

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115488	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/29/2026
NAME OF PROVIDER OR SUPPLIER Greene Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1321 Washington Highway Union Point, GA 30669	
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 a review of the facility policy titled Medication Storages in the Care Center the facility failed to properly lock and secure two of five medication carts (medication cart A-hall and medication cart C-hall).</p> <p>Review of the policy titled, Medication Storage in the Care Center with a review date of 12/21/2025 documented under the section Intent: to facilitate safe, secure and proper storage of medication and biologicals following manufacturer's recommendations or those of the supplied. Under the section Guideline: medication rooms, carts, and medication supplies are locked or attended by persons with authorized access. The Director of Nursing (DON) is responsible for controlling access to medication carts. The DON is accountable for overseeing the security of medication carts at the center.</p> <p>1. During an observation and interview on 03/27/2026 at 7:32 AM with the DON revealed medication cart C-hall was unlocked and unattended. She stated the staff responsible for that cart worked on C-hall.</p> <p>During an interview on 03/28/2026 at 4:14 PM with the DON stated her expectations are for all carts to be locked and the nurse should take the medication keys with them.</p> <p>2. Observation on 03/28/2026 at 8:38 AM revealed Certified Medication Aide (CMA) AA unlocked the A hall medication (med) cart and stated she was going to start her med pass, but she had to see if the resident was in her room because she needed to check her blood pressure before she gave the blood pressure pill. CMA AA walked away from the unlocked med cart and walked down A hall. CMA AA returned to the unlocked med cart at 8:39 AM. CMA AA stated that the resident was not in her room. CMA AA looked at the unlocked med cart and stated to the surveyor that she apologizes for not locking the cart before she walked away.</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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