

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/10/2024
NAME OF PROVIDER OR SUPPLIER  Westbury Center of Conyers for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 Milstead Road Conyers, GA 30012	

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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>50624</p> <p>Based on observations, record review, staff interviews, and review of the facility's policy titled Residents Rights Regarding Treatment and Advanced Directives, the facility failed to have the code status for one of 65 sampled residents (R) R111 available to staff who cared for this resident. This failure had the potential to affect all residents in this facility.</p> <p>Findings include:</p> <p>Review of the policy titled Residents Rights Regarding Treatment and Advanced Directives revised February 2024, indicated the policy is to support and facilitate a resident's right to request, refuse, and/or discontinue medical or surgical treatment and to formulate an advance directive. Policy Explanation and Compliance Guidelines: Number 9. Any decision making regarding the resident's choices will be documented in the resident's medical record and communicated to the interdisciplinary team and staff responsible for the resident's care.</p> <p>The Electronic Medical Record (EMR) banner indicated R111 code status as Do Not Resuscitate (DNR).</p> <p>Review of the physician orders dated 4/29/2024 documented an order for a code status of DNR for R111.</p> <p>Review of the 2/15/2024 Care Plan documented R111 had a DNR code status.</p> <p>Review of the Physician Orders for Life Sustaining Treatment (POLST) dated 4/26/2024 documented R111's code status as Full Code and was signed by two physicians and the resident's responsible party.</p> <p>Interview on 5/8/2024 at 1:58 pm, Certified Nurse Aide (CNA) GG stated she would look in the EMR on the opening page banner for a resident's code status.</p> <p>Interview on 5/8/2024 at 2:06 pm, Licensed Practical Nurse (LPN) HH revealed the code status could be found in the EMR and on the orders. He confirmed that R111 had documented a DNR in those places, and further stated he would expect the physician orders, the POLST, and the EMR to match.</p> <p>Interview on 5/8/2024 at 1:47 pm, Hospice Registered Nurse (RN) JJ caring for R111 confirmed that the code status for R111 was a full code as documented on a POLST.</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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F 0578  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Interview on 5/8/2024 at 2:07 pm, the Director of Nursing (DON) revealed that her expectation would be that the code status would be easily located in the EMR on the banner, in the orders, or under miscellaneous documents. She confirmed that it did not match.		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49396</p> <p>Based on observations, record review, and interviews, and review of the policy titled Activities of Daily Living, the facility failed to provide activities of daily living (ADL) care for one resident (R) R4 with contracted hands, resulting in inadequate nail care and hand hygiene. Five residents were reviewed for ADL care.</p> <p>Findings include:</p> <p>Review of the undated policy titled Activities of Daily Living indicated the purpose was to attain or maintain the patients highest practicable physical, mental, and psychosocial well-being. Practice Standards: 1.2. A patient who is unable to carry out ADL's receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Review of the clinical record revealed R4 was admitted to the facility on [DATE] with diagnoses including chronic respiratory failure with hypoxia, chronic kidney disease, Alzheimer's disease, hypertension (HTN), chronic obstructive pulmonary disease (COPD), and psychotic disorder with hallucinations.</p> <p>The resident's quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating that R4 was cognitively intact, and that R4 was dependent on staff for ADL care.</p> <p>Review of the care plan initiated on 2/6/2019 indicated a self-care deficit-requires assistance with ADL care related to physical limitations and multiple comorbidities. Interventions to care include bath as scheduled-resident prefers bed baths.</p> <p>Observation and Interview on 5/7/2024 at 7:34 am, R4 was observed in her room with contracted hands with dirty fingernails and they were digging into her skin. R4 reported that her nails were last cut approximately two weeks ago and expressed dissatisfaction with the frequency and quality of care.</p> <p>Observation on 5/7/2024 at 2:40 pm during mealtime, R4's hands had a white substance in palm and dirty. R4 confirmed nobody cleaned her hands prior to eating her meal.</p> <p>Additional observations on 5/8/2024 at 7:38 am and 2:26 pm, and on 5/9/2024 at 11:15 am, R4 was observed with unclean hands and nails and untrimmed fingernails contracted into her skin on the palms of her hands.</p> <p>Interview on 5/9/2024 at 11:20 am, Certified Nursing Assistant (CNA) PP, working in the same area but not assigned to R4, confirmed that ADL care should include hand and nail care and verified R4 hands and fingernails remained dirty. She stated that the observed condition was not the usual standard and hands and nails must be clean, and nails cut shorter.</p> <p>Interview on 5/9/2024 at 9:44 am, Licensed Practical Nurse (LPN) NN revealed that the facility's ADL protocols should encompass comprehensive hand cleaning, and only nurses are permitted to cut nails if the resident is diabetic. LPN NN confirmed that R4 prefers her nails short and clean.</p>		

