

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Summerhill Elderliving Home & Care		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Stanley Street Perry, GA 31069	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49138</p> <p>Based on observations, staff interviews, record review, and review of the facility policy titled, Drugs Brought to the Facility by the Resident/Family, the facility failed to ensure one of 39 sampled residents (R) (R7) was assessed for self-administration of medication prior to leaving medications at the bedside. This deficient practice had the potential to allow unauthorized access to unsecured medications to residents and visitors in the facility.</p> <p>Findings include:</p> <p>A review of the facility policy titled, Drugs Brought to the Facility by the Resident/Family, dated 2008, revealed the Policy Statement was, Drugs brought into the facility by the resident or family shall be verified before use. The Policy Interpretation and Implementation section included 1. Drugs brought into the facility may not be administered until the following conditions have been met: 1. State law and regulations allow such use; 2. Drugs must have been ordered by the resident's admitting/attending physician; 3. Drugs must have been entered on the admitting physician's drug order form; 4. The contents of each container must be labeled in accordance with established policies; 5. The contents of each container must have been positively identified by a licensed physician or pharmacist.</p> <p>Review of R7's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 12 (indicating little to no cognitive impairment), section GG (Functional Abilities and Goals) documented R7 required set-up to maximal assistance with activities of daily living (ADLs).</p> <p>Review of R7's current Physician's Orders orders revealed no orders for self-administration of medication.</p> <p>Observations on 9/3/2024 at 12:12 pm and 9/4/2024 at 10:44 am revealed one container of topical pain relief medication and one container of Capzasin (a topical medication used to treat muscle and joint pain) at the bedside.</p> <p>In an interview on 9/4/2024 at 11:03 am, Licensed Practical (LPN) FF reviewed R7's physician orders and confirmed there were no orders for self-administration of medications. Observation of R7's room with LPN FF confirmed there was one container of Capzasin, one container of Voltaren Gel (a topical medication used to treat joint pain), and one container of topical pain relief cream at the bedside. LPN FF removed the items from the room.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Summerhill Elderliving Home & Care		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Stanley Street Perry, GA 31069	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 9/5/2024 at 1:02 pm, LPN EE stated residents should not have medications at the bedside without an assessment and physician orders for self-administration. LPN EE further stated if medications were found in a resident's room, she would talk with the resident, report to the supervisor, and contact the responsible party and physician.</p> <p>In an interview on 9/5/2024 at 1:10 pm, Registered Nurse (RN) DD confirmed that residents should not have medication at their bedside unless they have orders for medication self-administration. RN DD stated rounds were completed daily and periodically during the day, and medications at the bedside should have been noticed.</p>