

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115424	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2024
NAME OF PROVIDER OR SUPPLIER Lake Crossing Health Center Pac LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6698 Washington Road Appling, GA 30802	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36377</p> <p>Based on observations, record review, resident and staff interviews, and review of the policy titled Promoting/Maintaining Resident Dignity, the facility failed to ensure residents rights were not violated, and dignity was maintained for two residents (R) (R53 and R71). Specifically, the facility posted notification in front lobby prohibiting visitation for R53 and failed to maintain the privacy and dignity during the provision of incontinent care for R71. The sample size was 46.</p> <p>Findings include:</p> <p>Review of the policy titled Promoting/Maintaining Resident Dignity, dated 12/1/2022, documented the policy is to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each residents individuality. Compliance Guidelines: Number 1. All staff members are involved in providing care to residents to promote and maintain resident dignity and respect residents rights. Number 4. The resident's former lifestyle and personal choices will be considered when providing care and services to meet the resident's needs and preferences. Number 12. Maintain resident privacy.</p> <p>1. Observation on 4/5/2024 at 7:35 am, 4/6/2024 at 8:00 am, and 4/7/2024 at 8:00 am, upon entrance into the front lobby, revealed a sign posted near the visitors sign-in book visible to others, prohibiting visitation by indicating R53 is not to have any visitors other than a certain family member. If any visitors show up, please call family member immediately. revealed prohibited visitation instructional sign remained posted in the same location visual to others.</p> <p>Review of the clinical record revealed R53 was admitted to the facility on [DATE] with diagnoses including but not limited to cerebrovascular disease, diabetes mellitus, and hypertension.</p> <p>The residents most recent quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of eight, indicating moderate cognitive impairment.</p> <p>Interview on 4/6/2024 at 3.00 pm, R53 revealed that he loves to have visitors and stated he was unaware of the notice posted in the lobby indicating there were visitation limitations for him. During continued interview, he reported that he only received visits from one family member, the family member who directed facility to prohibit R53's visitation rights. R53 reported he wanted visits from former friends.</p> <p>(continued on next page)</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 4/6/2024 at 2:10 pm, the Social Service Director (SSD) and Assistant Director of Nursing (ADON) both confirmed using the front entrance daily but reported being unaware of the notice posted in the front lobby prohibiting visitation for R53. They confirmed this was a dignity issue and could not explain why the notice was posted in view of everyone who entered the facility. The ADON removed the sign from the lobby.</p> <p>Interview on 4/6/2024 at 2:14 pm, Receptionist UU stated the notice regarding R53 visitation has been posted at the desk for approximately two to three months. She was unaware of which staff posted the sign.</p> <p>Interview on 4/6/2024 at 4:14 pm, Regional Nurse Consultant confirmed that she placed the notice in the front lobby indicating restricted visitation for R53 based on the family members request. She stated that she should have placed the sign on the nurse's med cart. She confirmed that this was a dignity issue.</p> <p>2. Observation on 4/5/2024 at 9:42 am, Certified Nursing Assistant (CNA) MM provided perineal care to R71, residing in B bed, without the privacy curtains being completely pulled and the window blinds were open, not providing full visual privacy. The residents roommate was in the room during the care.</p> <p>Review of the clinical record revealed R71 was admitted to the facility on [DATE] with diagnoses including but not limited to metabolic encephalopathy, pulmonary embolism (PE), vascular dementia, chronic obstructive pulmonary disease (COPD), and hypertension.</p> <p>The residents most recent quarterly MDS assessment dated [DATE] revealed a BIMS score of three, indicating severe cognitive impairment.</p> <p>Interview on 4/7/2021 at 1:59 pm, CNA MM revealed being unaware that privacy curtains should be completely pulled around the bed. He stated that he didn't notice the window blinds were open. He confirmed that he received training on resident dignity.