

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115411	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/10/2025
NAME OF PROVIDER OR SUPPLIER  Pleasant View Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  475 Washington Street Metter, GA 30439	

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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, interview, and review of the facility's policy titled, Freedom of Abuse, Neglect and Exploitation; Abuse Prevention: Fast Alerts, the facility failed to notify the State Survey Agency (SSA) of an allegation of physical abuse for one of seven Residents (R) (R9) reviewed for abuse out of 22 sampled residents. Specifically, there was no documentation that the SSA was notified of an allegation of physical abuse when the Director of Nursing (DON) was notified of bruising to R9's body by the hospital's Social Worker. This failure had the potential to contribute to further abuse or injury, which could result in mental anguish, physical harm, or fear. Findings include: Review of the facility's policy titled, Freedom of Abuse, Neglect and Exploitation; Abuse Prevention: Fast Alerts, dated October 2023, indicated . Reporting-All employees are required to immediately notify the administrative staff of any complaint, allegation of resident abuse as soon as the facility is aware of a situation they must immediately notify the administrator and other officials, including the State Survey Agency. Review of R9's electronic medical record (EMR) revealed on the Profile tab that R9 was admitted on [DATE] and discharged on 8/22/2025. Review of R9's EMR Progress notes tab revealed a note dated 6/10/2025 at 7:23 pm EMS [Emergency Medical Services] arrived to transport resident [R9] to hospital due to elevated lab values. Review of a note, dated 6/11/2025 at 9:46 am revealed, Received a phone call from [name of Social Worker at [Name] Hospital] stating that she was concerned about some bruises noted on pts [patients] body. Explained to her that the pt had fallen frontwards out of his wheelchair because he tends to lean forward. The note indicated the previous Director of Nursing (DON) was the person notified. During an interview on 9/8/2025 at 2:56 pm, the Administrator stated that she knew of the call from the hospital's Social Worker. The Administrator confirmed that this allegation was not reported to the SSA and should have been.</p>

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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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, interviews, and review of the facility's policy titled, Freedom of Abuse, Neglect and Exploitation, Abuse Prevention: Fast Alerts, the facility failed to ensure a complete and thorough abuse investigation was conducted for six of nine Residents (R) (R2, R3, R4, R6, R5, and R9) reviewed for abuse investigations out of a total sample of 22 residents. This failure had the potential to result in additional residents to be abused by the same perpetrator. Findings include:</p> <p>Review of the facility's policy titled, Freedom of Abuse, Neglect and Exploitation, Abuse Prevention: Fast Alerts, dated 10/2023, revealed All alleged violations involving mistreatment, sexually inappropriate behaviors, and abuse or neglect will be thoroughly investigated&amp;hellip;An immediate investigation into the alleged incident, during the shift it occurred on &amp;hellip;2. Interview the resident or other resident witness.'</p> <p>1. Review of R2's undated Face Sheet located in the electronic medical record (EMR) under the Profile tab, indicated R2 was admitted to the facility with diagnoses that included but not limited to, Parkinson's disease with dyskinesia, delusional disorders, end stage renal disease, paranoid schizophrenia, and vascular dementia.</p> <p>Review of R2's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/10/2025, located in the EMR under the MDS tab, revealed a Brief Interview for Mental Status (BIMS) score of 10 out of 15, indicating R2 was moderately cognitively impaired. R2 exhibited hallucinations and delusions.</p> <p>Review of Facility Reportable Incident (FRI) dated 1/20/2025 with date of incident: 1/20/2025 at 6:30 pm provided by the facility, recorded Resident [R2] called the police. Police arrived at the facility. Resident stated that staff has taken her items and other residents touched her&amp;hellip;Alleged perpetrators: Two men in building-Other residents.</p> <p>2. Review of R3's undated admission Record located in the EMR under the Profile tab, indicated R3 was admitted to the facility with diagnoses that included but not limited to, chronic obstructive pulmonary disease, peripheral vascular disease, and major depressive disorder.</p> <p>Review of R3's quarterly MDS with an ARD of 6/11/2025, located in the EMR under the MDS tab, revealed a BIMS score of 15 out of 15, indicating the resident was cognitively intact. R3 was assessed as experiencing delusions.</p> <p>Review of R4's undated admission Record located in the EMR under the Profile tab, indicated R4 was admitted to the facility with diagnoses that included but not limited to, schizoaffective disorder, bipolar type, drug induced subacute dyskinesia, and thrombocytosis.</p> <p>Review of R4's quarterly MDS with an ARD of 3/22/2025, located in the EMR under the MDS tab, revealed a BIMS core of 14 out of 15 which indicated R4 was cognitively intact, and exhibited the behavior of wandering for one to three days during the assessment period.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Facility Reportable Incident provided by the facility, dated 4/14/2025, recorded that on 4/11/2025 around 11:30 pm, R4 reported that her male friend (R3) hit her in the chest when she was in bed with him asleep.</p> <p>3. Review of R6's undated admission Record located in the EMR under the Profile tab, indicated R6 was admitted to the facility with diagnoses that included but not limited to, bipolar disorder, psychosis not due to a substance or physiological condition, major depressive disorder, schizoaffective disorder, bipolar type, schizophrenia, adjustment disorder with mixed disturbance of emotions and conduct, and borderline intellectual functioning.</p> <p>Review of R6's quarterly MDS with an ARD of 3/20/2025 located in the EMR under the MDS tab, revealed a BIMS of 99 out of 15. The staff assessment for cognitive skills revealed R6 was severely cognitively impaired. R6 was assessed for exhibiting hallucinations and delusions.</p> <p>Review of R5's undated admission Record located in the EMR under the Profile tab indicated R5 was admitted to the facility with diagnoses that included but not limited to, schizophrenia, major depressive disorder, and mild cognitive impairment.</p> <p>Review of R5's quarterly MDS with an ARD of 7/5/2025 located in the EMR under the MDS tab revealed a BIMS score of 11 out of 15, indicating the resident was moderately cognitively impaired and was assessed as not exhibiting behaviors.</p> <p>Review of the Facility Reported Incident provided by the facility and dated 4/8/2025 revealed On Tuesday, April 8, 202025, R5 alleged that R6 put his hand around her neck while removing her smoking apron. Staff immediately intervened and separated the residents. R6 was placed on one-on-one supervision. No bruising or visible injury was observed by nursing.</p> <p>During an interview on 9/10/2025 at 9:45 am, the Administrator confirmed that additional resident interviews were not conducted during the investigation for the above FRIs and should have been conducted.</p> <p>4. Review of R9's EMR revealed the Profile tab indicated R9 was admitted on [DATE] and discharged on 8/22/2025.</p> <p>Review of R9's EMR Progress notes tab revealed a note, dated 6/10/2025 at 7:23 pm, EMS [Emergency Medical Services] arrived to transport resident [R9] to hospital due to elevated lab values Review of a note, dated 6/11/2025 at 9:46 am, indicated Received a phone call from [name of Social Worker at (Name) Hospital] stating that she was concerned about some bruises noted on pts [patients] body. Explained to her that the pt had fallen frontwards out of his wheelchair because he tends to lean forward. The note indicated the previous Director of Nursing (DON) was the person notified.</p> <p>During an interview on 9/8/2025 at 2:56 pm, the Administrator stated that she knew of the call from the hospital's Social Worker. The Administrator confirmed that there was no documentation that this allegation was investigated and that it should have been investigated.</p>		