STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115431	A. Building B. Wing	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haralson Nsg & Rehab Center	315 Field Street Bremen, GA 30110

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observations, interviews, and a review of the facility policy titled, Floor Care, the facility failed to ensure that the shower rooms were maintained in a clean condition and free from dark brown to black fuzzy and slimy substances on the walls in two of the two halls (Hall 100 and Hall 200). Findings included: An undated facility policy titled, Floor Care, revealed, MONTHLY CARE - All bathroom ceramic tile floors should be scrubbed with a buffing machine or appropriate scrubbing brush (depending on size of the floor-- a buffing machine may not fit in smaller bathrooms). A combination of cleanser with bleach and warm water should be used when scrubbing. Bleach cleanser will help to clean and disinfect difficult-to-reach grout areas and will help prevent bacterial growth. An observation on 4/9/2025 at 4:15 pm of the shower rooms on the 100 and 200 Halls revealed dark brown to black fuzzy and slimy substances on the walls in each of the shower units near cracks in the grout/caulking. The shower rooms had a slightly musty odor. During a concurrent observation and interview on 4/9/2025 at 4:30 pm, the Maintenance Director confirmed the observation of the black substance on the shower room walls. He stated he performed monthly pressure washing and scrubbing of the walls of the shower rooms and used a sprayer to get rid of the black substance, and was not sure how those areas were missed. He stated he would shut down the shower rooms and perform cleaning. During an interview on 4/9/2025 at 5:36 pm, the Administrator stated the nursing department was responsible for tidying up the shower room after providing a shower, and maintenance was to perform a monthly deep cleaning of the shower room. She stated that monthly cleaning should include an inspection of unsanitary/unclean areas in each shower room, and that if any black-colored substance is located, the shower should be taken out of operation immediately and cleaned that day.

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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F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations, interviews, and a review of the facility policy titled Hot Beverage Policy, the facility failed to ensure that one of 14 sampled residents (R) (R4) was free from accident hazards. Harm was identified to have occurred on 11/12/2024 when staff served R4 hot liquids, which resulted in a second-degree burn.Findings included:An undated facility policy titled Hot Beverage Policy revealed that serving hot beverages that are at exceedingly high temperatures can increase the risk of burns and scalding amongst elderly residents. It is important to provide hot beverages at a safe temperature. Hot beverages should be served between 130 [degrees] and 160 [degrees]. The policy further indicated to check the temperature of the coffee/hot water from the dispenser daily with a calibrated thermometer to ensure the temperature management system of the coffee machine is accurate. Do not fill the cup to the brim to avoid spilling. To-go coffee cups should have securely fastened lids.A review of the electronic medical record revealed that R4 was admitted to the facility on [DATE] and readmitted on [DATE]. According to the admission Record, the resident had a medical history that included a diagnosis of cerebral palsy.A review of the quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 10/18/2024 revealed that R4 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated R4 was cognitively intact. According to the assessment, R4 required setup or clean-up assistance for eating and used a manual wheelchair independently for mobility to mobilize greater than 150 feet in a corridor or similar space.A review of the Care Plan Report dated 11/12/2024 included a focus area that indicated the resident was at risk for skin breakdown and had blisters from a burn on 11/12/2024. Interventions included that staff applied Silver External Gel (an antimicrobial wound gel) to the resident's left upper thigh (initiated 11/14/2024 and resolved 01/20/2025).A document titled #4126 Other Skin Issue dated 11/12/2024 at 10:45 am revealed that R4 spilled a hot beverage on their left upper thigh when attempting to place the beverage in their cup holder. The document further revealed that the interdisciplinary team (IDT) met on 11/14/2024 and identified that the resident had a cup holder modification on their wheelchair that had broken and exposed a screw. The document indicated the modification was removed from the resident's wheelchair.A review of the Change in Condition Evaluation dated 11/13/2024 at 10:44 am revealed that R4 experienced a coffee spill on 11/12/2024 in the morning. The report indicated the resident had skin changes of a burn with a description of any burn other than a minor first degree burn with no significant pain. The Change in Condition Evaluation indicated the skin change area was red with slight pain and was located on the left trochanter (hip). The Change in Condition Evaluation further indicated the resident had coffee and wanted to put it in their cup holder, but something caused a hole in the cup, and coffee spilled on the resident.A review of the provider's Progress Notes dated 11/12/2024 revealed that R4 was seen due to spilling a hot beverage on their leg. Per the Progress Notes, R4 complained of stinging to the area.A review of the Weekly Skin Observation dated 11/13/2024 at 8:51 pm revealed that R4 had blisters to [left] hip.A wound provider's Progress Note dated 11/19/2024 identified that initial wound visits for R4 occurred. The wound Progress Notes indicated the resident had a second-degree burn on their left thigh with an etiology of a hot coffee spill.During a concurrent observation and interview on 4/8/2025 at 2:15 pm, R4 sat in a wheelchair in the resident's room. R4 said they recalled being burned the prior year when a Styrofoam cup was provided to the resident during an activity that contained hot coffee. The resident said they placed the cup in a cupholder on the wheelchair to allow the beverage to cool. The resident stated that when the beverage was placed in the cupholder, it immediately began to run out of the cupholder and onto the resident's left thigh and hip, causing severe pain and a burning sensation. R4 stated they immediately yelled in pain, and the activity staff responded and sought assistance from the nursing department. The resident stated the burn took one to two months to heal and was very uncomfortable. R4 said the facility removed the cupholder from the wheelchair immediately. R4 said the coffee served by the activities staff was always hot and had to be allowed to cool off before drinking. R4 said on the day of the incident, the beverage burned them through their clothing, noting the cupholder was loose and not attached to the chair properly.During an interview on 4/8/2025 at 3:14 pm, the Activity Director (AD) recalled the facility was conducting an activity (on the day R4 was burned) that was held daily around 9:30 am, noting the residents were served coffee. She stated she was not in the activity at the time of the incident; however, she stated Activity Assistant (AA)1, AA2, and AA3 were in the activity at the time, and she saw AA3 wheeling R4 down a hallway after the coffee was spilled on the resident's leg. She said she

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure that the medical record documentation was completed and/or accurate for one of three residents (R) (R2) reviewed for pressure ulcers. Findings included: A review of the electronic medical record (EMR) revealed that R2 was admitted to the facility on [DATE] with diagnoses of metabolic encephalopathy, type 2 diabetes mellitus, and unspecified diarrhea. A review of the quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 5/31/2024 revealed that R2 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident had intact cognition. The MDS assessment revealed that R2 had an unstageable pressure ulcer that was present on admission. A review of the Care Plan Report dated 6/10/2024 revealed that R2 had a pressure ulcer or potential for pressure ulcer development due to immobility. Interventions directed staff to provide weekly treatment to include measurement of each area of skin breakdown. A review of the Treatment Administration Record (TAR) dated June 2024 revealed an order entry with a start date of 6/1/2024 and an end date of 6/28/2024 that directed staff to clean R2's sacrum wound with wound cleanser, pat dry, apply skin barrier and then Santyl ointment, and secure with a silicone dressing daily. The TAR lacked documentation to indicate whether the treatment was provided on 6/1/2024, 6/2/2024, 6/4/2024, or 6/9/2024. During an interview on 4/11/2025 at 7:58 am, Licensed Practical Nurse (LPN)4 stated she was certain that she performed the sacral wound treatment for R2 on 6/4/2024 but became distracted and did not sign the TAR afterwards. She stated she was trained to document work once it was completed. During an interview on 4/15/2025 at 12:00 pm, the Administrator stated she expected all treatments to be documented after completion.