</p> <p>Interview on 4/7/2924 at 10:15 am, the Director of Nursing (DON) reported that her expectations are that staff protect the resident rights at all times, including dignity during the provision of care. During further interview, she reported being unaware of staff posting R53's visitation restrictions in the front lobby of the facility. She stated staff will be educated regarding residents rights and dignity and providing privacy during care.</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39844</p> <p>Based on record review, interviews, and review of the policy titled Care Planning-Resident Participation, the facility failed to conduct care plan meetings and ensure that residents and/or their families were invited to participate in care planning for one of 46 sampled residents (R) R5.</p> <p>Findings include:</p> <p>Review of the policy titled Care Planning-Resident Participation dated 12/1/2022 revealed the policy is the facility supports the resident's right to be informed of and participate in his or her care planning and treatment. Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> 1. The facility will inform the resident in a language he or she can understand of their rights regarding planning and implementing care, including the right to be informed of their health status. 7. The facility will honor the residents choice in individuals to be included in the care planning process. 10. The facility will discuss the plan of care with the resident and/or representative at regularly scheduled care plan conferences, and allow them to see the care plan . The facility will obtain a signature from the resident and/or resident representative after discussion or reviewing of the care plan. <p>Review of the clinical record revealed R5 was admitted to the facility on [DATE] with diagnoses including but not limited to adult failure to thrive, heart failure, Alzheimer's disease, dementia, mood disturbance and anxiety.</p> <p>The most recent quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of two, indicating very poor cognition.</p> <p>Review of R5's electronic medical record progress notes revealed there was no documentation indicating R5's family had been invited to the resident's care plan meetings or that a care plan meeting was held. Further review revealed no signatures of resident representative participation in care plan meetings.</p> <p>Interview on 4/6/2024 at 4:06 pm, the MDS Coordinator stated she works remotely and does the MDS's for this facility as well as another facility. She stated comes to the facility on occasion. She stated they have not been having care plan meetings with each department or with families.</p> <p>Interview on 4/6/2024 at 4:10 pm, the Regional Nurse Consultant (RNC) revealed the facility has gone through multiple MDS Coordinators in the last year. She confirmed that care plan meetings have not been taking place.</p> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 4/7/2024 at 11:51 am, R5's Power of Attorney (POA) revealed he has no concerns related to his mother's care. He indicated he used to be called for the care plan meetings but has not been contacted in a long time. He stated he doesn't recall the last time he attended a meeting.</p> <p>Cross Refer F657</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39844</p> <p>Based on observations, record review, interviews, and review of the policy titled Call Lights: Accessibility and Timely Response, the facility failed to ensure two residents (R) (R15 and R20) had their call light placed within their reach when they were in bed, creating the potential for their needs to not be addressed timely.</p> <p>Findings Include:</p> <p>Review of the policy titled Call Lights: Accessibility and Timely Response dated 12/1/2022 indicated the policy is to assure the facility is adequately equipped with a call light at each resident's bedside, toilet, and bathing to allow residents to call for assistance. Policy Explanation and Compliance Guidelines: Number 5. Staff will ensure the call light is within reach of the resident and secured, as needed. Number 6. The call system will be accessible to residents while in their bed or other sleeping accommodation within the resident's room.</p> <p>1. R20 was admitted to the facility on [DATE] with diagnoses of but not limited to dementia, anxiety, and mood disturbance.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE] for R20 documented a Brief Interview for Mental Status (BIMS) score of three, indicating poor cognition.</p> <p>Review of the care plan for R20 revised on 3/5/2024 revealed resident has the potential for falls due to unsteady gait at times and will ambulate about the facility. Interventions to care include answer call light promptly, encourage to ask for assistance, and keep call light within reach.</p> <p>Observation on 4/5/2024 at 8:37 am and 1:48 pm, revealed R20 lying in the bed, with the call light on floor and not within reach of the resident.