STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115471	A. Building B. Wing	01/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heart of Georgia Nursing Home	815 Legion Drive Eastman, GA 31023

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and review of facility policies titled Ingredient Bins, Food Storage-Refrigerators & Freezers, Food Storage Dry Goods, and Frozen Food Storage, the facility failed to ensure food items were labeled, dated, and used by the expiration date. In addition, the facility failed to maintain sanitary conditions when utilizing a three-compartment sink. These deficient practices had the potential to affect 85 of 89 residents receiving oral diets.Findings include: Review of facility Policies and Procedures revealed: Ingredient Bins revised 4/5/2024 1.Tracking sheets are to be used on ingredient bins. It is taped on the cover. 2. One tracking sheet can be used for four refills of the ingredient Bin. 3.Each employee is responsible for completing the information. 4.Definition are as follows: c.Filled: Date that the ingredient bin was filled. d. Use by: Date that the ingredient should be used by. This is typically 3 months from the fill date. Food Storage-Refrigerators & Freezers revised 4/5/2024 2. Label and Cover Food following our label policy. ii.All foods delivered by an approved vendor must be properly labeled and dated. iv.Date by which it should be consumed or discarded (use by date). Food Storage Dry Goods revised date 4/5/2024 3. All food items must be dated, labeled, and sealed. Frozen Food Storage (not dated) 3. Label, Date, and Cover all food items that are stored in the freezer in accordance with our Label (continued on next page)

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Policy. Observation and review of sanitizer signage over three compartment sink revealed: Directions for use: Expose all surfaces of equipment, ware or utensils to sanitizing solution for a period of not less than one minute. Air dry. The initial kitchen tour began on 1/9/2026 at 7:56 AM with observations revealing the following: 1.There were three plastic pitchers with beverages that were not labeled or dated. 2.In the dry storage area there was a plastic container containing thickener that was not dated to indicate an open date or a use by date. 3.There was a plastic container on a shelf labeled cornmeal and ketchup, but it had bags of brown sugar in it. One of the bags had been opened but did not have an open date. 4.In the dry storage area there were four large plastic bins labeled flour, cornmeal, sugar, and rice. 5.In the dry storage area there was a plastic container containing pasta that did not have an open date or use by date. 6.In the dry storage area there was a plastic container with saltine crackers that did not have a use by date. 7.In the walk-in cooler there was a box of garlic Texas toast without an open date or use by date. 8.In the walk-in cooler there was a box of individual orange juice containers that did not have a use by date. 9.In the walk-in cooler there were at least four bags of salad mix that had a best by date of 12/25/2025. The lettuce was noted to be turning brown with a watery mix in the bottom of the bag. 10.In the walk-in cooler there were two bags of slaw mix that did not have an in date or a use by date. 11. In the reach-in freezer and standard freezer in the dining room there were bags of vegetables that did not have an in date or use by date. During an interview on 1/9/2026 at 8:31 AM with the Certified Food Manager (CFM) during the initial kitchen tour she confirmed the items in the dry food storage area were not reflecting a use by/expiration date. The lettuce was confirmed to be beyond its use by date, and the bags of slaw were confirmed to not have an in date or use by date. She also confirmed that the pitchers in the refrigerator did not have any dates but reported that staff had probably just sat the items in the refrigerator but would come back later to label them. The items in the reach in freezer were confirmed to not have labels or expiration dates, and it was reported that the labels would not stick on the items in the freezer. During a secondary kitchen visit on 1/10/2026 at 11:05 AM, observation of the puree process revealed the following: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	1.Observation of Dietary [NAME] CC on 1/10/2026 at 11:12 AM washing the puree blender bowl, puree blender top, and blade revealed, the items were washed in compartment one, rinsed in compartment two and submerged and removed from the sanitized water in compartment three. Specifically, the bowl was dipped in the sanitation sink and removed. The top was submerged and then removed. The blade was in the water for less than one minute. 