STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115495	A. Building B. Wing	03/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dublin Trails of Journey LLC	1634 Telfair Street Dublin, GA 31021

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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38997 Based on resident interviews, staff interviews, and review of the facility's policy titled, Resident Personal Funds, the facility failed to provide resident trust fund account quarterly statements for two of three residents (R) (R45 and R51) reviewed. This deficient practice had the potential to place the 62 residents with trust fund accounts managed by the facility at risk of not being provided the quarterly bank statements. Findings include: Review of the facility policy titled, Resident Personal Funds, dated 1/9/2024, revealed the Policy Explanation and Compliance Guidelines section included 2. If the resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility. The Accounting and Records section included 3. The individual financial record must be available to the resident through quarterly statements and upon request. 1. Review of R45's admission Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) was assessed as 15, which indicated R15 was cognitively intact. Review of the document titled Trial Balance, as of 2/28/2025, revealed R45 had a trust fund account that the facility manages. In an interview on 3/29/2025 at 8:00 am, R45 stated he had a trust fund account that the facility managed. The resident stated he had never received a quarterly statement from the facility. 2. Review of R51's quarterly MDS assessment, dated 2/28/2025, revealed a BIMS was assessed as 15, which indicated R51 was cognitively intact. Review of the document titled Trial Balance, as of 2/28/2025, revealed R51 had a trust fund account that the facility manages. In an interview on 3/29/2025 at 8:10 am, R51 stated he had a trust fund account that the facility managed. The resident stated if he asked the lady in the front office how much money he had, she would verbally tell him the amount in the account, but he did not receive a written quarterly statement from the facility. (continued on next page)

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
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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 3/31/25 at 3:20 pm, the Business Office Manager (BOM) stated she was responsible for the resident trust fund account and providing the residents with their quarterly statements. The BOM confirmed that R45 and R51 had a trust fund account that the facility manages. She stated R45 and R51 statements did not go to a responsible party. The BOM stated that the quarterly statements were given to R45 and R51. The BOM stated she had no way to prove that R45 and R51 were receiving their quarterly statements. She stated that going forward, she will have the residents sign a copy and load the signed copy into the facility's electronic medical record system.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 49396 Based on staff interviews, record review, and review of the facility policy titled, Elopements and Wandering Residents, the facility failed to ensure timely reporting of resident elopement to the State Survey Agency (SSA) for two of 32 sampled residents (R) (R281 and R54). Findings include: Review of the facility policy titled, Elopements and Wandering Residents, revised 2/13/2024, revealed the Definitions section included, Elopement occurs when a resident leaves the premises or a safe area without authorization (i.e., an order for discharge or leave of absence) and/or any necessary supervision to do so. The Policy Explanation and Compliance Guidelines section included, . 5. Procedure for locating missing resident: . g. Appropriate reporting requirements to the State Survey Agency shall be conducted. 1. A review of R281's quarterly Minimum Data Set (MDS) assessment, dated 6/3/2024, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 8 (indicating moderate cognitive impairment). Section E (Behaviors) documented that R281 exhibited wandering behavior four to six days during the look-back period. Review of R281's diagnoses included, but was not limited to, Alzheimer's Disease, cognitive communication deficit disorder, and depression. Review of the facility incident report dated 6/25/2024 revealed the date of the incident was documented as 6/15/2024, and the details included that R281 exited the facility through an unsecured kitchen exit door and was found kneeling outside by a vending machine. The incident was not reported to the SSA until 6/25/2024, which was 10 days after the incident occurred on 6/15/2024. 