</p> <p>2. R15 was admitted to the facility on [DATE] with diagnoses of but not limited to dementia, mood disturbance, and muscle weakness.</p> <p>Review of the Admission MDS assessment dated [DATE] documented a BIMS score of 10 indicating moderate cognitive impairment.</p> <p>Review of the care plan for R15 revised 3/15/2024 revealed resident is at risk for falls related to dementia and encephalopathy. Interventions to care include answer call light promptly and encourage to call for assistance.</p> <p>Observation on 4/5/2024 at 9:03 am and 1:50 pm, revealed R15 lying in the bed, with the call light on floor and not within reach of the resident.</p> <p>Interview on 4/7/2024 at 9:23 am, the Administrator revealed she would expect all call lights to be in reach of the residents at all times.</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>41914</p> <p>Based on record review, staff interviews, and review of the policy titled Advanced Beneficiary Notices, the facility failed to provide a Notice of Medicare Noncoverage (NOMNC) Centers for Medicare and Medicaid Services (CMS) form 10123 and Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN) CMS form 10055 for three of three residents (R) (R340, R341, R342) who were reviewed after being discharged from Medicare Part A Services.</p> <p>Findings:</p> <p>Review of the policy titled Advanced Beneficiary Notices dated 12/1/2022 revealed the policy of the facility is to provide notices regarding Medicare eligibility and Coverage. Policy Explanation and Compliance Guidelines: number 5. c) A notice of Medicare Non-Coverage (NOMNC), form CMS-10123, shall be issued to the resident/representative when Medicare covered service(s) are ending, no matter if the resident is leaving the facility or remaining in the facility. This informs the resident on how to request an appeal or expedited determination from their Quality Improvement Organization (QIO). i. This notice is used when all covered services end for coverage reasons.</p> <p>Review of the facility-completed worksheet titled Beneficiary Notice-Residents discharged Within the Last Six Months, revealed there was a total of 10 residents discharged from Medicare Part A services and all were discharged from the facility. R340, R341, and R342 were selected for review for Beneficiary Notices.</p> <p>Review of R340 clinical record indicated that Medicare Part A services were initiated on 8/18/2023 for rehab services for multiple rib fractures and dislocation of L1-L2 lumbar vertebrae. Review of the Beneficiary Notices revealed that neither the NOMNC form CMS-10123 or the SNFABN form CMS-10055, were provided to the resident or the residents representative before discharge from the facility on 8/30/2023.</p> <p>Review of R341 clinical record indicated that Medicare Part A services were initiated on 8/29/2023 for skilled services for generalized muscle weakness, and gastronomy status. Review of the Beneficiary Notices revealed that neither the NOMNC form CMS-10123 or the SNFABN form CMS-10055, were provided to the resident or the residents representative before discharge from the facility on 9/8/2023.</p> <p>Review of R342 clinical record indicated that Medicare Part A services were initiated on 11/21/2023 for rehab services for displaced intertrochanteric fracture of right femur and muscle wasting and atrophy. Review of the Beneficiary Notices revealed that neither the NOMNC form CMS-10123 or the SNFABN form CMS-10055 were provided to the resident or the residents representative before discharge from the facility on 12/14/2023.</p> <p>(continued on next page)</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 4/7/2024 at 8:18 am, the Social Services Director (SSD) revealed there were not any residents who received notification of their Medicare Part A benefits ending, or conversation with the residents or responsible party about their right to appeal the decision for the termination of benefits. During further interview, the SSD stated she was directed by the Regional Nurse Manager to call the residents that were listed on the Beneficiary Notice list after the surveyor inquired about the notification.</p> <p>Interview on 4/7/2024 at 9:30 am, the Administrator revealed she was unaware the residents and resident representatives were not receiving notice of Medicare Part A benefits were ending. She stated the Regional Nurse Manager will educate the SSD on the process of the issuing the Beneficiary Notices to residents and their responsible parties, including the appeal process.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>41914</p> <p>Based on observations, interviews, and review of the facility policy titled Preventive Maintenance Program, the facility failed to ensure that it was maintained in a safe, clean, and comfortable home-like environment in seven resident rooms on three of three halls (A10, B6, B7, B8, B13, C17, and C18) including dirty floors and walls, dirty privacy curtains, and scuffed walls, chipped paint, and peeling wallpaper. The census was 89.