2. Observation of Dietary [NAME] CC on 1/10/2026 at 11:17 AM again washed the puree blender top, puree blender bowl, and blade and then rinsed. The items were then submerged and immediately removed from the sanitized water. The items were in sanitized water for less than one minute. 3. Observation of Dietary [NAME] CC on 1/10/2026 at 11:22 AM a third time washing the puree blender bowl, puree blender top, and blade. The items were then rinsed. The puree blender bowl, puree blender top, and blade were dipped in the sanitation sink and removed. The items were in the sink for less than one minute. Interview with Dietary [NAME] CC on 1/10/2026 at 1:35 PM revealed she initially stated that the items should be in the sanitation sink for at least 10 seconds. Review of the poster above the sanitation sink revealed that items should be in the sanitation sink for no less than one minute. [NAME] CC reported that she typically does it the correct way but was trying to hurry because a surveyor was watching the process. Tour of the resident's food pantry on 1/11/2026 at 9:21 AM revealed the following: 1.In the refrigerator there were two containers of orange juice and two containers of cranberry juice that were thawed but did not have a use by/expiration date. 2.There were two bottles of probiotics with [DATE] listed. 3.There was a jar with pickles that did not have a use by/expiration date. 4.There were two strawberry rice treats that were not in their original container and did not have an expiration date. 5. In the freezer there was a bag in the freezer with hamburgers that were not labeled or dated. Observation and interview on 1/11/2026 at 9:20 AM with RN Supervisor revealed night shift is responsible for checking refrigerator temperatures and the refrigerator for expired foods. The RN Supervisor confirmed the bag of burgers was unlabeled without dates and the cranberry juice, orange juice, two juice barrels and two strawberry rice treats were stored without an expiration date and left available for resident consumption.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on observations, interviews, and review of medical records, the facility failed to ensure a stop date was provided on as needed (PRN) psychotropic medications for one resident (R) (R6) of five residents reviewed for unnecessary medications. The deficient practice created the potential for residents to receive unnecessary medications. Findings include:Review of the electronic medical record (EMR) for R6 revealed diagnoses that included but were not limited to vascular dementia, severe with agitation.Further review of the EMR revealed an order for Ativan oral tablet 0.5 milligrams (mg) with a start date of 12/22/2025. There was also an order for Haloperidol Lactate oral concentrate 2 mg/milliliter (ml) to be given every 6 hours as needed for agitation/nausea/vomiting with a start date of 12/22/2025.Review of Consultant Pharmacist Communication to Physician dated 8/11/2025 revealed the pharmacist notified the physician that PRN antipsychotics are limited to a hard 14 day stop unless the physician makes a physical assessment and rewrites the order. The physician responded on 8/22/2025 agreeing with the recommendation by the pharmacist and continued the order for Haldol for 14 days.During an interview on 1/11/2026 at 11:25 AM with Minimum Data Set (MDS) Coordinator EE who confirmed the Haldol PRN order dated 12/22/2025 had no end date. She reported that the hospice provider sends a list of medications that hospice residents will take and the facility writes the order as received from hospice.During an interview on 1/11/2026 at 12:00 PM with the Director of Nursing (DON) who reported that she pulled the report from pharmacy yesterday when she arrived to review for a recommendation to add stop dates for the PRN medications. She confirmed that Haldol requires a 14-day automatic stop date and nursing staff have been educated about the stop dates for PRN psychotropic medications. During an interview and observation on 1/11/2026 at 12:10 PM with Licensed Practical Nurse (LPN) DD, she reviewed the order for Haldol and confirmed there was no end date. LPN DD stated that she was unsure if the order for the medication required an end date.During an interview and observation 1/11/2026 at 12:55 PM with MDS Coordinator, Registered Nurse (RN), she reviewed and confirmed the order for Ativan had no end date. It was further stated that Ativan, Morphine, and Haldol are part of a comfort pack of medications provided to hospice residents.During an interview on 1/11/2026 at 1:00 PM with R6's Physician, he stated it was his understanding that pharmacy sends an automatic stop date for PRN psychotropic medications.