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<p>F 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38154</p> <p>Based on interview, review of facility documentation, and review of the policy titled Ostomy Care-Colostomy, Urostomy, and Ileostomy, the facility failed to ensure urostomy care was provided consistent with professional standards of practice for one of two sampled residents (R) R262. Specifically, the facility sent R262 to an outside appointment without a urostomy bag. The deficient practice had the potential to cause infection.</p> <p>Findings include:</p> <p>Review of the policy titled Ostomy Care-Colostomy, Urostomy, and Ileostomy reviewed/revised January 2024, indicated the policy of the facility is to ensure that residents who require colostomy, urostomy, or ileostomy services receive care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. A urostomy is defined as a stoma for the urinary system used in cases where long-term drainage of urine through the bladder and urethra is not possible. Policy Explanation and Compliance Guidelines: Number 3. Ostomy care will be provided by licensed nurses under the orders of the attending physician. Number 10. Interventions to prevent complications or promote dignity associated with the ostomy will be included in the person-centered care plan. These may include, but not limited to h). Physical management of pouches, tubing, and night collection of devices to prevent infection.</p> <p>Closed Record review revealed R262 was admitted to the facility on [DATE] with diagnoses including malignant neoplasm of the posterior wall of the bladder, surgical aftercare of the genitourinary system, attention to artificial openings of the urinary tract, and major depressive disorder. R262 was discharged to the community on 3/24/2023.</p> <p>Review of R262's care plan initiated on 11/11/2022 documented that the resident had a urostomy with ileal conduit related to bladder cancer. Interventions to care include educating the resident on the importance of keeping a urostomy bag, monitoring/recording/reporting to physician signs/symptoms of urinary tract infection (UTI), provide urostomy care as ordered.</p> <p>Review of the Progress Notes dated 1/30/2023 at 5:11 pm, documented a late entry for 1/24/2023. It was documented that the writer received a call from resident's case worker that the resident had been out to a physician's appointment and did not have his urostomy appliance on. The case worker stated APS (Adult Protective Services) was notified, and staff relayed to the caseworker that the resident had pulled off the appliance before leaving and there weren't more supplies to reapply.</p> <p>Review of the final investigation of State Reportable dated 1/31/2023 confirmed R262 arrived at his doctor appointment on 1/24/2023 without a urostomy bag, and indicated the stoma was covered with an adult brief and a disposable bed pad.</p> <p>Interview on 5/9/2024 1:21 pm, Licensed Practical Nurse (LPN) CC revealed that residents with an ostomy of any kind should have extra supplies on hand. She stated there is currently one resident in the facility with an ostomy (gastrostomy). She showed where extra gastrostomy supplies were on hand, which included multiple boxes of ostomy bags and wafer dressings.</p> <p>(continued on next page)</p>		

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<p>F 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 5/9/2024 at 1:35 pm, Director of Nursing (DON) stated she was not employed at the facility at the time R262 was a resident at the facility. During further interview, she stated that residents should not be sent out of the facility without the appropriate ostomy bag.</p> <p>Interview on 5/10/2024 at 3:45 pm, Administrator stated R262 would pull off his urostomy bag. She stated his supplies were a special-order item that could not be ordered through the facility's usual supply resources. She stated his supplies were ordered through a community pharmacy. During further interview, she confirmed that staff sent R262 to a doctor's office without a urostomy bag because they ran out and had not received their shipment. She stated staff wrapped the urostomy site in an incontinence pad and brief to absorb the urine because they didn't want him to miss the appointment.</p>