</p> <p>Findings:</p> <p>Review of the policy titled Preventive Maintenance Program, dated 12/1/2022 indicated the policy is that a Preventive Maintenance Program shall be developed and implemented to ensure the provision of a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. Policy Explanation and Compliance Guidelines: Number 2. The Maintenance Director shall assess all aspects of the physical plant to determine if preventative Maintenance (PM) is required. Required PM may be determined from manufacturer's recommendations, maintenance requests, ground rounds, life safety requirements, or experience. Number 3. If preventative maintenance is required, the Maintenance Director shall decide what tasks need to be completed and how often to complete them.</p> <p>Observation on 4/5/2024 at 8:37 am and at 1:48 pm, in room A10 revealed a dark dried substance on the bathroom floor that appeared to be human waste (feces). This condition has been present in the bathroom for approximately five hours.</p> <p>Observation on 4/5/2024 at 8:58 am, in room C18 revealed water holding in the bathroom sink.</p> <p>Interview on 4/5/2024 at 9:00 am, R62 reported that water holding in the sink has been an issue since his admission. R62 reported the sink issue was reported to an unidentified nurse weeks ago.</p> <p>Observation on 4/5/2024 at 9:16 am, in room B6 revealed black marks on the wall leading into the bathroom, a hole in the wall by the bathroom, food particles on the floor at the bedside, a urinal half filled with urine on a bedside dresser, hole in the wall under the television, black marks and a brown stain in the middle and the outer rim of the privacy curtain between the A bed and B bed.</p> <p>Observation on 4/5/2024 at 9:18 am, in room C17 revealed wall near A bed with dark black scuff marks and dark black scuff marks on the bathroom door.</p> <p>Observation on 4/5/2024 at 9:39 am, in room B7 revealed the corner of the wall by the bathroom paint is missing and the wall has black marks, the wallpaper on the wall is peeling at the base board (under the T.V), black scuff marks on the wall between A bed and B bed, and behind B bed.</p> <p>Observation on 4/5/2024 at 9:54 am, in room B8 revealed a hole in the wall at the baseboard under the television.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 4/5/2024 at 10:17 am, in room B13 revealed the baseboard strip coming off the wall by A bed, missing paint and black scuff marks on the wall, wheelchair for resident in A bed had thick layer of dust and debris noted all over wheelchair.</p> <p>Interview on 4/5/2024 at 2:05 pm, Housekeeper DD revealed housekeepers are to clean the resident's rooms daily, and the bathrooms in the morning and in the afternoon. She verified the dried substance (feces) on the bathroom floor. She indicated it should not still be there if it was there during the morning hours.</p> <p>Interview on 4/5/2024 at 2:10 pm, with Environmental Account Manager CC revealed the Certified Nursing Assistant (CNA) or the nurse on the hall should have cleaned the feces up when it happened. She stated the housekeeping staff can clean and mop the floors after the feces is gotten up.</p> <p>Confirmation rounds conducted on 4/7/2024 at 9:30 am, the Administrator, Account Manager for Environmental Services, and the Maintenance Director, confirmed identified concerns noted during all three days of survey.</p> <p>Interview on 4/7/2024 at 9:45 am, Account Manager for Environmental Services revealed the housekeeping staff clean resident rooms in the morning and again in the afternoon before leaving for the day. During further interview, Account Manager revealed there is not a policy for cleaning, but stated there was a five step and seven step process that is followed. Housekeeper DD confirmed that the privacy curtains were stained with a brown substance and would be removed for cleaning.</p> <p>Interview on 4/7/2024 at 10:00 am, the Maintenance Director revealed he and his assistant make rounds every morning to see what repairs need to be completed for the day. He stated there is a hanging basket on the maintenance door for work order sheets for the staff to complete for any repairs needed. During further interview, the Maintenance Director stated the concerns identified during the survey would be placed on a list to be completed.</p> <p>Interview on 4/7/2024 at 10:10 am, the Administrator stated that she expects the facility to be always maintained in a clean and homelike environment for the residents that reside in the facility. She stated that repairs to be done when identified.