STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115480	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Archbold Living Thomasville	10629 U.S. Highway 19 South Thomasville, GA 31792

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 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on interview, record review, and policy review, the facility failed to review and update the facility assessment annually. This failed practice had the potential to affect all 59 residents to ensure every resident received necessary care and services. Findings include:Review of the facility's Facility Assessment Tool, dated, 06/30/25, revealed, .current population as of 06/30/24.During an interview on 03/12/26 at 1:30 PM, the Administrator confirmed the facility assessment was dated 06/30/25, the report is based on the past 12 months and the current population was dated as of 06/30/24. He stated it was an error that all the dates were not updated when the assessment was completed. He confirmed the facility assessment should be reviewed and updated at least annually.During an interview on 03/12/26 at 1:55 PM, the Long Term Care Director (LTCD) confirmed the facility annual assessment was not updated. She stated the previous administrator changed the date without updating the assessment and did not realize it until the assessment was compared to the previous year's assessment. Review of the undated facility's policy titled, Facility Assessment, revealed, .A facility assessment is conducted annually to determine and update our capacity to meet the needs of and competently care for our residents during day-to-day operations.

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
	115480	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Archbold Living Thomasville	10629 U.S. Highway 19 South Thomasville, GA 31792

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 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 observation, record review, interview, and policy review, the facility failed to ensure the Minimum Data Set (MDS) assessment accurately reflected the condition and needs for one of 18 residents (Resident (R) 60) reviewed for MDS accuracy. This failure had the potential to contribute to unmet care needs related to contractures and upper mobility limitations.Findings include: Review of R60's Face Sheet located in the electronic medical record (EMR) under the admission Diagnosis tab, revealed R60 admitted on [DATE] with diagnoses including cerebral arteritis (stroke), hemiplegia (right side effected), and aphasia.Review of R60's annual MDS, located in the EMR under the MDS tab, with an Assessment Reference Date (ARD) of 08/19/25, revealed R60 was coded as having no upper extremity impairment. Review of R60's quarterly MDS with an ARD of 11/04/25 revealed R60 was coded as having no upper extremity impairment Review of R60's MDS with an ARD of 02/04/26, revealed R60 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R60 was cognitively intact. Further review of the MDS revealed R60 was coded as having no upper extremity impairment. Review of R60's Occupational Therapy (OT) orders provided by the facility, dated 09/08/25, indicated R60 had a right-hand contracture. During an observation and interview on 03/11/26 at 4:30 PM R60 was lying in bed. He stated he was able to open and close his left hand and provided demonstration. R60 stated he was unable to open right hand.During an interview on 03/11/26 at 4:30 PM with Occupational Therapy Assistant (OT) 1 confirmed R60 does have a right-hand contracture.During an interview on 03/13/26 at 10:27 AM the MDS Coordinator (MDSC) stated R60 did have a contracture. The MDSC reviewed the three MDS dates of 08/19/25, 11/04/25 and 02/04/26, and confirmed the MDS were inaccurate and she would modify them to ensure accuracy.During interview on 03/12/26 at 3:30 PM the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) stated their expectation was for all MDS to be accurate.Review of the facility's undated MDS policy titled, Policy Interpretation and Implementation, indicated, Comprehensive assessments, care planning and the care delivery process involve collecting and analyzing information, choosing and initiating interventions, and then monitoring results and adjusting interventions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115480	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Archbold Living Thomasville	10629 U.S. Highway 19 South Thomasville, GA 31792

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews, the facility failed to ensure one two of two sample residents (Resident (R) 14) reviewed for Pre-admission Screen and Resident Review (PASRR), an evaluation for serious mental illness and/or intellectual disability, received an updated Level I (preliminary assessment) identifying the resident's psychiatric diagnoses. The failure to update the Level I PASRR created the potential for R14 not to be assessed to receive specialized or rehabilitative services as needed.Finding Include:Review of R14's Face Sheet, provided by the facility, revealed R14 was admitted to the facility on [DATE] diagnosis included hemiplegia and hemiparesis following cerebral infarction (stroke).Review of R14's Behavioral Health Assessment, provided by the facility and dated 03/11/25, indicated R14 was diagnosed with major depressive disorder, recurrent, severe with psychotic symptoms effective 11/08/24.Review of R14's annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/18/25, revealed R14 had a Brief Interview for Mental Status (BIMS) score of nine out of 15, indicating R14 w was moderately cognitively impaired. The MDS revealed R14 had diagnosis of depression and did not have a Level II PASRR.Review of R14's Care Plan, provided by the facility and dated 11/20/25, revealed, .depressed.provide me with a mental health referral.receives behavioral management services.Review of R14's PASRR Level I Assessment, provided by the facility and dated 01/16/19, revealed R14 did not have a diagnosis of serious mental illness. During an interview on 03/13/26 at 11:20 AM, the Social Services Director (SSD) stated she did not work at the facility when R14 received the new diagnosis of major depressive disorder, recurrent, severe with psychotic symptoms. She confirmed R14 should have been referred for a Level II PASSAR assessment when a new diagnosis of mental illness was identified. Review of the facility's policy titled, admission Criteria, updated 07/2020, provided by the MDSC, noted the following:Our facility admits only residents whose medical and nursing care needs can be met.All new admissions and readmissions are screened for mental disorders (MD), intellectual disabilities (ID) or related disorders (RD) per the Medicaid Pre-admission Screening and Resident Review (PASARR) [PASRR] process.a. The facility conducts a Level I PASARR [PASRR] screen for all potential admissions, regardless of payor source, to determine if the individual meets the criteria for a MD, ID, or RD.b. If the Level I screen indicates that the individual may meet the criteria for a MD, ID, or RD, he or she is referred to the state PASARR [PASRR] representative for the Level II (evaluation and determination) screening process.(1) The admitting nurse notifies the social services department when a resident is identified as having a possible (or evident) MD, ID, or RD.(2) The social worker is responsible for making referrals to the appropriate state-designated authority.c. Upon completion of the Level II evaluation, the State PASARR [PASRR] representative determines if the individual has a physical or mental condition, what specialized or rehabilitative services he or she needs, and whether placement in the facility is appropriate.