

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Providence Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 South Green Street Thomaston, GA 30286	

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Providence Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 South Green Street Thomaston, GA 30286	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of the facility's policy titled Incontinence Management, the facility failed to ensure a urinary catheter privacy bag was provided for one of one resident (R) R2 with a urinary catheter. This failure had the potential to diminish the resident's quality of life. Findings include: Review of the facility's policies titled Incontinence Management dated January 2025 documented Other Options Catheterizations: Not Appropriate for Rehabilitation; If the resident is not appropriate for a Program, the care plan will identify other interventions to maintain skin integrity, prevent urinary tract infection and provide dignity for the resident. Review of the facility's Electronic Medical Records (EMR) revealed R2 was re-admitted to the facility on [DATE] with a diagnosis that included but not limited to neuromuscular dysfunction of bladder and presence of urogenital implants. Review of the Significant Change Minimum Data Set (MDS) dated [DATE] documented Section C (Cognition) Brief Interview of Mental Status (BIMS) of 14, which indicated R2 had intact cognition and Section H (Bowel and Bladder) R2 had a urinary catheter. Review of care plan dated 7/8/2025 documented included but not limited to Focus: R2 has an indwelling suprapubic catheter in place related to neuromuscular dysfunction of bladder. Goal: R2 will be/remain free from catheter-related trauma through the review date. Intervention: Check tubing for kinks, enhanced barrier precautions in place, provide catheter care as indicated, suprapubic catheter 18 French per 10 milliliters (FR / 10mL) Balloon to drainage bag. Use strap/securement device to stabilize tubing (as requested/needed). Review of Physician's Orders dated 7/10/2025 documented included but not limited to Suprapubic Catheter _16__FR / __10__mL Balloon to Drainage Bag. Use trap/Securement Device to stabilize tubing (as requested/needed). Label Bag with Date. For: ____neurogenic bladder____ (Specify Reason/diagnosis [Dx]) every day shift every 30 day(s) for catheter maintenance. Observation on 7/21/2025 at 11:54 am, 4:50 pm, and 7/22/2025 at 10:04 am revealed R2 in his room, lying in bed with an uncovered urinary catheter bag hanging on the bed rail that could be viewed by residents, staff, and visitors ambulating in the hallway. Interview on 7/22/2025 at 10:18 am with Licensed Practical Nurse (LPN) DD confirmed R2's urinary catheter bag was not covered, and it was visible from the hallway. She stated it should be covered with a privacy bag to provide privacy for R2. She further stated that when the urinary catheter bag was not covered, it would cause low self-worth and embarrassment for R2. Interview on 7/22/2025 at 10:49 am with Certified Nursing Assistant (CNA) EE confirmed R2's urinary catheter bag was not covered, and it was visible from the hallway. She stated it should be covered with a privacy bag because it was a dignity issue and also to provide privacy for the resident. She further stated that when the urinary catheter bag was not covered, it could cause R2 to be uncomfortable. She stated the bag had not been covered for about one week because she thought the facility was out of privacy bags. Interview on 7/23/2025 at 12:30 pm with the Director of Nursing (DON) revealed that her expectations were for urinary catheter bags to be covered at all times except when they were being emptied. She stated that when the foley bags were not covered, it was a dignity issue and it could affect the resident emotionally and psychologically.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Providence Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 South Green Street Thomaston, GA 30286	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observations, staff interviews, and review of the facility's policies titled Medication Administration, the facility failed to remove expired medications from one of four medication carts and failed to remove expired medication and medical supplies from one of two medication rooms. The facility's census was 73. Findings include: Review of the facility's policy titled Medication Administration dated January 2025 documented Medications are to be stored appropriately as per manufacturer instructions. All expired medications or medications to be destroyed are to be taken off the medication cart and properly destroyed by the Environmental Protection Pharmacy guidelines. 1. Observation on 7/22/2025 at 5:10 pm during review of the 400 Hall medication cart revealed there was one bottle of melatonin 1 mg tablets with an expiration date of 3/2025. Interview on 7/22/2025 at 5:11 pm with Licensed Practical Nurse (LPN) BB, who confirmed the bottle of melatonin 1 mg tablets was expired and should not be on the medication cart. She stated that if the residents received this expired medication, they would get sick, and the medication would not be effective for the residents. Interview on 7/22/2025 at 5:12 pm with Unit Manager (UM) AA, confirmed the bottle of melatonin 1 mg tablets had an expiration date of 3/2025 and should not be on the medication cart. She stated that no expired medications should be on the medication cart. She further stated her expectations were for the nurses to remove expired medications from the carts, and the expired medications were not administered to the residents. The UM stated that if the expired medication was administered to the residents, it would not be good for the residents and it would not be effective. Interview on 7/22/2025 at 5:14 pm with LPN DD, confirmed the bottle of melatonin 1 mg tablets was in the medication cart and had an expiration date of 3/2025. She stated that if the residents received the medication, there could be negative outcomes, and the medication would not be effective. 