</p> <p>39844</p> <p>36377</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36377</p> <p>Based on record review, staff interviews, and review of the policy titled Resident Assessment-Coordination with PASRR Programs, the facility failed to ensure that two residents (R) (R29 and R85) were assessed for Level II Pre-Admission Screening/Resident Review (PASRR) and coordinate services, if warranted. The sample size was 46.</p> <p>Findings include:</p> <p>1. Review of the clinical record revealed R29 was admitted to the facility on [DATE] with diagnoses including but not limited to schizoaffective disorder and Moderate Intellectual Disabilities (ID).</p> <p>Review of R29's admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) was coded as two, which indicated severe cognitive impairment. Section I indicated diagnosis of schizophrenia. The PASRR section of the MDS (Item A 1500) indicated there was no PASRR Level II completed.</p> <p>Review of Psychiatric Diagnostic Evaluation dated 3/13/2024 listed diagnoses and assessed resident for the following mental illness schizoaffective disorder and bipolar disorder.</p> <p>Review of PASSR Level 1 Assessment for R29 dated 1/9/2024, revealed that Level 1 documentation indicated yes for bipolar disorder, no for schizoaffective disorder, and no for resident has ID or developmental disability prior to age 18. There was no evidence that Level II PASRR assessment was completed and in the medical record for reference. Further review of the screening instrument revealed If the nursing facility admits the applicant and discovers information that was not disclosed to the PASRR screeners, the nursing facility is required to contact the [screening authority] immediately.</p> <p>2. Review of the clinical record revealed R85 was admitted to the facility on [DATE] with diagnoses including but not limited to schizoaffective disorder-bipolar type and anxiety disorder.</p> <p>Review of R85's admission Minimum Data Set (MDS) assessment dated [DATE] revealed a BIMS score of 15, indicating no cognitive impairment. Section I indicated diagnosis of schizophrenia. Section N indicated psychotic medications were received routinely. The PASRR section of the MDS (Item A 1500) indicated there was no PASRR Level II completed.</p> <p>Review of PASSR Level 1 Assessment for R85 dated 3/4/2024, revealed that Level 1 documentation indicated no for bipolar disorder, no for schizoaffective disorder, and no for resident has ID or developmental disability prior to age 18. There was no evidence that Level II PASRR assessment was completed and in the medical record for reference. Further review of the screening instrument revealed If the nursing facility admits the applicant and discovers information that was not disclosed to the PASRR screeners, the nursing facility is required to contact the [screening authority] immediately.</p> <p>Interview on 4/6/2024 at 1:58 pm, the Social Service Director (SSD) confirmed that R29 and R85 did not have a PASRR Level II. She reported inability to submit the forms for both residents due to lack of access to the GAMMIS website.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39844</p> <p>Based on record review, interviews, and review of the policy titled Comprehensive Care Plans the facility failed to revise the care plan to reflect current code status for one resident (R) R5. The sample size was 46.</p> <p>Findings include:</p> <p>Review of the policy titled Comprehensive Care Plans dated 12/1/2022 revealed the policy is the facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives ad timeframes to meet a residents medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessments. Policy Explanation and Compliance Guidelines: 5. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment.</p> <p>Review of R5's clinical record revealed an admitted [DATE]. Diagnoses include but not limited to adult failure to thrive, heart failure, Alzheimer's disease, dementia, mood disturbance and anxiety.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] documented R5 had an annual comprehensive care plan that was last updated on 7/3/2023.</p> <p>Review of the care plan initiated 8/12/2022 and revised 2/4/2024 documented resident Code status to be honored by staff per resident/family specifications. Interventions to care include Full Code status to be followed per resident/family request during review period.</p> <p>Review of R5's advanced directive form titled Physician Orders for Life Sustaining Treatment (POLST) signed on 6/28/2023 indicated resident was a Do Not Resuscitate (DNR).</p> <p>Review of R5's Physician orders revealed an order dated 6/30/2023 for a DNR.