STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115412	A. Building B. Wing	06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harborview Tifton	1451 Newton Drive Tifton, GA 31794

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. Based on staff and resident interviews, record review, and review of the policy titled, Compliance with Reporting Allegations of Abuse/Neglect/Exploitation, the facility failed to report an allegation of sexual abuse for one resident (R) (R14) of a total of 17 sampled residents. The deficient practice had the potential for continued episodes of unreported abuse, which posed potential for physical harm and/or mental anguish.Findings include:Review of the facility policy titled Compliance with Reporting Allegations of Abuse/Neglect/Exploitation with a revision date of August 1, 2024, documented the following: Policy: It is the policy of this facility to report all allegations of abuse/neglect/exploitation or mistreatment, including injuries of unknown sources and misappropriation of resident property are reported immediately to the Administrator of the facility and to other appropriate agencies in accordance with current state and federal regulations within prescribed timeframes. Documented under, Reporting/Response: The facility will report all alleged violations and all substantiated incidents to the state agency and to all other agencies as required, and all necessary corrective actions depending on the results of the investigation.Record review identified a Facility Reported Incident (FRI) dated 06/16/2026 documenting an allegation of illegal activity involving R8. According to the FRI, R8 told staff that she had received money from male visitors from the community in exchange for sexual activity. Review of the facility's investigation included an email dated 06/16/2026 from the Director of Nursing (DON) reporting to the Medical Director, Nurse Practitioner (NP), Ombudsman and Behavioral Health Services NP. The email documented a verbal altercation between R8 and R14 during which R8 made verbal threats towards R14. The email also stated that both residents admitted to inviting men to the facility for sexual activity.During an interview on 06/18/2026 at 2:54 PM, R14 stated that R8 invited a man she met through a dating app into the facility. R14 stated she started giving the man oral sex but did not finish and R8 had to take over.During an interview on 06/18/2026 at 3:28 PM, R8 stated that R14 met a man through a dating app and invited him into the facility and performed oral sex on him.During an interview on 06/22/2026 at 11:46 AM with R14, the Administrator, and the Director of Nursing (DON), R14 stated she performed oral sex on the man because R8 did it. The Administrator stated they were not aware that R14 was involved in the incident until 06/19/2026. However, the 06/16/2026 email from the Director of Nursing (DON) documented that R14 admitted to inviting men into the facility for sexual activity. The Administrator and the DON confirmed that the facility did not include R14 in the Facility Reported Incident (FRI) dated 06/16/2026.

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