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and review of medical records, the facility failed to ensure the accuracy of assessments for one resident (R)(R6) of 38 sampled residents. The deficient practice had the potential for inaccurate and/or omitted care planning. Findings include:Review of the electronic medical record (EMR) for R6 revealed diagnoses that included but were not limited to hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, unspecified sequelae of cerebral infarction, other lack of coordination, and unsteadiness on feet. Review of the Minimum Data Set (MDS) 5-day assessment dated [DATE], Section J: Health Conditions indicated no falls during the assessment reference period.Review of the care plan that was initiated on 7/21/2025 and revised on 8/20/2025 indicated falls on 7/26/2025 and 8/20/2025.Interview on 1/11/2026 at 11:25 AM with MDS Coordinator EE confirmed that R6 had fallen on 7/26/2025 and 8/20/2025. Review of the MDS 5-day assessment dated [DATE] section J: Health Conditions with the MDS Coordinator EE confirmed that the falls were not coded but occurred in the assessment reference period and should have been captured.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure the care plan for fall prevention was followed for one resident (R)(R6) of 38 sampled residents. The deficient practice had the potential to place R6 at risk of injury and diminished quality of life. Findings include:Review of the electronic medical record (EMR) for R6 revealed diagnoses that included but were not limited to hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, unspecified sequelae of cerebral infarction, other lack of coordination, and unsteadiness on feet.Review of the Minimum Data Set (MDS) dated [DATE] Section J: Health Conditions, documented no falls for R6.Review of the care plan for R6 that was initiated on 7/21/2025 and revised on 8/20/2025 indicated falls on 7/26/2025 when R6 was found lying on fall mat beside bed with lower lip bleeding and on 8/20/2025 when R6 was found lying beside bed on fall mat. The care plan also noted that R6 frequently attempted to roll out of bed during the night. One of the interventions initiated on 7/25/2025 was fall mat placed by bed.Observations on 1/10/2026 at 8:58 AM, 1/10/2026 at 2:37 PM, 1/11/2026 at 8:51 AM of R6 in low bed with fall mat at head of bed between bed and the wall.During an observation and interview on 1/11/2026 at 8:52 AM with Housekeeper GG, she confirmed fall mat was not at the bedside but between the head of the bed and the wall.Observation and interview on 1/11/2026 at 8:55 AM with Certified Nursing Assistant (CNA) FF who stated that she is not aware of any falls for R6, but she could review his care plan to know what resident's needs are. CNA FF reported that the bed is kept lowered but she is not aware of a fall mat being used for R6. It was further reported that if a fall mat was required it would be kept on the floor beside the bed. When in the room with R6 CNA FF confirmed the fall mat was between head of the bed and the wall.During an interview on 1/11/2026 at 11:25 AM with Minimum Data Set Coordinator, Licensed Practical Nurse (LPN) EE who confirmed R6 had falls on 7/26/2025 and 8/20/2025. She stated that CNAs can access the Kardex to determine resident's needs. Review of the Kardex revealed the fall mat was not listed as an intervention. LPN EE stated the nurse for the hall should verbally remind CNAs of resident needs.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview, and review of facility policy titled Administering Medications, the facility failed to ensure a medication for hypotension was given as ordered and not held without a physician's order or physician ordered parameters for two residents (R) (R72 and R9) of 38 sampled residents. The deficient practice increased the potential risk of adverse clinical outcomes.Findings include:1.Record review revealed R72 was admitted to the facility 11/5/2024. R72 had a diagnosis of orthostatic hypotension since 2/6/2025. Review of the Physician's Order dated 10/25/2025 documented midodrine HCl (hydrochloride) (Medication used to increase blood pressure) give 1 tablet by mouth three times a day for hypotension. The order did not specify a blood pressure parameter for holding the medication.Interview on 1/11/2026 at 10:41 