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	09/11/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interviews, and review of the facility policy titled Ice Machines and Ice Storage Chests, the facility failed to ensure the ice machine was maintained in a clean and sanitary condition. This deficient practice had the potential to place the 86 residents who received hydration and nutrition from the kitchen at increased risk of foodborne illness. Findings include:Review of the facility policy titled Ice Machines and Ice Storage Chests, dated 10/2022, revealed the Policy Statement section stated, Ice machines and ice storage/distribution containers will be used and maintained to assure [sic] a safe and sanitary supply of ice. The Policy Interpretation and Implementation section included, 1. To prevent contamination of ice machines, ice storage chests/containers or ice, staff, shall follow these precautions: . f. Clean and sanitize the ice chests and ice scoop daily.Review of a facility-provided document titled Ice Machine Cleaning Log revealed three dates of 6/3/2025, 7/8/2025, and 8/22/2025. There was a signature next to each date. Observation on 9/9/2025 at 10:10 am, of the ice machine in the kitchen, with the Dietary Manager (DM), revealed that, inside the door, the left and right corners and crevices had a brown substance buildup. The brown substance wiped off with a white paper towel. The DM confirmed the buildup of the brown substance inside the ice machine. In an interview, the DM stated that the Maintenance Director cleaned the ice machine. In an interview on 9/11/2025 at 1:45 pm, the Maintenance Director stated that he cleaned the ice machine and that he had a schedule that he followed to clean it. He confirmed the last documented cleaning was 8/22/2025.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115431	A. Building B. Wing	09/11/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observations, staff interviews, record review, and review of the facility policies titled Handwashing/Hand Hygiene and Handling of Linen, the facility failed to ensure infection control practices were followed during disposal of soiled items, resident equipment maintenance, during laundry processes, and during meal tray delivery. These deficient practices had the potential to place the residents residing in the facility at increased risk of infections due to cross-contamination. The facility census was 100. Findings Include: Review of the facility's undated policy titled “Handwashing/Hand Hygiene” revealed the “Policy Statement” stated, “This facility considers hand hygiene the primary means to prevent the spread of infections.” The “Policy Interpretation and Implementation” section included, “… 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. … 6. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.” Review of the facility's undated policy titled “Handling of Linen” revealed the “Infection Control” section included, “… 3. Never bring soiled linen into washroom while clean linen is exposed.” 1. Observation on 9/10/2025 at 9:40 am revealed Certified Nursing Assistant (CNA) LL transporting soiled linen and trash in bags through the hallway while wearing gloves. She used her gloved hand to punch in a code on a keypad to access the soiled utility room, removed her gloves, and did not perform hand hygiene. Further observation at 10:03 am revealed CNA LL discarding the soiled items without performing hand hygiene upon exiting the soiled utility room. In an interview on 9/10/2025 at 9:40 am, CNA LL confirmed she wore gloves while transporting soiled bags to the soiled utility room and touched the room's keypad with the soiled gloves. She confirmed she did not perform hand hygiene after discarding the soiled bags and removing her gloves. 2. Observations on 9/10/2025 at 11:10 am of the Laundry Room, conducted with the Environmental Services (EVS) Director, revealed more than nine open boxes of clean clothing stacked against a wall on the dirty side of the Laundry Room. Observation revealed that the clothing was overflowing from the boxes and in direct contact with the wall. Further observation revealed that one table, designated for folding clean linens, was cluttered with non-linen items, including binders, food, a microwave, drinks, and various office supplies. Food crumbs were visibly present, and clean linens were observed to be in contact with these items. In an interview on 9/10/2025 at 11:10 am, the EVS Director revealed that the clean clothing had been accumulating along the laundry room wall for over three years. She stated that staff routinely rummaged through the clothing to distribute items to residents. She acknowledged that storing clean clothing on the dirty side of the laundry area posed an infection control risk and stated she planned to relocate the items. Additionally, she confirmed that the table designated for folding clean linens should not be used for any other purpose and agreed that food, drinks, a microwave, binders, and office supplies should not be on the table. In an interview on 9/10/2025 at 5:00 pm, the Infection Preventionist (IP)/Assistant Director of (continued on next page)

