

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115477	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Chaplinwood Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 325 Allen Memorial Drive SW Milledgeville, GA 31061	

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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews, the facility failed to maintain clean Packaged Terminal Air Conditioner (PTAC) filters or units for two of 12 rooms (room [ROOM NUMBER] and room [ROOM NUMBER]) on the 300 Hall. The deficient practice had the potential to place residents residing in the rooms at risk of living in an unsanitary living environment, and a potential for a diminished quality of life.</p> <p>Findings include:</p> <p>Observations on 6/2/2025 at 11:52 am and 6/4/2025 at 9:15 am in room R304 revealed that the PTAC unit filter displayed a thick gray substance.</p> <p>Observations on 6/2/2025 at 11:48 am and 6/4/2025 at 9:15 am in room R303 revealed that the PTAC unit had black substance with debris inside the unit.</p> <p>During a concurrent observation and interview on 6/4/2025 at 9:23 am, the Maintenance Director confirmed that the PTAC unit filter in room [ROOM NUMBER] had a thick gray substance, and the PTAC unit in room [ROOM NUMBER] had a black and gray substance inside the unit. The Maintenance Director stated the units were cleaned monthly.</p> <p>During an interview on 6/4/2025 at 10:25 am, the Administrator stated the maintenance department should check the PTAC filters and units once a month and as needed.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, record review, and review of the facility policy titled A Comprehensive Patients' Rights Program, the facility failed to ensure one of 33 sampled residents (R) (R82) choices of care were honored. This deficient practice had the potential to place R82 at risk of unmet needs and a diminished quality of life.</p> <p>Findings include:</p> <p>Review of the facility policy titled A Comprehensive Patients' Rights Program, reviewed date 12/27/2024, revealed the Intent section stated, This intent of this center to have an effective Patients' Rights program that recognizes that meaningful support of Patient's Rights. We believe that all staff should understand the importance of treating patients with care and respect, and honoring patients' rights to make personal choices. We also believe that such a program should include patient, family, and all Associates of the nursing home.</p> <p>Review of R82's electronic medical record (EMR) revealed R82 was admitted on [DATE] with diagnoses including, but not limited to, cerebral infarction, epilepsy, unspecified, intractable, with status epilepticus, delirium due to known physiological condition, unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>Review of R82's Quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 14 (indicating little to no cognitive impairment). Section E (Behaviors) documented no behaviors were exhibited.</p> <p>Review of R82's Physician Orders revealed no orders for medications to aid with sleep.</p> <p>In an interview on 6/2/2025 at 11:45 am, R82 stated he felt he needed a medication to help him sleep at night. He stated he had informed staff, but had not received a sleep aid medication.</p> <p>In an interview on 6/4/2025 at 9:12 am, R82 stated he had not slept well during the previous night.</p> <p>In an interview on 6/4/2025 at 9:39 am, Licensed Practical Nurse (LPN) GG stated that she was familiar with R82's request for a medication to help him sleep. She stated R82 had asked her about obtaining a medication for sleep a few days prior. She confirmed that the provider was not notified because she got busy and forgot.</p> <p>In an interview on 6/4/2025 at 12:08 am, the Assistant Director of Nursing (ADON) stated that she expected the staff to address a resident's request at the time of the request. She further stated that the nurse should have notified the physician of R82's request for a sleep aid medication.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and record review, the facility failed to ensure a respiratory therapy mask was properly stored in a manner to prevent contamination for one of 18 residents (R) (R40) receiving respiratory services. This deficient practice had the potential to increase the risks of spreading microorganisms and place R40 at risk for respiratory infections and a diminished quality of life.</p> <p>Findings include:</p> <p>Review of R40's electronic medical record (EMR) revealed diagnoses including, but not limited to, heart failure, unspecified, atherosclerotic heart disease of native coronary artery with unspecified angina pectoris (reduced blood flow).</p> <p>Review of R40's Quarterly Minimum Data Set (MDS) dated [DATE] revealed Section GG (Functional Abilities and Goals) documented R40 was dependent for activities of daily living (ADLs). Section O (Special Treatments, Procedures, and Programs) documented that R40 received oxygen therapy while a resident.</p> <p>Review of R40's Care Plan revealed a care area dated 2/25/2025 of altered breathing patters and included the use of a BiPAP as ordered.</p> <p>Review of R40's Resident Consolidated Order revealed an order dated 3/26/2025 for a Bilevel Positive Airway Pressure (BiPAP) [a non-invasive ventilation used to help with breathing] to be applied at bedtime.</p> <p>Observations on 6/2/2025 at 11:53 am and 6/3/2025 at 9:43 am, in R40's room, revealed R40's BiPAP mask lying on top of the machine on the bedside table and not stored in a protective bag.</p> <p>During a concurrent interview and observation on 6/4/2025 at 9:26 am, Registered Nurse (RN) AA confirmed R40's BiPAP mask was not stored in a protective bag and stated the respiratory masks were typically stored in a protective bag.</p> <p>During an interview on 6/4/2025 at 10:22 am, the Director of Nursing (DON) stated that she expected respiratory masks to be stored in a protective bag when not in use.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, staff interviews, and review of the facility's policy titled Labeling and Dating, the facility failed to ensure that expired foods were not available for use. This deficient practice had the potential to place 85 residents who received an oral diet from the kitchen at risk of foodborne illness.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Labeling and Dating, dated April 2024, included, Upon receipt, all items should be inspected and marked with the date it was received into your facility and the date it should be discarded or expired. If the item has a use-by or discard date already printed on it, then you may use this date.</p> <p>During a tour of the kitchen on 6/2/2025 at 9:30 am with the Dietary Manager (DM), the following items were identified:</p> <p>Two jars of grape jelly with an expiration date of 9/25/2024.</p> <p>Two bags of pecan pieces with an expiration date of 4/18/2025.</p> <p>Two bags of chunk light tuna with an expiration date of 5/16/2025.</p> <p>One box of hot cocoa mix with an expiration date of 11/5/2024.</p> <p>Four bags of raspberry gelatin with an expiration date of 4/24/2025.</p> <p>Three bags of cherry gelatin with an expiration date of 4/24/2025.</p> <p>Three bags of strawberry gelatin with an expiration date of 4/24/2025.</p> <p>In an interview on 6/2/2025 at 10:00 am, the Dietary Manager (DM) confirmed the expired food items and stated that expired food items should be discarded on or before the expiration date.</p> <p>In an interview on 6/3/2025 at 11:45 am, Dietary Aide (DA) JJ stated that when staff conducted inventory, they should discard any expired items in storage.</p> <p>In an interview on 6/5/2025 at 8:54 am, the Administrator stated her expectation was for dietary staff to discard food items on or before the expiration date.</p>