated the process when hearing aids are lost includes notifying Social Services, searching the resident's room and laundry, and contacting the resident's family. He further stated alternative interventions, such as use of a voice amplifier, could be considered.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility's policy titled Care Plan Policy and Procedure, the facility failed to implement the comprehensive care plan for one of 15 sampled residents (R) (R26). This deficient practice could result in decreased ability to hear and communicate, leading to social isolation, frustration, and a decline in quality of life.Findings include:Review of the facility's policy titled Care Plan Policy and Procedure, last updated 07/03/2021, revealed the policy documented, An interdisciplinary approach to identification of problems and developing solutions provides individualization and coordination of resident care.Review of R26's medical record revealed diagnoses including, but not limited to, dementia, prostate cancer, and hard of hearing.Review of the History and Physical dated 05/29/2025 revealed under the physical examination section that the physician documented, ENT [Ear, Nose, Throat]: .He was hard of hearing.Review of the care plan dated 10/22/2025 revealed R26 was at risk for miscommunication related to hearing impairment. The care plan included interventions to promote effective communication, including ensuring the resident's hearing aids were functioning properly and assisting the resident with placement of hearing aids as needed, among other interventions.Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Section B, Hearing, Speech, and Vision, indicated the resident used a hearing aid. Section C documented a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive impairment. Section GG, Functional Abilities, indicated upper body dressing and personal hygiene were coded as 03, meaning the helper provided less than half the effort but lifted, held, or supported the trunk or limbs. Section I documented medically complex diagnoses.Review of skilled daily nursing notes dated 11/03/2025 revealed Hearing, Speech, and Vision documentation indicated the resident was Unable to hear - HOH [hard of hearing].Review of the Social Services Annual Progress Note dated 07/02/2025 revealed the resident was alert and oriented but may have had confusion at times and was documented as hard of hearing.Review of the Activity Quarterly Progress Note dated 01/16/2026 revealed R26 was at risk for falls related to vision and hearing impairment. The note further indicated that the resident was at risk for miscommunication related to hearing impairment and required speakers to increase volume and speak distinctly. The note documented that the resident usually understood and was understood and wore a hearing aid.Observation on 02/16/2026 at 11:54 AM, R26 was observed sitting in a wheelchair in his room. During observation, the resident attempted to communicate with the surveyor but appeared very hard of hearing and repeatedly stated he can't hear. The resident pointed to his ears with his hand to indicate his inability to hear. No hearing aids or other hearing assistive devices were observed in the resident's ears or present in the resident's room.Observation on 02/16/2026 at 9:31 AM, R26 was again observed in his wheelchair in his room without hearing aids present in his ears or visible in the room. The resident was trying to communicate with the surveyor but was unable to respond to questions as he could not hear them. In an interview conducted immediately following the observation at 9:35 AM, the Certified Nursing Assistant (CNA) AA stated she communicated with the resident by leaning close and speaking directly into his ear.Interview via phone on 02/16/2026 at 10:46 AM, the family of Resident (R26) stated R26 lost his hearing aids approximately one month ago. The facility was aware of the loss.Interview on 02/16/2026 at 11:00 AM, Certified Medication Technician (CMT) BB stated she was unsure about hearing aids for the resident. She stated CNAs typically placed hearing aids when assisting residents with morning care and confirmed she was not responsible for placing hearing aids.Interview on 02/16/2026 at 11:05 AM, Licensed Practical Nurse (LPN) CC stated nursing staff and CNAs were expected to follow the care plan to determine resident needs. Interview on 02/16/2026 at 12:20 PM, the Social Services Director stated staff were expected to follow the care plan and assist residents with hearing aids during care.Interview on 02/16/2026 at (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	12:11 PM, the MDS Coordinator stated that if the resident was care planned for use of hearing aids, failure to provide or assist the resident with hearing aids would indicate the care plan was not implemented. A follow-up interview on 02/16/2026 at 2:00 PM, the surveyor asked CNA AA how she determined residents' care needs. CNA AA stated she had worked at the facility for approximately four years and was familiar with the residents and their care needs. She further stated she received report from the prior shift and was expected to follow the care plans. When asked who was responsible for ensuring implementation of the care plan interventions related to hearing, including ensuring the hearing aids were functioning properly and assisting with placement as needed, CNA AA stated she was not performing those tasks for the resident.Interview on 02/17/2026 at 10:15 AM, the Director of Nursing (DON) stated staff were expected to follow the care plan. She stated any nursing staff could assist the residents with placement and use of hearing aids and that this should have been done.