2. A review of R54's quarterly MDS assessment, dated 3/15/2024, revealed Section C (Cognitive Patterns) documented a BIMS of 8 (indicating moderate cognitive impairment). Section E (Behaviors) documented that R281 exhibited wandering behavior one to three days during the look-back period. Review of R54's diagnoses included, but was not limited to, Alzheimer's Disease with late onset and unspecified dementia with agitation. Review of the facility incident report dated 6/25/2024 revealed the date of the incident was documented as 6/15/2024, and the details included that a Certified Nurse Assistant (CNA) heard the front door alarm go off and found the resident outside, walking towards the parking lot. The incident was not reported to the SSA until 6/25/2024, which was 10 days after the incident occurred on 6/15/2024. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/30/2025 at 10:00 am, the Director of Nursing (DON) and current Administrator stated that the previous Administrator did not recognize the two incidents as elopements and failed to report them timely to the SSA. The Administrator stated that upon assuming duties, she immediately reported both incidents and completed the five-day investigations. The DON and Administrator further stated that facility staff were re-educated on the definition of elopement and regulatory reporting requirements.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 38997 Based on observations, resident interviews, staff interviews, and record review, the facility failed to ensure that activities of daily living (ADL) care was provided for three dependent residents (R) (R45, R46, and R65) related to nail care out of 32 sampled residents. This deficient practice had the potential to place R45, R46, and R65 at risk of feeling self-conscious about their appearance. Findings include: 1. Review of R46's Admission Record revealed diagnoses of, but not limited to, muscle weakness and rheumatoid arthritis. Review of the resident's quarterly Minimum Data Set (MDS) assessment, dated 3/12/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) was assessed as 14 (which indicated R46 was cognitively intact). Section GG (Functional Abilities and Goals) documented the resident as totally dependent for personal hygiene. Review of the resident's care plan, initiated 3/30/2025, revealed that R46 has actual impairment related to fragile skin, with a goal to be clean and well groomed. In an observation and interview on 3/29/2025 at 7:45 am, R46 was lying in bed. His right and left hands were placed on the sides of his right and left thighs. The right hand metacarpophalangeal (MCP) joint, also known as the knuckle, was hyperflexed, the proximal interphalangeal joint (PIP) that bends and extends the fingers was hyperextended, and the distal interphalangeal (DIP) close to the fingernail was hyperflexed. The left hand MCP was hyperflexed, PIP was flex, and the DIP was hyperflexed. The resident's fingernails on the right and left hand were long in length with dirt and brown debris under the nail. The resident stated he had rheumatoid arthritis. The resident further stated that he would like his nails to be cleaned and clipped. In a concurrent interview and observation on 3/30/2025 at 11:53 am, Licensed Practical Nurse (LPN) AA stated the resident's nails should be cleaned and clipped every two weeks. LPN AA confirmed that R46's nails were long and uneven, with dark brown debris. 2. Review of the R65's Admission Record revealed diagnoses of, but not limited to, dementia, muscle weakness, and acute on chronic systolic (congestive) heart failure. Review of the resident's quarterly MDS assessment, dated 3/20/2025, revealed Section C (Cognitive Patterns) documented a BIMS assessed as 10 (which indicated R65 had moderate cognitive impairment). Section GG (Functional Abilities and Goals) documented the resident required partial to moderate assistance with personal hygiene. Review of the resident's care plan, revised on 12/15/2024, revealed that R65 has actual impairment related to fragile skin, with a goal to be clean and well groomed. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an observation and interview on 3/29/2025 at 7:50 am, R65's fingernails on the right and left hand were long in length with dirt and brown debris under the nail. The resident stated he would like his fingernails to be cleaned up and clipped. In a concurrent interview and observation on 3/30/2025 at 11:54 am, LPN AA confirmed that R65 nails were long in length with dark brown debris. 3. Review of R45's Admission Record revealed diagnoses of, but not limited to, contracture to the left hand, muscle weakness, and end-stage renal disease. Review of the resident's admission MDS assessment, dated 12/8/2024, revealed Section C (Cognitive Patterns) documented a BIMS of 15 (which indicated R45 was cognitively intact). Section GG (Functional Abilities and Goals) documented the resident as totally dependent for personal hygiene. Review of the resident's care plan, revised on 3/29/2025, revealed that R45 required total assistance of one to two staff for ADL care. In an observation and interview on 3/29/2025 at 8:00 am, R45's fingernails were observed to be long in length with dirt and brown debris under the nail. The resident stated that he would like his nails to be cleaned and clipped. An observation on 3/30/2025 at 11:25 am revealed R45 sitting up in the wheelchair in his room, dressed in street clothes. The