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	09/11/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Nursing (ADON) stated that staff should perform hand hygiene before and after entering resident rooms, and after removing gloves. The IP/ADON confirmed that clean clothing should not be stored on the dirty side of the laundry room, and stated that those items would then be considered contaminated and should be re-laundered. She further stated that the table designated for folding clean linens should not be used for items such as binders, food, drinks, a microwave, or office supplies. She stated that these practices were not in compliance with the standards for infection control. 3. Observations on 9/9/2025 at 12:07 pm, of the 100 Hall, revealed CNAs delivering meal trays between residents' rooms without performing hand hygiene.During an interview on 9/9/2024 at 12:19 pm, CNA BB, CNA CC, and CNA DD confirmed they did not sanitize their hands between resident rooms during meal tray delivery. They stated they were not aware that they should. During an interview on 9/10/2025 at 2:11 pm, the IP/ADON stated the staff received infection control education during orientation and monthly in-services on hand hygiene. The IP/ADON continued to state that the staff should be aware to perform hand hygiene between trays while delivering meal trays. During an interview on 9/10/2025 at 2:47 pm, the DON stated the staff should perform hand hygiene between meal tray passes on the halls and in the dining room.

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	09/11/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observations, staff and resident interviews, record review, and review of the facility policies titled Resident Rights, Dining and Meal Service, and Quality of Life-Dignity, the facility failed to ensure that dining practices supported and maintained the dignity and person-centered preferences for two of 49 sampled residents (R) (R43 and R53). This deficient practice had the potential to place R43 and R53 at risk of a decreased sense of dignity, autonomy, and person-centered care. Findings include:Review of the undated facility policy titled Resident Rights revealed the Policy Interpretation and Implementation section included, 1. b. be treated with respect, kindness, and dignity.Review of the policy titled Dining and Meal Service, revised 4/5/2024, revealed that The dining experience will be person-centered with the purpose of enhancing each individual patient's/resident's quality of life and being supportive of everyone's needs during dining.Review of the policy titled, Quality of Life-Dignity, undated, revealed under section 2. 'Treated with Dignity' means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth, and further review of section 11. Demeaning practices and standards of care that compromise dignity is prohibited.1. Review of the Quarterly Minimum Data Set (MDS) assessment for R43, dated 7/7/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 15 (indicating little to no cognitive impairment). Section GG (Functional Abilities and Goals) documented the resident was independent with eating. 2. Review of the Quarterly MDS assessment for R53, dated 7/1/2025, revealed Section C (Cognitive Patterns) documented a BIMS score of 9 (indicating moderate cognitive impairment). Section GG (Functional Abilities and Goals) documented the resident was independent with eating. Observations on 9/10/2025 at 11:37 am and 5:16 pm revealed that during both lunch and dinner meals in the main dining room, all residents were observed eating directly from serving trays placed on the tables. Further observations revealed that plate warmers remained under the dishes throughout the entire meal. In an interview on 9/10/2025 at 12:19 pm, R43 revealed that meal serving trays had been used in the dining room for some time and stated she did not care for the tray or plate warmer. She stated that food gets caught between the plate and the warmer. She also stated she has never been asked if she prefers the tray.In an interview on 9/10/2025 at 2:02 pm, R53 revealed that she dislikes the serving trays and prefers the food plate to be placed directly on the table. She stated that she preferred a tray-free dining experience.In an interview on 9/10/2025 at 12:01 pm, Licensed Practical Nurse (LPN) JJ revealed that the serving trays and plate warmers stayed on the table and further stated that was how it had always been done at the facility. In an interview on 9/10/2025 at 12:06 pm, the Activities Assistant revealed that she always leaves the serving trays on the tables and had not been instructed otherwise.In an interview on 9/10/2025 at 12:10 pm, the Activities Director confirmed that serving trays were never removed and acknowledged that she wouldn't consider it home-like. She stated that it was just how it had always been done.In an interview on 9/10/2025 at 12:18 pm, the Director of Nursing (DON) confirmed that serving trays were always used and was uncertain whether they contributed to a home-like environment.

