

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2025
NAME OF PROVIDER OR SUPPLIER Hospital Authority of Brooks County, Georgia, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 West Screven Street Quitman, GA 31643	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on record review, interviews and review of the facility's policy titled Abuse/Neglect Prevention Program, the facility failed to ensure that one of nine sampled Residents (R) (R1) was protected from alleged abuse by staff as evidence that the staff continued to provide care for R1 and was not suspended during the allegation investigation.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled Abuse/Neglect Prevention Program revealed, 4. Reporting Practices: H. Facility action in mistreatment, neglect, abuse of residents , or misappropriation, exploitation of resident property . 2. Upon discovery of alleged abuse, the staff member(s) will be immediately suspended pending investigation.</p> <p>Review of medical records revealed, R1 was admitted with the following diagnoses that include but are not limited to emphysema, chronic pulmonary edema, chronic obstructive pulmonary disease, hemiplegia and hemiparesis following cerebra infarction, dementia, and hypertension.</p> <p>Review of the Progress Notes dated 1/28/2025 which indicated a late entry for 1/27/2025 revealed that R1 had stated that the Certified Nurse Aide (CNA) (identified as CNA MM) shoved the neck pillow behind her head. The Director of Nursing (DON) and Assistant Director of Nursing (ADON) came to the unit and had a conversation with R1 to see if the situation to be resolved.</p> <p>Review of the Time of Attendance dated 1/23/2025 through 2/5/2025 revealed CNA MM continued to work on 1/27/2025 and did double shift on 1/28/2025.</p> <p>Review of the (Named) law enforcement MISC INCIDENT REPORT dated 2/26/2025 revealed that CNA MM was still assigned to R1 as recently as 2/25/2025. It is noted that the facility DON was questioned as to why CNA MM was providing care to R1 the day prior. After asking this question, CNA MM was given another assignment.</p> <p>During an interview on 6/23/2025 at 2:07 pm, CNA MM revealed that R1 had asked her to adjust her neck pillow. She stated that she had slid the pillow under R1 head without lifting her head. The next day when CNA MM entered the R1 room, she hesitated because R1 had said that she had hurt her neck. She continued to state this so she had asked CNA NN to go into the room with her and told CNA NN to take care of the resident. She stated that she stood by the door while CNA NN completed tasks requested by R1.</p> <p>(continued on next 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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/23/2025 at 3:19 pm CNA NN revealed, she entered R1's room with CNA MM and that when she asked CNA MM why she could not put on a bib. CNA MM had explained to her that R1 had accused her of choking her.</p> <p>During an interview on 6/24/2025 at 1:10 pm the Administrator revealed that she did not consider the incident (regarding the neck pillow) on 1/27/2025 as abuse. And that she reported the neck pillow incident on 1/28/2025 because the ombudsman stated that the resident had alleged abuse. She revealed that the facility policy does not state that the staff had to be sent home but only reassigned to another section.</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on record review, interviews and review of the facility's policy titled Abuse Reporting , the facility failed to report an allegation of abuse to the State Survey Agency (SSA) within the required time frame for one of nine sampled Residents (R) (R1).</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled Abuse Reporting revealed, under the Policy Statement that All personnel must promptly report an incident or suspected incident of resident abuse, including injuries of an unknown source and misappropriation of resident property. This includes the facility's identification of residents whose person histories render them at risk for abusing other residents. Under the Policy Interpretation and Implementation revealed, 3. When an alleged or suspected case of mistreatment, neglect, or abuse is reported, the facility Executive Director, or his/her designee, will notify the following persons or agencies of such incident: a. Office of Regulatory Services, Long Term Care Section, Compliance Coordinator. b. Resident Representative and/or responsible party c. Ombudsman Protective Services. d. Law Enforcement officials (as deemed appropriate). e. Attending physician.</p> <p>Review of the medical records revealed R1 was admitted with the following diagnoses that include but are not limited to emphysema, chronic pulmonary edema, chronic obstructive pulmonary disease, hemiplegia and hemiparesis following cerebra infarction, dementia, and hypertension.</p> <p>Review of the progress note dated 1/28/2025 which indicated a late entry for 1/27/2025 revealed R1 wanted her neck pillow adjusted. Licensed Practical Nurse (LPN) RR was called into the room and R1 stated that Certified Nursing Assistant (CNA) MM had shoved the pillow behind her head.</p> <p>Review of the (Named) law enforcement MISC INCIDENT REPORT dated 2/26/2025 revealed law enforcement was dispatched to the facility to take a complaint from R1 for simple assault.</p> <p>Review of the Facility Incident Report Form dated 1/28/2025 revealed that the incident occurred on 1/27/2025 and was reported on 1/28/2025 to the state agency.</p> <p>During an interview on 6/24/2025 at 11:27 am, the Director of Nursing (DON) revealed that she was responsible for state reportable. The DON revealed that on the 1/27/2025, it was initially reported to her as rough handling. She further revealed, the Ombudsman came the next day on 1/28/2025 and went to the Administrator to inform her that the incident on 1/27/2025 should be reported as abuse.</p> <p>During an interview on 6/24/2025 at 1:10 pm, the Administrator revealed that R1 had requested for law enforcement to make an assault charge.</p>		