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49396</p> <p>Based on observations, record review, interviews, and review of the facility policy titled Pain Management, the facility failed to ensure that pain management was provided to one of six residents (R) R117 who required such service and was reviewed for pain management. Actual Harm was identified on 5/6/2024 when R117 was exhibiting physical signs and symptoms of pain and distress. Facility staff failed to assess R117's condition and only provided her with Tylenol tablets for pain when she had an active order for a stronger pain medication available. The resident requested to be sent to the hospital and was admitted on [DATE] with a diagnosis of colitis.</p> <p>Findings include:</p> <p>Review of the facility policy titled Pain Management revised August 2023, the policy statement indicated the facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences.</p> <p>During an observation on 5/6/2024 at 10:30 am, Licensed Practical Nurse (LPN) AA was observed in the hall preparing medications during medication pass. A male voice was heard reporting to LPN AA that R117 was requesting her assistance. LPN AA was heard responding, Is (R117) breathing? When the male voice stated that R117 was breathing, LPN AA stated that R117 needed to wait until she finished the medication pass.</p> <p>Review of the clinical record revealed R117 was admitted to the facility on [DATE] with diagnoses including gastroparesis, diabetes, anxiety, acute respiratory failure with hypoxia, and systemic inflammatory response syndrome (SIRS-a defense mechanism of the body to a noxious stressor, such as infection, trauma, surgery, acute inflammation, ischemia, to localize and eliminate the source of the insult).</p> <p>Review of the Admission Minimum Data Set (MDS) assessment for R117 dated 1/11/2024, revealed a Brief Interview for Mental status (BIMS) score of 15, indicating the resident was cognitively intact.</p> <p>Review of R117's care plan initiated on 1/5/2024 and revised on 4/16/2024 indicated resident has a potential for acute/chronic pain with complaints of back and leg pain related to weakness, cerebrovascular accident (CVA), and cancer. Interventions for care include administering pain management as ordered, evaluating the effectiveness of pain interventions, monitor/record pain characteristics (quality, severity, location, onset), and monitor/record/report to nurse resident complaint of pain or requests for pain treatment.</p> <p>Observation on 5/6/2024 at 11:15 am, revealed R117 in bed rocking, moaning, and groaning, leaning on the left side of the bed rail, appearing to be in pain and distress. When asked if she was okay, she murmured she had nausea and was in pain. LPN AA was notified of R117 condition, who was in distress. LPN AA went into the room, and when she came out of R117's room she stated, She told me to give her something for hemorrhoids.</p> <p>(continued on next page)</p>

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the May 2024 Medication Administration Record (MAR) for R117 revealed an order for Tylenol Oral Tablet 325 milligrams (mg) two tablets every six hours as needed (PRN) for abdominal pain and Ondansetron HCl Oral Solution 4 mg/5 ml (milliliters): Give 5 ml orally every six hours PRN for nausea and vomiting, both administered on 5/6/2024 at 11:30 am.</p> <p>Review of the Progress Notes written on 5/6/2024 at 11:30 am, revealed the patient complained of nausea and received PRN Zofran 4 mg orally, which was ineffective. The patient reported experiencing some diarrhea the previous morning and had a regular bowel movement the night before. She continued to complain of abdominal pain.</p> <p>Interview on 5/6/2024 at 12:35 pm with LPN AA at the nurse's station to discuss R117's current condition, LPN AA revealed the Nurse Practitioner (NP) ordered medication for R117 and reported that R117 was fine.</p> <p>Observation and interview with R117 on 5/6/2024 at 1:09 pm, she was observed leaning over a bedpan vomiting and appeared to be in more pain. R117 was asked if she was okay, and if she had received anything to help her symptoms. She responded no and stated, her stomach was hurting her badly.</p> <p>Further review of the clinical records revealed an order for Tramadol HCl 50 mg tablet, give one tablet by mouth every six hours as needed for pain with start date of 1/10/2024. Tramadol is a more potent pain medication available to the patient, prescribed to be administered every six hours as needed for pain. The medical records indicate that Tramadol was given less frequently than required by the patient's condition, with only three doses administered in March 2024 and two doses administered in April 2024.</p> <p>Observation on 5/6/2024 at 1:22 pm, surveyor asked the Director of Nursing (DON) to accompany her to check on R117. The DON was informed of the incident the surveyor overheard this morning and the condition of the resident observed throughout the day. Upon entrance to the resident's room, her condition had worsened. The call light was observed to be on, but no staff were in the room. The resident was leaning over the bedpan with vomit hanging from her mouth, asking for somebody to help clean her up. The DON left the room to get the Nurse Supervisor, LPN NN and briefed her on resident status and instructed her to check and see what could be done for R117. Within a few minutes, staff returned to the room with bedpans and washcloths to clean up R117.