resident's fingernails on the right and left hand were long in length with dirt and brown debris under the nail. During an observation on 3/30/2025 at 12:00 pm, the Director Of Nursing Service (DNS) confirmed that R45 nails were long with brown debris under the nail and needed to be clipped. In an interview on 3/30/2025 at 12:05 pm with the DNS outside of R65's room, the DNS stated the resident's nails should be clean and clipped on their scheduled bath days. The DNS stated R65 refuses to have his nails clipped and refuses baths. The DNS reviewed the resident's skin integrity care plan and confirmed that the resident's care plan did not reflect that R65 refused to have his fingernails clipped. At 12:03 pm, Certified Nursing Assistant (CNA) FF arrived with nail clippers. CNA FF asked R45 if he would his fingernails clipped, he responded that he would and allowed CNA FF to trim his fingernails. In an interview on 3/30/2025 at 1:00 pm, the Director of Nursing Service (DNS) stated the facility did not have a policy on ADLs or nail care. In an interview on 3/30/2025 at 2:40 pm, CNA FF stated the facility policy regarding nail care was for the resident's fingernails to be checked on their bath days and clipped if needed. CNA FF stated that when a resident refused ADLs, including nail care and shaving, the charge nurse should be notified.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47946 Based on observations, staff and resident interviews, record review, and review of the facility's policies titled, Oxygen Concentrator, and Oxygen Administration, the facility failed to ensure that three of five residents (R) (R12, R58, and R66) reviewed for oxygen (O2) had respiratory equipment that was properly cleaned and stored. This deficient practice had the potential to place R12, R58, and R66 at risk for respiratory complications and a diminished quality of life. Findings include: Review of the facility policy titled, Oxygen Concentrator, dated 2013, revealed the Purpose section included, To provide Oxygen for therapeutic use by utilizing a concentrator that converts ambient air to a higher concentration level of oxygen. The Precautions and Hazards section included, 1. Do not operate the oxygen concentrator without the filter or with a dirty filter. The Procedure section included, . 5. Check the air inlet filter and ensure that it is in place and clean. The Daily Maintenance section included, . 3. Clean the air inlet filter PRN (as needed) and weekly. Review of the facility policy titled, Oxygen Administration, reviewed 2/14/2024, revealed the Policy Explanation and Compliance Guidelines section included, . 7. Cleaning and care of equipment shall be in accordance with facility policies for such equipment. 1. Review of R12's clinical electronic record revealed diagnoses that included, but were not limited to, unspecified asthma, chronic diastolic (congestive) heart failure, and chronic kidney disease stage 3. Review of R12's annual Minimum Data Set (MDS) assessment dated [DATE] revealed Section J (Health Conditions) documented the resident had shortness of breath when lying flat. Section O (Special Treatments, Procedures, and Programs) documented R12 received oxygen. Review of R12's Physician Orders revealed an order dated 1/3/2025 for O2 at 2 liters per minute (LPM) via a nasal cannula (NC) every shift. Observations on 3/29/2025 at 10:30 am, 3/30/2025 at 8:43 am, and 3/31/2025 at 9:01 am revealed R12 lying in bed receiving O2 therapy. Observation revealed the O2 concentrator inlet foam filter was dirty with a fuzzy grayish substance. 2. Review of R58's clinical electronic record revealed diagnoses that included, but were not limited to, major depressive disorder, recurrent, unspecified, and generalized anxiety disorder. Review of the quarterly MDS assessment dated [DATE] revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 15 (indicating the resident had intact cognition). Section O (Special Treatments, Procedures, and Programs) did not document that R58 received oxygen. Review of R58's Physician Orders revealed an order for O2 at 2 LPM via a NC with a discontinued date of 12/13/2024. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 3/29/2025 at 10:04 am in R58's room revealed an O2 concentrator at the bedside with O2 tubing and a nasal cannula lying on the floor. In an interview on 3/30/2025 at 9:13 am, R58 stated he no longer used the O2. Observation revealed that the tubing and cannula remained on the floor. Observation on 3/31/2025 at 8:55 am in R58's room revealed the O2 tubing and cannula remained on the floor. 3. Review of R66's clinical electronic record revealed diagnoses that included, but were not limited to, unspecified asthma, chronic diastolic (congestive) heart failure, chronic coronary microvascular dysfunction, and obstructive sleep apnea. Review of R66's quarterly MDS assessment, dated 1/30/2025, revealed Section C (Cognitive Patterns) documented a BIMS of 15 (indicating the resident had intact cognition). Section J (Health Conditions) documented the resident had shortness of breath when lying flat. Section O (Special Treatments, Procedures, and Programs) documented R12 used a non-invasive mechanical ventilator. Review of R66's Physician Orders revealed an order dated 3/11/2025 for ipratropium-albuterol solution 0.5-2. 