

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Cordele Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1106 North 4th Street Cordele, GA 31015	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21213</p> <p>Based on resident and staff interviews, record review, and review of the facility's policies titled, Non-Pressure Ulcers, and Treatment Administration Record (TAR), the facility failed to ensure that wound care was provided as ordered by the physician, for one of three residents (R) (RA) with venous ulcers. The deficit practice caused RA not to receive medical treatments as needed, and placed RA at risk for adverse consequences.</p> <p>Findings included:</p> <p>Review of the facility's policy titled, Non-Pressure Ulcers, dated 6/21/2021, revealed under Procedures: 3. Treatment and Management: Wound Care: A structured wound care protocol should be followed, including cleaning . dressing changes 4. Documentation: All non-pressure ulcers must be documented in the resident's medical record including the . treatments provided</p> <p>Review of the facility's policy titled, Treatment Administration Record (TAR), dated 6/21/2021 revealed under, 2. Recording and Documentation: All treatments must be recorded on the TAR with the exact date and time they were administered.</p> <p>Review of the clinical record revealed RA was admitted to the facility with diagnoses of but not limited to paroxysmal atrial fibrillation, chronic diastolic (congestive) heart failure, chronic obstructive pulmonary disease (COPD), Parkinson's disease, and hypertension.</p> <p>Review of physician's orders and TAR's revealed that RA had a treatment order with a start date of 10/31/2024, to clean the areas to the bilateral lower legs with acetic acid-soaked gauze for approximately five minutes, pat dry, apply gentamycin ointment to the wound bed, and apply a dry dressing every shift. An additional order with a start date of 1/2/2025 documented when applying gentamycin to the wounds on the bilateral lower extremities, apply [Brand name] (non-adherent dressing) to the site, then the bordered/dry dressing every shift.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that RA was assessed with a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating little to no cognitive impairment. The MDS assessment also included that RA had two venous or arterial ulcers.</p> <p>Review of the facility's wound report revealed that RA had a venous ulcer to the right lower leg (with onset date of 2/8/2024) and a venous ulcer to the left lower leg (with onset date of 7/16/2024).</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Medication Administration Records (MAR's) revealed an order entry with a start date of 3/29/2024, that documented the nurse was responsible for checking and maintaining the TAR every shift.</p> <p>Review of the TAR's revealed the wound treatments to the bilateral lower legs were scheduled to be provided every day, on both the day shift and the night shift. However, further review of RA's clinical record, including the TAR's, revealed no evidence that wound treatments were documented as provided as ordered and scheduled daily.</p> <p>Review of the TAR's revealed wound care was provided eight times in December 2024, eleven times in January 2025, and seven times in February 2025 as follows:</p> <p>Review of the TAR for December 2024 revealed there was no evidence that wound treatments were provided to RA's bilateral lower leg venous ulcers on the day shift on 12/24/2024, 12/29/2024 and 12/31/2024, or on the night shift on 12/3/2024, 12/5/2024, 12/8/2024, and 12/22/2024.</p> <p>Review of the TAR for January 2025 revealed there was no evidence that wound treatments were provided on the day shift on 1/1/2025, 1/7/2025, 1/10/2025, 1/11/2025, 1/15/2025, 1/16/2025, 1/17/2025, 1/18/2025 and 1/31/2025, or on the night shift on 1/10/2025 and 1/15/2025.</p> <p>Review of the TAR for February 2025 revealed there was no evidence that wound treatments were provided on the on the day shift on 2/15/2025 or on the night shift on 2/2/2025, 2/5/2025, 2/6/2025, 2/13/2025, 2/14/2025, and 2/15/2025.</p> <p>During an interview on 2/18/2025 at 11:30 am with the Wound Care Licensed Practical Nurse (LPN) confirmed RA had non-pressure ulcers to the bilateral legs.</p> <p>During an interview on 2/19/2025 at 2:05 pm with RA revealed that the wound care nurse provided wound care to her lower extremities on the day shift, but on weekends and nights it depended on who was working, if the treatments were provided.</p> <p>During an interview on 2/18/2025 at 2:35 pm with the Director of Nursing (DON) revealed that on weekends the Registered Nurse (RN) supervisor or medication nurse was responsible for wound care treatments.</p> <p>During an additional interview on 2/19/2025 at 3:15 pm with the DON revealed that wound care treatments ordered on the night shift, the nurse assigned to the resident was responsible for completing the treatment.</p>		