</p> <p>Observation on 5/6/2024 at 2:39 pm, R117 call light was on. Upon entrance to the room, R117 was observed to be in extreme distress. She was constantly dry heaving, vomiting, and still in pain. Admissions Concierge (AC) DD was standing at the bedside, talking to R117. As the nurse was exiting the room, she revealed that R117 did not want to go to the hospital. The surveyor informed the nurse that R117 had shared that she was in pain and requested to go to the hospital.</p> <p>At no time did licensed staff assess R117 for further orders to ease her distress. She was sent to hospital on 5/6/2024 - the same day, but approximately four hours later.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Situation, Background, Appearance, Review (SBAR) dated 5/6/2024 revealed that the NP was notified on 5/6/2024 at 1:20 pm and ordered a KUB (kidneys, ureter, bladder) exam and Promethazine IM (intramuscular) for R117. It was noted that the resident was notified of all new orders but requested to go to the hospital to be evaluated. The NP gave the order to send the resident to the local hospital to evaluate and treat as indicated. There was no evidence that Promethazine was administered.</p> <p>Interview on 5/8/2024 at 8:05 am with LPN OO, the wound care nurse discussed the protocol for managing a resident's pain during medication passes. LPN OO emphasized the priority of addressing severe pain immediately, despite other duties. She stated she could tell that R117 wasn't her usual self on Monday. She stated she used to be sitting in her wheelchair and having a much better day. Surveyor asked her what the proper procedure was for a resident crying out for help. LPN OO stated she would immediately lock her cart and go and see the resident and do a pain assessment. When asked if her decision would be based on whether the patient was breathing, she said no, that would be neglectful.</p> <p>Interview on 5/8/2024 at 2:26 pm, the Administrator was asked for a status update for R117, and she stated that R117 always had stomach issues.</p> <p>Further interview on 5/8/2024 at 4:15 pm, the Administrator revealed that R117 had been admitted to the hospital on 5/6/2024 with a diagnosis of colitis with no discharge update.</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>50624</p> <p>Based on observations, record review, staff interviews, and review of the policy titled Medication Administration, the facility failed to ensure that it was free of a medication error rate greater than five percent by not ensuring medications were administered as ordered by the physician. A total of 27 medication opportunities were observed, with three errors, for one of five residents (R) R124, for a medication error rate of 11.11%.</p> <p>Findings include:</p> <p>Review of the facility policy titled Medication Administration revised January 2023, Policy Explanation and Compliance Guidelines: Number 11 b. Administer within 60 minutes prior to or after the scheduled time unless otherwise ordered by the physician.</p> <p>Review of R124's electronic medical record (EMR) revealed diagnoses including, but not limited to hypertension (HTN) and cerebral infarction affecting bilateral sides of the body.</p> <p>Review of the physician's orders included orders dated 3/11/2024 for amlodipine besylate 10 milligrams (mg) tablet, one tablet orally, once a day at 9:00 am, which she held due to the blood pressure being low and she was going to check with the provider regarding giving the medication. apixaban 5 mg tablet one tablet orally, two times a day; baclofen 10 mg tablet, one tablet orally, three times a day; and carvedilol 3.125 mg tablet, one tablet orally, twice a day.</p> <p>During observation of medication administration on 5/8/2024 at 7:13 am, Licensed Practical Nurse (LPN) KK was observed to administer medications to R124, including carvedilol (medication given for high blood pressure and heart failure) 3.25 milligrams (mg) one tablet, baclofen (medication used to treat muscle spasm) 10 mg one tablet, and apixaban (medication used to treat and prevent blood clots and prevent strokes) 5 mg one tablet. These medications were ordered to be administered at 9:00 am.</p> <p>Interview on 5/8/2024 at 7:33 am, LPN KK confirmed she had given R124's medications too early, and stated she knew the protocol was one hour before and one hour after the scheduled administration time. She verified that the scheduled time was 9:00 am. She stated that she had customized the time for the residents as it was the skilled hall and some of the residents took a long time, and others needed their pain medications prior to therapy.</p> <p>Interview on 5/8/2024 at 10:27 am, Assistant Director of Nursing (ADON) confirmed the 7:13 am time was too early to administer medications scheduled for 9:00 am. She stated an exception to administration of medications outside of parameters would be if a resident were going out for an appointment, or if they needed pain medication prior to therapy services. During further interview, she stated if there needed to be altered times of administration, the physician would be notified and documented. She stated she would expect that the nurses know the parameters of medication administration and follow them.