</p> <p>Interview on 4/6/2024 at 4:06 pm, the MDS Coordinator stated she works remotely and does the MDS's for this facility as well as another facility. She stated she comes to the facility on occasion. During further interview, she stated she has not been updating the residents' care plans. She verified the care plan did not reflect R5's current status of DNR.</p> <p>Interview on 4/6/2024 at 4:10 pm, the Regional Nurse Consultant (RNC) revealed the facility has gone through multiple MDS Coordinators in the last year. She indicated the care plan should reflect the current DNR status and should have been updated. She stated it is unacceptable and replied, staff should look at the Physician's orders for correct code status. During further interview, she indicated the care plan should have been updated during the last MDS update.</p> <p>Interview on 4/7/2024 at 11:51 am, R5's Power of Attorney (POA) revealed he has no concerns related to his mother's care. He confirmed that R5 is to be a DNR.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>41914</p> <p>Based on record review, staff interviews, and review of the facility document titled, Instructions for Completing the Medication Administration Clinical Skills Checklist, the facility failed to ensure that care and services were provided according to accepted standards of practice. Specifically, the facility failed to complete Medication Administration Clinical Skills Checklist for 11 of 12 certified Medication Aides employed at the facility.</p> <p>Findings:</p> <p>Review of the undated facility document titled Instructions for Completing the Medication Administration Clinical Skills Checklist indicated the licensed healthcare professional who administers the medication aide training program must personally validate the unlicensed staff's competency for tasks or skills associated with administering certain medications in the facility. Prior to allowing unlicensed staff to administer medications, the unlicensed staff is also required to successfully pass a computerized written, competency test approved by the Department of Community Health.</p> <p>Review of the facility employee records for the Certified Medication Aides revealed no evidence the Medication Administration Clinical Skills Checklist were completed for 11 of the 12 CMA's currently employed in the facility.</p> <p>Interview on 4/7/2024 at 9:00 am, the Business Office Manager (BOM) revealed she is responsible for ensuring that the employee files are kept up to date and have all required information. She confirmed the CMA competency checklists were not in any of the requested employees files and she was unable to locate them. During further interview, the BOM revealed that the Regional Nurse Consultant (RNC) instructed her to disclose to the survey team that the CMA competencies were completed 12/15/2023, and she would look for the checklists for the employees requested.</p> <p>Interview on 4/7/2024 at 9:40 am, the Director of Nursing (DON) revealed that all the facility CMA's were already in place when she started in December 2023. She stated that she has had little experience with the process of the CMA certification and was not aware of the competencies that were required. During further interview, revealed that she was unable to locate the CMA's competency checklist and did not know where they were stored. She stated going forward there will be skills check offs completed for all CMA's quarterly.</p> <p>Interview on 4/7/2024 at 9:45 am, the Administrator stated that the CMA skills competencies were kept in the DON's office, but she is unable to locate them at this time. She stated the process for the CMA competency check-off is for the Pharmacy Consultant, the DON, or another Registered Nurse will ensure CMA's are competent in medication administration by utilizing a check off tool and demonstration during medication pass, to be completed quarterly. During further interview, she stated all competencies and skill check-off lists will be part of each employee file, so they are readily available.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>38991</p> <p>Based on record review, staff interviews, and review of the Payroll Based Journal (PBJ) [NAME] Report for the first quarter (Q1) of Fiscal Year 2024, the facility failed to accurately report direct care staffing data to the Centers for Medicare and Medicaid (CMS). The facility census was 89 residents.