5 (3) milligrams (mg)/3 milliliters (ml), one vial inhale orally every six hours as needed for shortness of breath, nebulizer. Observation on 3/29/2025 at 11:08 am in R66's room revealed a nebulizer machine sitting on top of a basket of miscellaneous clothing items and located on the floor. Further observation revealed the tubing and nebulizing mask were lying on top of the machine, unbagged and exposed to the environment. In an interview and observation on 3/30/2025 at 9:10 am, the nebulizer machine, tubing, and mask remained on top of the basket with clothing, with the mask unbagged and exposed to the environment. R66 stated that she was never provided with a storage bag to cover or keep her nebulizer mask in to keep it clean from dirt or other debris. Observation on 3/31/2025 at 9:16 am revealed the nebulizer machine, tubing, and mask remained on top of the basket with clothing, with the mask unbagged and exposed to the environment. During concurrent interviews and observations on 3/31/2025 at 9:35 am, the Director of Nursing (DON) and Licensed Practical Nurse (LPN) II confirmed R66's nebulizer mask was unbagged and resting in a clothes basket, the dirty O2 concentrator inlet filter with gray fuzzy substances in R12's room, and the nasal cannula lying on the floor in R58's room. LPN II stated that the nurse was responsible for the maintenance and cleaning of the oxygen equipment on their hall. She verified that, according to R58's physician orders, his O2 therapy was discontinued in December, and the equipment should have been removed from his room. The DON confirmed that the nursing staff assigned to that resident's hall was responsible for respiratory care needs on their hall, which included cleaning of all O2 equipment. She stated the nursing staff was required to clean all the O2 concentrators' filters weekly, ensuring the nebulizer masks were stored properly when not in use, and nasal cannulas were stored in a bag when not in use. She further confirmed that if O2 therapy had been discontinued for a resident, the equipment needed to be removed immediately from their room.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49673 Based on observations, staff interviews, and a review of the facility's policy titled, Labeling and Dating Inservice, the facility failed to ensure that expired, unlabeled, and undated food items were not stored in the freezer, refrigerator, and dry food storage pantry, and failed to ensure the ice maker was maintained in a sanitary manner. The deficient practices had the potential to place 82 residents who received an oral diet from the kitchen at risk of contracting a foodborne illness. Findings Include: A review of the facility's undated policy titled Labeling and Dating Inservice revealed the Importance of Labeling and Dating section included, Proper labeling and dating ensures that all foods are stored, rotated, and utilized in a First In First Out (FIFO) manner. This will minimize waste and ensure that items that have passed their due date are discarded. The Guidelines for Labeling and Dating section included, Leftovers must be labeled and dated with the date they are prepared and the use by date. The Use By Dating Guidelines section included, Guidelines apply regardless of storage location (e.g., kitchen, pantries, etc.). During a kitchen tour on [DATE] at 7:57 am with Dietary Aide (DA) DD, observations in the dry storage pantry revealed the following: Two 15-ounce (oz) packs of hot dog buns with expiration dates of [DATE] and [DATE] Five loaves of sandwich white bread with an expiration date of [DATE] Six 23 oz. packs of hamburger buns with an expiration date of [DATE] Seven 24 oz. packs of gelatin with an expiration date of [DATE] Five 4.7 oz boxes of taco shells with an expiration date of [DATE] Two 5-pound (lb) boxes of baking mix with an expiration date of [DATE] One 5 lb. container of macaroni noodles, unlabeled and undated One 5 lb. container of egg noodles, unlabeled and undated One 5 lb. container of brownie mix, unlabeled and undated In an interview during the tour, DA DD confirmed the identified expired, unlabeled, and undated food items and stated that all dietary staff were responsible for labeling and dating food items. Observations in the walk-in refrigerator revealed: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	One unlabeled, undated, and unwrapped yellow block of sliced cheese sorted into two 4 quart (qt) containers One 5-gallon container of pink liquid, unlabeled and undated Three boiled eggs, unlabeled and undated One 6 lb container of bologna, unlabeled and undated Two 10 lb. containers of chicken, unlabeled and undated One 4-qt. container of apple slices, unlabeled and undated 16 sausages, unlabeled and undated Nine containers of yogurt with an expiration date of [DATE] 34 containers of yogurt with an expiration date of [DATE] Observation of the walk-in freezer revealed: One box labeled Oxtail with an expiration date of [DATE] One prepackaged bag labeled ribs with an expiration date of [DATE] One 64 oz package of sausage with an expiration date of [DATE] One one-gallon bag labeled raw chicken with an expiration date of [DATE] 36 5 oz. bread cheese curd with an expiration date of [DATE]. One 8-lb. unlabeled and undated frozen pink substance identified by DA DD as fish DA DD confirmed all expired, unlabeled, and undated findings in the walk-in freezer and discarded them. During the tour, observation revealed one ice machine located on the outside wall of the kitchen in the main dining room. was confirmed for kitchen use by DA DD. Observation of the ice machine revealed a brown-red substance inside, along with a white machine part touching the ice. DA DD confirmed the observation of the brown-red substance and confirmed that maintenance cleans the inside of the ice machine. DA DD provided the cleaning log, which revealed no cleaning for [DATE]. In an interview on [DATE] at 11:51 am, DA DD stated that if food items were not labeled, dated, expired, or stored properly, the residents could get sick. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	In an interview on [DATE] at 11:56 am, DA BB stated she had checked the dry storage pantry the day before the survey began. She stated she had checked for dates and storage and rotated newer food items to the back and older food items to the front. DA BB stated she must have missed something during her check. DA BB stated that food items not being labeled, dated, expired, or stored properly would put the residents at risk of getting sick. In an interview on [DATE] at 12:00 pm, the Certified Food Manager (CFM) stated that all food items that come in should be labeled and dated with the received date, opened date, and expiration date. The CFM stated that she would conduct in-service and add to concerns to the Quality Assurance and Performance Program (QAPI). The CFM stated that if food items were not labeled and dated or were expired, residents could get sick.

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 46579 Based on observations, staff interviews, and review of the facility policy titled, Hand Hygiene, the facility failed to ensure hand hygiene was performed between residents and failed to ensure shared medical equipment was sanitized between residents. The deficient practices had the potential to place residents at risk of avoidable infections due to cross-contamination. The facility census was 82. Findings: Review of the facility policy titled, Hand Hygiene, revised 2/1/2024, revealed the Policy section stated, All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. The Definitions section included, Hand hygiene is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR). The Policy Explanation and Compliance Guidelines section included, . 2. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table. The Hand Hygiene attachment included, Either soap and water or ABHR for between resident contacts, after handling contaminated objects, and before preparing or handling medications. A policy was requested for the cleaning and disinfecting of shared equipment and was not provided. Observations on 3/29/2025 beginning at 10:05 am revealed Licensed Practical Nurse (LPN) AA exited a resident room, placed a piece of reuseable equipment on the medication cart, donned gloves, cleaned the equipment, removed the gloves, moved the medication cart to another location in the hallway, prepared medications for a resident, entered a code on a keypad at an exit door for a staff member, and proceeded to the resident's room and administered the medication. Observation revealed she did not perform hand hygiene between any of the tasks she completed or before entering the resident's room. Continued observation revealed she exited he resident's room, removed an electronic blood pressure cuff from her pocket, placed it on the medication cart, prepared medication for another resident, picked up the blood pressure machine, and entered another resident's room to administer medications. She exited the resident's room, placed the blood pressure machine on the medication cart, documented in the electronic medical record, and performed hand hygiene with ABHR. In an interview on 3/27/2025 at 10:25 am, LPN AA stated hand hygiene should be performed with each medication administration and after gloves were removed. She confirmed she did not perform hand hygiene each time she should have. She confirmed that a container of ABHR was available to her on the medication cart. She further confirmed she did not sanitize the blood pressure machine between residents and stated she should have. In an interview on 3/27/2025 at 1:02 pm, the Director of Health Services (DHS) stated that she expected nurses to perform hand hygiene before preparing medications, after preparing medications, after administering medications, and when gloves were removed. She further stated that blood pressure cuffs should be sanitized between residents.