

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/05/2024
NAME OF PROVIDER OR SUPPLIER Lynn Haven Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 747 Monticello Highway Gray, GA 31032	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42464</p> <p>Based on resident and staff interviews and record reviews, the facility failed to provide showers/baths for two residents (R) (R268 and RA) who were dependent on staff for activities of daily living (ADLs). The sample size was 31 residents. The deficient practice placed R268 and RA at risk for unmet needs and a diminished quality of life.</p> <p>Findings include:</p> <p>1. A review of R268's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed section C (Cognition) documented a Brief Interview of Mental Status (BIMS) score of 10 (indicating moderate cognitive impairment), section GG (Functional Abilities and Goals) documented R268 required extensive assistance with baths/showers, section I (Active Diagnoses) documented R268 had diagnoses including but not limited to Parkinson's disease, dementia, and sickle-cell disease.</p> <p>A review of the ADL plan of care revealed that R268 was scheduled for a bath/shower on Mondays, Wednesdays, and Fridays on the day shift.</p> <p>A review of ADL documentation for April 2024 revealed that R268 received a bath/shower on 4/1/2024 and 4/3/2024. The facility could not provide documentation that R268 received a bath/shower at any other time in April 2024.</p> <p>In an interview on 5/5/2024 at 9:33 am, the Assistant Director of Nursing (ADON) and Senior Nurse Consultant confirmed there was no documentation that the resident had more than two baths in April 2024. The Senior Nurse consultant stated there were issues with the electronic documentation system that caused documentation not to be captured, and they were aware of the issue. However, there was no backup system in place for documentation of ADL care.</p> <p>35062</p> <p>2. A review of RA's MDS Admission assessment dated [DATE] revealed section C (Cognition) documented a BIMS score of 14 (indicating intact cognition), section GG (Functional Abilities and Goals) documented R A was dependent with setup or clean up assistance with a bath/shower, section I (Active Diagnoses) documented morbid obesity, difficulty in walking and muscle weakness.</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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 5/3/2024 at 9:32 am, RA revealed she received a bath yesterday. However, it had been a while since she had a bath. She was unaware of the bath schedule. She stated she was sometimes offered a bath, but normally she must request one. RA stated she would request a bath, and they would pass her by if she was asleep. She stated she must sometimes wait until days later to get a bath.</p> <p>A review of ADL documentation dated 5/5/2024 revealed RA was scheduled to receive a bath/shower on Mondays, Wednesdays, and Fridays on the night shift and required substantial/maximal assistance. However, a review of the Bath Schedule Wing 1, updated 5/2/2024, revealed RA was scheduled for a bath/shower on Tuesdays, Thursdays, and Fridays on the day shift.</p> <p>A review of bathing data from the electronic medical record revealed the resident did not receive a scheduled bath/shower on 2/28/2024, 3/1/2024, 3/8/2024, 3/15/2024, 3/18/2024, 4/5/2024, 4/10/2024, 4/12/2024, 4/15/2024, 4/19/2024, 4/24/2024, and 4/26/2024. Upon request, the facility could not provide further documentation for baths/showers for RA.</p> <p>In an interview on 5/5/2024 at 10:06 am, Registered Nurse (RN) BB revealed RA's schedule just changed, but she believed the resident requested a bath based on what was best for her schedule. She was unaware of any issues with the resident not receiving a bath as scheduled.</p> <p>In an interview on 5/5/2024 at 10:20 am, the ADON revealed they do not have a policy related to baths/showers. She stated that they find out the residents' preferences and schedule them.</p> <p>In an interview on 5/5/2024 at 10:58 am, Certified Nursing Assistant (CNA) CC revealed RA's bath/shower schedule just changed to Tuesday, Thursday, and Saturday on the day shift on 5/2/2024. She reviewed the bath/shower sheet dated 5/1/2024, and it was documented that the resident was asleep, and a bath/shower would be provided later if needed. She was unaware of who documented that information.</p>

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<p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have policies on smoking.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35180</p> <p>Based on observations, resident and staff interviews, and a review of the facility policy titled 3.1 HR Conditions of Employment: Standard of Conduct Smoking Guidelines, the facility failed to implement their smoking policy and procedures regarding designated smoking areas for staff. The census was 67 residents (R).</p> <p>Findings include:</p> <p>A review of the facility policy titled 3.1 HR Conditions of Employment: Standard of Conduct Smoking Guidelines, dated 2019, revealed the intent of the guidelines was to promote safety for associates, patients, customers, and visitors. The guidelines revealed that smoking was only permitted in a designated smoking area.</p> <p>A review of R34's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed section C (Cognition) documented a Brief Interview for Mental Status (BIMS) score of 14 (indicating little to no cognitive impairment.)</p> <p>During an interview on 5/3/2024 at 9:50 am, R34 stated the night staff, especially on weekends, were not answering the call lights. He added that when they answer it, they turn it off and do not address the issues. He stated he had reported it to the Administrator, who said he would try to fix the problem, but nothing had been resolved. He further stated that from 1:00 am to 5:00 am, he hears the facility's front door slamming shut constantly. He stated he did not know why staff was going in and out of the door so many times as no residents were on the porch. He further stated that cigarette butts were on the porch every morning.</p> <p>An observation of the facility's front patio on 5/4/2024 at 4:05 am revealed that Licensed Practical Nurse (LPN) AA exited the facility's front door and lit a cigarette. LPN AA sat on the patio chairs and smoked until 4:12 am. She extinguished her cigarette on the ground, threw the cigarette butt into the trashcan next to the fire extinguisher, and reentered the facility.</p> <p>An observation of the facility's front patio on 5/4/2024 at 5:00 am revealed that LPN AA exited the facility's front door and lit a cigarette. At 5:07 am, the facility's Administrator arrived in the parking lot. Observation revealed LPN AA put her cigarette out on the ground, threw the cigarette butt into the trash can next to the fire extinguisher, and reentered the facility.</p> <p>During an interview with the Administrator on 5/4/2024 at 5:09 am, he stated the facility was smoke-free for the residents, but the staff was permitted to smoke on the back patio. The Administrator noted the back patio was equipped with a fire extinguisher, ashtrays, and a fire-retardant container for cigarette butts. He stated the staff was not permitted to smoke anywhere else on facility grounds. The Administrator acknowledged an employee was smoking on the front porch when he arrived, but he could not identify the employee as it was dark outside.</p> <p>(continued on next page)</p>		

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<p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with LPN AA on 5/4/2024 at 5:20 am, she stated staff was permitted to smoke on the back porch of the facility. She stated that she heard coyotes and was uncomfortable smoking on the back porch. She further stated she did not know if she was allowed to smoke in her car and added that she was not familiar with all the facility rules related to smoking. LPN AA stated she knew she was not supposed to smoke on the front porch and did not know if the trash can on the front porch was rated for fire or a safe place to dispose of cigarette butts.</p> <p>An observation of the trash can on the facility's front porch on 5/4/2024 at 7:34 am revealed that it contained paper products, cups, and other paper materials.</p> <p>An observation of the facility's back patio on 5/4/2024 at 8:13 am revealed fire-retardant canisters for the disposal of cigarette butts only and a fire extinguisher attached to the wall, which was within the inspection date.</p>		