AM with Licensed Practical Nurse (LPN) AA revealed there are no ordered blood pressure parameters for the midodrine. LPN AA stated they hold the medication if the blood pressure is elevated. LPN AA could not verbalize a specific number that she would hold for just an elevated blood pressure. Review of the Medication Administration Record (MAR) for October 2025 through January 2026 revealed midodrine 5 mg was held on 11/5/2025, 11/14/2025 - 11/16/2025, 11/28/2025, 11/29/2025, 12/3/2025, 12/4/2025, 12/9/2025, 12/13/2025, 12/14/2025, 12/17/2025, 12/18/2025, 12/22/2025, 12/23/2025, 12/26/2025, 12/27/2025, 12/28/2025, 12/31/2025, 1/1/2026, 1/5/2026, 1/6/2026, 1/8/2026, 1/9/2026, and 1/10/2026 for a total of 49 times. There was no physician order to hold the medication. Further interview with LPN AA on 1/11/2026 at 11:17 AM revealed she does not contact the physician when holding R72's midodrine.2. Record review revealed R9 was admitted to the facility on [DATE]. Review of Physician's Order dated 9/23/2025 revealed midodrine HCl Oral Tablet 5 MG (milligrams), give 1 tablet by mouth three times a day for hypotension. The order did not specify a blood pressure parameter for holding the medication.Observation and interview with LPN BB on 1/10/2026 at 2:26 PM revealed the midodrine was given due to the blood pressure being within the parameters. She pulled up the supplemental documentation on the MAR, and it showed to hold the medication if blood pressure greater than 110. Director of Nursing (DON) provided a printout of the supplemental documentation.Review of the MAR from November 2025 through January 2026 revealed the midodrine 5 MG was administered when systolic blood pressure was greater than 110 on 11/1/2025, 11/3/2025, 11/4/2025, 11/6/2025 - 11/14/2025, 11/17/2025 - 11/21/2025, 11/25/2025 - 12/12/2025, 12/15/2025, 12/16/2025,12/19/2025 - 12/25/2025, 12/27/2025, 12/29/2025, 12/30/2025, 1/2/2026, 1/3/2026, 1/6/2026 - 1/9/2026 for a total of 106 times. Interview with the DON on 1/11/2026 at 11:00 AM revealed she is unsure how the parameter of hold for Systolic Blood Pressure (SBP) greater than 110 was implemented for R9. The DON stated It appears that it was put in the supplemental documentation and not in the original order. It is not on the original order or the original note documented for this medication. The DON stated it is her expectation that staff give medications as ordered and notify the Physician if there was a need to hold the medication. Review of post survey Physician Documentation provided on 1/12/2026 revealed the resident was originally prescribed midodrine by the nephrologist who did provide the parameters to hold the medication if the systolic blood pressure was greater than 110.The facility policy titled Administering Medications revised April 2019 documented medications are administered in accordance with prescriber orders.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, staff interviews, and review of the facility's policy titled Nursing Standards of Practice: Respiratory Equipment, Care & Handling, the facility failed to maintain the cleanliness of respiratory equipment for three of 17 Residents (R) (R64, R7, and R92) receiving respiratory treatments. Specifically, the facility failed to ensure R64 and R7 Continuous Positive Airway Pressure (CPAP) masks and R92 nebulizer masks were covered and placed in a plastic bag when not in use. This deficient practice had the potential to place the residents at risk for respiratory complications and a diminished quality of life.Findings include:Review of the facility's undated policy titled Nursing Standards of Practice: Respiratory Equipment, Care & Handling under the section titled Policy documented, Respiratory equipment will be available for immediate use and in clean working condition. Under Procedure documented, 2. Maintain cleanliness when opening and handling equipment.10. Empty the nebulizers after each use and rinse with water and place on a clean paper towel to air dry. Place in plastic bag after cleaning.1. Review of the Electronic Health Record (EHR) for R64 revealed diagnoses that included but not limited to, chronic obstructive pulmonary disease (COPD), cardiomegaly, interstitial pulmonary disease, influenza due to identified novel influenza a virus with pneumonia.Review of R64's physician order revealed, CPAP Apply at bedtime and remove in morning related to (R/T) obstructive sleep apnea (OSA) dated 11/25/2025.Review of R64 Quarterly Minimum Data Set (MDS) dated [DATE] for Section C (Cognitive Patterns) revealed, Brief Interview for Mental Status (BIMS) score of 