</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>49674</p> <p>Based on staff interviews, review of the Payroll Based Journal (PBJ) [NAME] Report for the first quarter (Q1) of Fiscal Year 2024, and a review of the facility document titled Facility Assessment Tool 2024, the facility failed to accurately report direct care staffing data to Centers for Medicare and Medicaid (CMS). The deficient practice had the potential to adversely affect the care and services provided to the residents residing in the facility. The census was 148.</p> <p>Findings include:</p> <p>Review of the PBJ [NAME] Report for Q1 2024 (October 1 through December 31) revealed that based on the data submitted, the facility triggered for a One-Star Staffing Rating (Failure to submit PBJ data by the deadline, more than 4 days in the quarter without Registered Nurse (RN) Staffing hours, failure to respond to, submit documentation for, or failure to pass a Center for Medicare and Medicaid Services (CMS) audit designed to discover discrepancies in PBJ data.</p> <p>Review of the Facility Assessment Tool revised on February 28, 2024, revealed that the facility had a licensed</p> <p>bed capacity of 173 beds, with an average daily census of 145 residents. Further review revealed the facility's recommended clinical personnel should include four RN's. The number of Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs) would depend on resident acuity levels.</p> <p>Interview on 5/9/2024 at 11:45 pm, the Director of Nursing (DON) and the Administrator revealed they were both aware of the facility's PBJ's one-star staffing rating for the first quarter of 2024. The DON stated that it was due to the facility's high turnover rate and that it utilizes staffing agencies.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49138</p> <p>Based on observations, record review, resident and staff interviews, and review of policies entitled Oxygen Administration and Medication Administration, the facility failed to follow standard infection control practices to prevent the spread of infections by not ensuring respiratory equipment was bagged when not in use for one of two sampled residents; and during medication observations, one of five Licensed Practical Nurses (LPNs), LPN KK, handled medications with her bare hands during medication administration. The census was 148.</p> <p>The findings include:</p> <p>1. Review of the policy titled Oxygen Administration revised December 2022, indicated it is the facility ' s policy that Oxygen is administered to residents who need it consistent with professional standards of practice, the comprehensive person-centered care plans, and the resident's goals and preferences. The policy further instructed to keep the delivery devices covered in a plastic bag when not in use.</p> <p>Observation on 5/6/2024 at 10:05 am, in R147's room, revealed a continuous positive airway pressure (C-PAP) mask was lying on a towel, unbagged on the residents bed. Resident revealed he cleans the machine himself daily.</p> <p>Interview on 5/6/2024 at 10:13 am, Licensed Practical Nurse (LPN) AA confirmed that R147's C-PAP mask was not bagged. She stated that the mask should be placed in a plastic bag when not in use.</p> <p>Interview on 5/9/2024 at 9:10 am, the Director of Nursing (DON) revealed her expectation is for all nurses to clean and bag all C-PAP masks when not being used.</p> <p>Interview on 5/9/2024 at 9:15 am, the Administrator revealed that it is the nurse's responsibility to monitor and ensure that all C-PAP masks are clean and bagged when not being used.</p> <p>50624</p> <p>2. Review of the policy titled Medication Administration documented the policy is that medications are administered in accordance with professional standards of practice, in a manner to prevent contamination or infection. staff were to take care not to touch medication with bare hands. Revised January 2023, Policy Explanation and Compliance Guidelines: Number 13. Remove medication from source, taking care not to touch medication with bare hands.</p> <p>On 5/8/2024 at 7:13 am during observation of medication administration with Licensed Practical Nurse (LPN) KK was observed taking medications out of a medicine cup with her bare hands to place them into a bag to crush them.</p> <p>Interview on 5/8/2024 at 7:33 am, LPN KK verified she had administered resident medications after touching them with her bare hands. She stated that her hands were too big, and she did not want to drop any of them. She revealed that it was against infection control protocol to handle medications with bare hands.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/10/2024
NAME OF PROVIDER OR SUPPLIER  Westbury Center of Conyers for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 Milstead Road Conyers, GA 30012	
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 - Few	Interview on 5/8/2024 at 10:27 am, the Assistant Director of Nursing (ADON) stated that she would expect nurses to touch medications with their bare fingers. She explained the process for crushing of medications with cups, bags, and crusher. She stated there should be no touching involved, and gloved hands if touching was needed. She further stated she expects the nurses to follow infection control practices during medication administration.		