

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER Dawson Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1159 Georgia Ave. S.E. Dawson, GA 39842	

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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34318</p> <p>Based on record review, staff interviews, and review of the facility policy titled, Bed Hold During Hospital Stays and Therapeutic Leaves, the facility failed to provide a written bed hold agreement for one of 11 Residents (R1) who was sent to a behavioral facility for medication stabilization. The facility census was 59.</p> <p>Findings include:</p> <p>Review of the policy titled, Bed Hold During Hospital Stays and Therapeutic Leaves review date [DATE], Under Intent: It is the intent of this nursing center to offer all residents and/or his / her designee the choice of either paying the appropriate amount to hold the bed when the resident goes to the hospital or on therapeutic leave or releasing the bed and being readmitted to their previous room if available or to the first available bed.</p> <p>Closed Record Review</p> <p>Review of the Face Sheet revealed Resident 1 was admitted to the facility with the following diagnoses that include but not limited to Schizophrenia, type 2 diabetes mellitus, hypertension, depression, and gastro-esophageal reflux disease. Continued review of R1 face sheet also revealed that the resident was listed as the primary contact indicating he was his own responsible party.</p> <p>Review of the Quarterly Minimum Data set (MDS) dated [DATE] section C (Cognitive Pattern) indicated a Brief Interview for Mental Status (BIMS) score of 12 indicating moderate cognitive impairment.</p> <p>Review of the Notice of Transfer or Discharges dated [DATE] with reason for transfer or discharge was to a stabilization unit. During review of R1 medical record there was not a bed hold agreement that explained the room rates after the Medicaid bed hold had expired that was signed and acknowledged by R1.</p> <p>An interview on [DATE] at 5:49 pm, the Administrator revealed that to prevent this occurrence she will talk to all departments to make sure everyone is on the same 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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