13 which indicated intact cognitive impairment; Section GG (Functional Abilities and Goals) revealed, impairment to one side to the lower extremities, required set up assistance with bed/chair, sit/stand, uses walker or wheelchair and required supervision/touching with mobility. Section O (Special Treatments, Procedures, and Programs) revealed that R64 received non-invasive mechanical ventilator while a resident.Observation on 1/9/2026 at 10:05 AM revealed, R64's CPAP machine not in use with the C-PAP mask lying on bedside table uncovered and not bagged. Observation on 1/10/2026 at 8:38 AM revealed, R64's CPAP machine not in use with the CPAP mask lying in bed next to the resident and uncovered. Licensed Practical Nurse (LPN) AA was observed going into the room to speak with R64 and then exited the room leaving the CPAP mask uncovered and not bagged.During an observation and interview with LPN AA on 1/10/2026 at 1:25 PM, LPN AA confirmed that R64's CPAP mask was lying on the bedside table unbagged and not covered. LPN AA stated she was responsible for making sure respiratory masks were covered with a labeled and dated bag. LPN AA confirmed that the mask should have been covered when not in use and that she forgot to make sure it was done.2. Review of the EHR for R7 revealed diagnoses that included but not limited to, COPD, chronic diastolic (congestive) heart failure, dependence on supplemental oxygen, chronic atrial fibrillation, and obstructive sleep apnea.Review of R7's physician orders revealed, CPAP at bedtime related to obstructive sleep apnea dated 3/28/2023; oxygen: PRN (as needed) for SOB (shortness of breath) Oxygen (O2) at 2 liter per minute (LPM) nasal cannula as needed for shortness of breath dated 3/29/2023.Review of R7's Quarterly MDS dated [DATE] for Section C (Cognitive Patterns) revealed, BIMS score of 99 which indicated severe cognitive impairment; Section GG (Functional Abilities and Goals) revealed impairment to upper and lower extremities on both sides, dependent on staff for mobility; Section O (Special Treatments, Procedures, and Programs) revealed, the resident received oxygen therapy, non-invasive mechanical ventilator, and CPAP while a resident.Observation on 1/9/2026 at 10:10 AM revealed, R7's CPAP machine is not in use with the CPAP mask lying on bedside table uncovered and not bagged.Observation on 1/10/2026 at 8:44 AM revealed, R7's CPAP machine not in use with the CPAP mask lying on bedside table uncovered and not bagged.During an observation and interview with LPN AA on 1/10/2026 at 1:28 PM, LPN AA confirmed that R7's CPAP mask was lying on the bedside table unbagged and not covered. LPN AA revealed that she was responsible for making sure respiratory (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	masks were covered with a labeled and dated bag. She acknowledged that it should have been covered when not in use and that she forgot to make sure it was done.3. Review of the EHR for R92 revealed diagnoses that included but not limited to, acute respiratory failure with hypoxia and chronic obstructive pulmonary disease with (acute) exacerbation.Review of R92's physician orders revealed, O2 at 2 LPM via nasal cannula dated 1/5/2026, ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg (milligram)/3ml (milliliter) one vial per nebulizer four times daily for COPD exacerbation dated 1/9/2026, Trelegy Ellipta 100-62.5-25 mcg (microgram)/act aerosol powder, breath activated inhale one puff by mouth every morning for COPD** rinse with water (H2O) & spit after each dose dated 1/3/2026.Review of R92's admission MDS dated [DATE] revealed, the assessment had not been completed with a status of In Progress.Observation on 1/9/2026 at 11:01 am revealed, R92's nebulizer machine was not in use with the nebulizer mask lying on bedside table uncovered and not bagged.During an observation and interview on 1/10/2026 at 1:35 PM, the Director of Nursing (DON) was shown pictures of R92's nebulizer mask, R7's and R64's CPAP masks uncovered. The DON revealed her expectations was that the nurses make sure respiratory masks were properly stored and covered when not in use. She revealed leaving respiratory masks uncovered could potentially lead to infection control issues and respiratory complications.During an observation and interview on 1/11/2026 at 10:00 AM, the Infection Control Preventionist (ICP) nurse was shown pictures of R92's nebulizer mask, R7's and R64's CPAP masks uncovered. The ICP nurse revealed her expectations was that the nurses make sure respiratory masks were cleaned after each use and bagged when not in use.