2. Observation on 7/22/2025 at 5:18 pm of the Back Hall medication room revealed one bottle of aspirin 325 mg tablets with an expiration date of 9/2024, three packets of oxygen masks with expiration dates of 12/2016, and one packet of oxygen tubing with expiration dates of 2/2023. Unpackaged gauze rolls and one open pack of gauze were on the surface of a cupboard in the medication room. Interview on 7/22/2025 at 5:20 pm with LPN CC confirmed there was one bottle of aspirin 325 mg tablets with an expiration date of 9/2024, three packets of oxygen masks with expiration dates of 12/2016, and one packet of oxygen tubing with expiration dates of 2/2023 in the medication room. LPN CC stated that the nurses should do a daily audit and were responsible for removing expired medications and expired medical supplies from the medication room. She further stated that if the expired medication were administered to the residents, they could get sick. She also stated that if the expired medical supplies were used on the residents, they may not be useful due to the expiration. Interview on 7/22/2025 at 5:22 pm with LPN DD revealed that if the residents received the expired medication, it could cause the residents' conditions to worsen, and the medication should not be in the medication room. Interview on 7/22/2025 at 5:25 pm with UM AA confirmed there was one bottle of aspirin 325 mg tablets with an expiration date of 9/2024, three packets of oxygen masks with expiration dates of 12/2016, and one packet of oxygen tubing with expiration dates of 2/2023 in the medication room. She stated her expectations were for the nurses to remove the expired medications and medical supplies from the medication rooms. The UM further stated that it was a collaborative effort with the nurses to remove the expired items. If this effort was not made, the residents would receive the expired medications and become sick. Interview on 7/23/2025 at 12:35 pm with the Director of Nursing (DON) revealed that her expectations were for expired medications and medical supplies to be removed immediately from the medication carts and rooms. She stated that the nurses were responsible for removing expired medications. If residents received expired medications, they could experience negative side effects, and the medication would also be ineffective for them.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Providence Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 South Green Street Thomaston, GA 30286	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Providence Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 South Green Street Thomaston, GA 30286	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observations, staff interviews, record reviews, and review of the facility policies titled Management of Laundry and Infection Control Manual, the facility failed to ensure that laundry staff followed infection control processes while performing laundry services and failed to ensure the laundry room was maintained in a sanitary condition. In addition, the facility failed to ensure that Enhanced Barrier Precautions (EBP) were followed for one of two residents with a gastrostomy tube (G-Tube) [a tube surgically inserted through the abdomen into the stomach used to deliver nutrition, fluids, and medications]. These deficient practices had the potential to place residents at risk of infections due to cross-contamination. The census was 73 residents. Findings include: Review of the facility policy titled, Management of Laundry, dated 1/2016, revealed the Description of Steps in the Laundry Process section included, Pck-up or Collection of Soiled Linen. B. Transferring Soiled Linen: . all soiled linen must be covered during transportation while being stored on unit or floors. A soiled linen container should be lined with an impervious (waterproof) liner. At designated times, laundry workers are to collect soiled linens from each soiled linen room using a large bin with lid marked - For Soiled Linen Use Only. Laundry workers must always wear the proper protective equipment (PPE) when handling soiled linen. 2). Sorting soiled linen: The laundry room must have a process in place to effectively sort soiled linen without cross contaminating clean linen. As soiled linens are sorted into proper wash classifications, employees must wear the proper personal protective equipment (PPE), which includes gloves and a protective apron. Review of facility policy titled, Infection Control Manual, revised date 9/2023, revealed the section titled Two-Tier Transmission Based precautions: Airborne Precautions included, Enhanced Barrier Precautions expand the use of PPE [personal protection equipment] and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfers of MDROs [Multi-Drug Resistant Organism] to staff hands and clothing. Examples of high-contact resident care activities requiring gown and glove use for EBP include: . Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator. 1. During observation and interview of the laundry room on 7/22/2025 at 9:40 am, with the District Manager (DM), observation revealed a blanket on the floor in front of an exterior door. The DM confirmed the blanket and stated it was placed there because of heavy rain, and he was unsure how long the door had been leaking. Continued observation and interview on 7/22/2025 at 10:58 am, with the DM revealed that during the observation of Laundry Aide NN separating and washing laundry, the aide's apron was loose, and soiled laundry came in contact with her uniform. Further observation revealed that Laundry Aide NN went into the clean laundry area to wash hands while wearing a protective apron. The DM confirmed the findings. In an interview on 7/22/2025 at 11:05 am, Laundry Aide NN revealed that the protective gown should be fitted. An observation and interview on 7/22/2025 at 11:11 am of the clean linen storage area revealed a towel with dark black stains coming out of a hole in the wall. Further observation revealed that an uncovered basket of clean laundry was against the towel. Laundry Aide NN stated she was unsure how long the towel had been there. She stated that she had not notified the Maintenance Director about the hole in the wall and stated she would need to rewash the laundry in the basket. In an interview on 7/22/2025 at 11:15 am, the