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	09/11/2025

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of the facility's policy titled Hazardous Area, Devices, and Equipment, the facility failed to ensure an environment free from hazards in three of 30 rooms on the 100 Hall. This deficient practice had the potential to place the residents residing in the rooms at increased risk of exposure to harmful substances and items. Findings include:Review of the facility's undated policy titled Hazardous Area, Devices, and Equipment revealed the Policy Interpretation and Implementation section included, 1. As part of the facility's overall safety and accident prevention program, hazardous areas and objects in the resident environment will be identified and addressed by the Safety Committee. The Identification of Hazards section included, 1. A hazard is identified as anything in the environment that has the potential to cause injury or illness. c. sharp objects that are accessible to vulnerable residents. g. access to toxic chemicals.Observation on 9/9/2025 at 10:28 am in Resident room [ROOM NUMBER] revealed a manual razor on the resident's nightstand.Observation on 9/9/2025 at 10:41 am in Resident room [ROOM NUMBER] revealed alcohol wipes and a manual razor on the resident's nightstand, and an aerosol spray on the bedside table.Observation on 9/9/2025 at 11:47 am in Resident room [ROOM NUMBER] revealed alcohol wipes and an aerosol spray on the resident's nightstand.During a walking-through observation and interview on 9/9/2025 at 2:25 pm, Unit Manager/Licensed Practical Nurse (UM/LPN) AA confirmed the manual razors in Resident rooms [ROOM NUMBERS] were to be kept on each nursing cart or in the shower room. UM/LPN AA confirmed that the alcohol wipes and aerosol sprays in Residents' rooms [ROOM NUMBERS] should not be in the rooms. UM/LPN AA stated environmental rounds from leadership were conducted on a weekly basis, and the nurses and CNAs were expected to round daily. During an interview on 9/10/2025 at 2:27 pm, the Administrator and Director of Nursing (DON) stated that each administration personnel was assigned a room to conduct rounds to ensure hazardous products were not in the resident's room. The DON stated that if items were found, the residents were educated, and the items were removed. The Administrator confirmed the identified items should not be in residents' rooms.

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	09/11/2025

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, record review, and review of the facility policy titled Dining and Meal Service, the facility failed to ensure one of 13 residents (R) (R117) with pureed diet orders was served a diet in accordance with the physician's orders. This deficient practice had the potential to place R117 at risk of medical complications and a diminished quality of life. Findings include:Review of the facility policy titled Dining and Meal Service, revised 4/5/2024, revealed the Policy section included, . Individuals will be provided with nourishing, palatable, attractive meals that meet daily nutritional and special dietary needs. The Procedure section included, . 8. Food will be at the proper texture/consistency to meet everyone's needs and desires.Review of the admission Record revealed R117 was admitted to the facility on [DATE] with diagnoses including, but not limited to, type 2 diabetes with unspecified complications, Alzheimer's disease, cerebral infarction, hemiplegia, and hemiparesis.Review of the admission Minimum Data Set (MDS) for R117, dated 9/7/2025, revealed Section K (Swallowing and Nutritional Status) documented that the resident received a mechanically altered diet. Review of the Physician's Orders for R117 revealed an order dated 9/2/2025 for a reduced concentrated sweets diet, no added salt, pureed texture, and nectar consistency. Review of the resident's tray card, printed on 9/9/2025, confirmed R117's prescribed diet was pureed texture. Review of a facility-provided document titled Diet Type Report, dated 9/10/2025, revealed R117 was listed as requiring a pureed diet texture. Observation on 9/9/2025 at 12:46 pm revealed that R117 was served a regular consistency diet at the lunch meal.During an interview on 9/9/2025 at 1:21 pm, Certified Nurse Assistant (CNA) VV confirmed she delivered the lunch meal tray to R117, and it was a regular consistency meal and should have been a pureed consistency meal. During an interview on 9/10/2025 at 1:09 pm, Dietary Aide TT stated her responsibility as the final checker on the tray preparation line was to ensure that the tray and meal ticket corresponded. Dietary Aide TT acknowledged the error she made and indicated that she was moving too quickly. During an interview on 9/10/2025 at 1:13 pm, the Food Service Manager (FSM) acknowledged being aware of the error regarding the resident's meal tray and diet order, which consisted of a regular diet instead of a pureed one. The FSM indicated that the risk associated with R117 meal conflicting with the physician's order could lead to choking.