</p> <p>Findings include:</p> <p>Review of the PBJ [NAME] Report for October 1 through December 31, indicated as Q1, documented the following triggered metrics:</p> <p>One-Star Staffing Rating</p> <p>Excessively Low Weekend Staffing</p> <p>Failed to have Licensed Nursing Coverage 24 Hours/Day for 10/10/2023, 11/21/2023, 12/5/2023, 12/6/2023, 12/23/2023, and 12/26/2023</p> <p>Interview on 4/7/2024 at 9:50 am, the Administrator revealed the Director of Finance submits the staffing data that is retrieved from the time clock system. She stated salaried employees do not always clock in and out and that Agency staff were not clocking in and out through the facility time clock until January of this year. She stated if the Director of Finance was missing Registered Nurse (RN) hours he would email the Administrator and ask for those hours. She stated she would respond back in an email with the information he requested by reviewing her nursing schedule sheets. During further interview, she stated she did not think to give him the agency staffing hours, which include RNs, Licensed Practical Nurses (LPNs), and Certified Nursing Assistants (CNAs). She stated the invoices from the staffing agency come to the facility and the facility forwards the invoices to the Accounts Payable Department. She stated that is where the Director of Finance would get the agency nursing hours to include in the PBJ Report.</p> <p>Telephone interview on 4/7/2024 at 11:28 am, the Director of Finance confirmed he is responsible for reporting the data for PBJ report. He stated he generates a report from the time clock system, and that is how he gets the staffing hours to report. He stated when he has questions about the hours from the report, he sends the Administrator an e-mail asking for the staffing hours. He stated he looks at the invoices for agency staff, if they are available at the time he submits the PBJ data.</p> <p>Review of the Administrators Nursing Hours Sheets from October 2023 to April 2024 revealed that the facility has had licensed nurses in the facility 24 hours a day and there has been no excessively low weekend staffing. This information was verified with the Administrator comparing the schedules, time sheets of agency staff, and time clock punches from the system for October 1, 2023, through December 31, 2023.</p> <p>Administrator provided copies of the Staffing Agency to confirm the facility had weekend staff, including licensed nursing coverage in the facility 24 hours a day.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36377</p> <p>Based on record review, interviews, and review of policy titled Pneumococcal Vaccine, the facility failed to provide education, offer, or administer pneumonia vaccinations for three of five residents (R) (R29, R71, R68) reviewed for pneumonia vaccinations.</p> <p>Findings include:</p> <p>Review of policy titled Pneumococcal Vaccine dated 12/1/2022 documented the policy is to offer residents and staff immunization against pneumococcal disease in accordance with current Centers for Disease Control (CDC) guideline and recommendation. Policy Explanation and Compliance Guidelines: Number 1. Each resident will be assessed for pneumococcal immunization upon admission, Self -report of immunization shall be accepted. Any additional efforts to obtain information shall be documented, including efforts to determine date of immunization or type of vaccine received. Number 2. Each resident will be offered a pneumococcal immunization unless it is medically contraindicated, or the resident has already been immunized. 3. Prior to offering the pneumococcal immunization, each resident or the resident's representative will receive education regarding the benefits and potential side effects of the immunization with the education documented in the clinical record.</p> <p>1. Review of the clinical record revealed R29 was admitted to the facility on [DATE] with diagnoses including but not limited to metabolic encephalopathy, epilepsy. schizoaffective disorder and Moderate Intellectual Disabilities (ID). Resident has a State appointed legal guardian who has power of attorney for healthcare.</p> <p>Review of R29's admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) was coded as two, which indicated severe cognitive impairment.</p> <p>Review of the immunization tab in the electronic medical record (EMR) for R29 revealed there was no evidence that the pneumonia or influenza vaccines were administered. Consent form in the EMR was blank with no signatures.</p> <p>Review of the Medication Administration Records (MAR) January 2024 through April 2024 revealed no documentation that R29 was offered or administered received the pneumonia/influenza vaccine.</p> <p>2. Review of the clinical record revealed R71 was admitted to the facility on [DATE] with diagnoses including but not limited to Alzheimer's disease and chronic obstructive pulmonary disease (COPD). Resident had a designated responsible party as emergency contact.</p> <p>The residents most recent quarterly MDS assessment dated [DATE] revealed a BIMS score of three, indicating severe cognitive impairment.</p> <p>Review of the immunization tab in the EMR for R71 revealed there was no evidence that the pneumonia vaccine was administered to R71. Residents responsible party signed consent for the pneumonia vaccine dated 5/23/2023.