Maintenance Director revealed that he was unaware of the hole in the wall and stated he would place a cap over the hole. During an observation and interview on 7/23/2025 at 1:25 pm, in the laundry room, it was observed that a bag of laundry had been placed on top of the soiled linen bin, and not under the bin cover. The DM stated that the staff had hurriedly placed the bag of laundry on top of the bin cover and covered the bag. 2. Review of R1's admission Record revealed diagnoses including, but not limited to, malignant neoplasm of the tongue and anemia. Review of the Annual Minimal Data Set (MDS) assessment for R1, dated 5/12/2025, revealed that Section K (Swallowing/Nutritional Status) documented that R1 had a feeding tube while a resident. Review of the Care Plan Report for R1 revealed a Focus area, revised date 2/6/2025, of the resident was at risk for changes in skin integrity and had a G-tube. Interventions included enhanced barrier precautions in place, dated 5/21/2025. Further review revealed a Focus area, created 2/3/2025 and revised 7/15/2025, of the resident was at risk for impaired immunity related to currently receiving chemotherapy secondary to tongue cancer. Interventions included that the resident was at risk for contracting infections due to impaired immune status, and keeping the environment clean and people with infection away. Observations on 7/21/2025 at 11:09 am and 7/22/2025 at 10:14 am revealed there was no EBP signage or PPE supplies at R1's doorway or in the room. Observation revealed ERP signage on other resident doors in the facility. Observation on 7/23/2025 at 5:09 pm revealed licensed</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Providence Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 South Green Street Thomaston, GA 30286	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and review of the facility policy titled, Infection Control Manual, the facility failed to ensure three of five sampled residents (R) (R1, R29, and R13) for vaccinations had a completed consent, declination and/or proof of education for the pneumococcal and/or influenza vaccine. This deficient practice had the potential to place R1, R29, and R13 at risk of unmet needs. Findings include: Review of the facility policy titled, Infection Control Manual, revised date 9/2023, revealed the Immunizations: Standing Orders, section included, . 3. Counsel resident and/or family/responsible party on the benefits and adverse effects of each vaccine prior to administration of the vaccines. 4. Complete the Pneumococcal and Influenza Vaccine-Information and Consent with the resident or family at the time of admission and each time offered. Place in the medical record. 1. Review of the admission Record for R1 revealed admission on [DATE]. Review of the Immunization Record for R1 revealed the resident received Prevnar 23 in 2020, at age [AGE]. Review of the clinical record revealed no consent, declination, or education for the pneumococcal vaccine. 2. Review of the Admissions Record for R29 revealed admission on [DATE]. Review of the Immunization Record for R29 revealed the resident received Prevnar 13 on 10/2/2020, at age [AGE], and there were no historical dates for the influenza vaccination. Review of the clinical record revealed no consents, declinations, or education for the influenza or pneumococcal vaccines. 3. Review of the admission Record for R13 revealed admission on [DATE]. Review of the Immunization Record for R13 revealed R13 was administered an influenza vaccine on 11/21/2024 by the Assistant Director of Nursing (ADON) at the facility. Review of the clinical record revealed no consent, declination, or education for the influenza vaccine. In an interview on 7/23/2025 at 1:56 pm, the Director of Nursing (DON) stated that nurses document vaccine administration in the medical record. The DON stated that on admission, consent and education was provided to the residents or resident representative for vaccines. The DON further stated that the influenza vaccine was given to residents during flu season. The DON stated there was no further documentation for the resident's vaccines.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Providence Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 South Green Street Thomaston, GA 30286	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident representative (RR) interview, and staff interviews, the facility failed to provide a sanitary and comfortable environment for one of 53 sampled residents (R) (R58). This deficient practice had the potential to place R58 at risk of living in an uncomfortable environment. Findings include: Review of the medical record for R58 revealed an admission date of 8/2/2023. Diagnoses included, but not limited to, cerebrovascular accident. Review of R58's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 6 (indicating severe cognitive impairment). Section GG (Functional Abilities and Goals) documented R58 required assistance with all ADLs. In a concurrent observation and interview on 7/21/2025 at 1:15 pm, observation R58 lying in bed watching television and eating lunch, with the RR at the bedside. In an interview, the RR stated the sewage smell in the resident's bathroom was an ongoing problem and was bad. The RR stated the resident's daughter had reported it to the nurses. The RR further stated that some days it was so bad, it was difficult to stay in the room. In an interview on 7/22/2025 at 11:08 am, the Director of Nursing (DON) revealed that she was aware of the odor in R58's room. She stated she was told the bathroom smelled bad because it was rarely used and the toilet was not flushed often. In a concurrent observation and interview on 7/22/2025 at 11:12 am, the Corporate Maintenance confirmed the smell in R58's bathroom. He stated that the P-trap on the sink was designed to hold water, and if no one used the sink in a long time, the water would evaporate, which would cause a smell. In an interview on 7/22/2025 at 11:22 am, the Administrator stated she had not received a complaint regarding the smell in R58's room. She stated that when she had smelled an odor in the hall, she always assumed it was the resident with a colostomy bag.</p>		