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the May 2023 MAR revealed no documentation that the pneumonia vaccine was administered to R71.</p> <p>3. Review of the clinical record revealed R68 was admitted to the facility on [DATE] with diagnoses including but not limited to cerebral vascular accident and depression. Resident had a designated responsible party as emergency contact.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed that R68 had a BIMS score of 15 indicating that the resident was able to complete the assessment.</p> <p>Review of the immunization tab in the EMR for R68 revealed there was no evidence that the pneumonia or influenza vaccines were administered. There was no evidence of a signed consent form.</p> <p>Review of May 2023 MAR revealed no documentation that the received the pneumonia/influenza vaccines.</p> <p>Interview on 4/7/2024 at 11:55 am, the Assistant Director of Nursing (ADON) stated that she reviewed the resident's EMR and was unable to locate any documentation to verify that R29, R71, and R68 had received a pneumonia vaccine since admission to the facility or prior to the resident's admission.</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36377</p> <p>Based on record review, interviews, and review of policy titled COVID-19 Prevention, Response, and Reporting, the facility failed to ensure documentation was available regarding the education, offering, and administering the COVID-19 vaccine for one of five sampled residents (R) (R) R29.</p> <p>Findings include:</p> <p>Review of undated policy titled COVID -19 Prevention, Response and Reporting documented the policy is to ensure that appropriate interventions are implemented to prevent the spread of COVID-19 and promptly respond to any suspected or confirmed COVID-19 infections. Policy Explanation and Compliance Guidelines: Number 3. The facility should offer resources and counseling to healthcare personnel, residents, and visitors on the importance of receiving COVID-19 vaccine and staying up to date with all recommended COVID -19 vaccine doses. Number 28. The Infection Preventionist, or designee, will monitor and track COVID -19 related information to include but not limited to: c. Staff and resident vaccination status.</p> <p>Review of the clinical record revealed R29 was admitted to the facility on [DATE] with diagnoses including but not limited to metabolic encephalopathy, epilepsy. schizoaffective disorder and Moderate Intellectual Disabilities (ID). Resident has a State appointed legal guardian who has power of attorney for healthcare.</p> <p>Review of R29's admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) was coded as two, which indicated severe cognitive impairment.</p> <p>Review of R29's immunization record revealed no historical evidence that any COVID-19 vaccinations had been administered to resident, and no evidence documenting that the facility staff educated, offered, or administered the COVID-19 vaccine to resident since admission to the facility.</p> <p>Interview on 4/7/2024 at 10:15 am, the Infection Control Preventionist (ICP) confirmed that R29 tested positive for Covid 19 on February 22, 2024, during her stay in the facility.</p> <p>Interview on 4/7/2024 at 12:20 pm, the ICP stated she looked through R29's electronic medical record (EMR) and was unable locate any documentation regarding the COVID-19 vaccine was offered or given to resident. She reported that she does not have access to the Georgia Immunization Registry (GRITS) to search for immunization records for residents. During further interview, she stated the Social Service Director (SSD) is responsible for obtaining consent forms for all vaccines on admission to the facility. Once the family or resident consents to receiving the vaccine, she would administer the vaccine to the resident.</p> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 4/7/2024 at 1:15 pm, the SSD reported that R29 had a legal guardian, and the legal guardian never submitted the consent forms to allow the facility to proceed with vaccinations for Covid 19, Influenza, and pneumoccal vaccines. The process is to include the immunizations consent forms in the resident 's Admission Package. The consent forms would be uploaded in the system for IPC access.</p> <p>Interview on 4/7/2024 at 2:30 pm, the Director of Nursing (DON) stated that the SSD is responsible for getting the consent forms for vaccinations at the time of resident's admission to the facility. She stated that the ICP is responsible for making sure that residents have consent forms and receive vaccinations they consented for. She stated she was unaware that R29 was not given the COVID-19 vaccine after admission.</p>