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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115501 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/25/2024 |
| NAME OF PROVIDER OR SUPPLIER Harborview Thomasville | | STREET ADDRESS, CITY, STATE, ZIP CODE 930 South Broad St. Thomasville, GA 31792 | |

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) |
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| <p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34318</p> <p>Based on staff interview, record review, and review of the facility's policy titled, Resident Personal Funds, the facility failed to ensure that two Residents (R) R4, R8 of five whose accounts were reviewed, were paid their final refund for account reconciliation within 30 days after discharge from the facility.</p> <p>Findings include</p> <p>1. Review of the policy titled Resident Personal Funds revised date 3/1/2024 stated, Conveyance upon Discharge, Eviction, or Death. 1. Upon the discharge, eviction, or death of a resident with a personal fund deposited with the facility, the facility will convey within 30 days the resident's fund and a final account of those funds to the resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with State law.</p> <p>Review of the Admission Record revealed R4 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that include but not limited to, Alzheimer's disease, chronic obstructive pulmonary disease, unsteadiness on feet, epilepsy, seizures, hypertension, and dementia.</p> <p>Review of the patient liability record for 3/1/2023 through 12/31/2023 revealed liability for March 2023 through December 2023 for \$1,550.00 dollars. The resident was a hospice resident.</p> <p>Review of the facility's Credit Card Authorization Form, and transaction receipts, dated of 8/3/2023, 9/5/2023, 10/4/2023, 11/6/2023, 12/7/2023 and 1/3/2024 revealed a payment of \$1,550.00 dollars from the responsible party each month.</p> <p>Review of form titled, Nursing Facility Notification of Hospice Admission and Notification of Change dated 2/28/2023 documented, Please make appropriate changes in billing: [NAME] family for room and board.</p> <p>Review of payments received in January 2024 from hospice, and the responsible party, revealed R4 was entitled to a refund.</p> <p>Review of check number 11258 dated 7/26/2024, with payee to the responsible party in care of R4, in the amount of \$68.80 dollars, confirmed R4 was due refund and was paid six months after his discharge from the facility.</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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>R4 was discharged on [DATE].</p> <p>Interview on 7/25/2024 at 1:23 pm, the Receivable Account (AR) manager revealed that R4's responsible party was paying \$1,550.00 dollars, and hospice was paying the remainder of care cost. R4 was due a refund from hospice.</p> <p>2. Review of the Admission Record revealed R8 was admitted to the facility on [DATE]with diagnoses that include but not limited to, type 2 diabetes mellitus, hypothyroidism, and diverticulosis of intestine.</p> <p>Review of patient liability dated 8/1/2023 through 1/31/2024 revealed a liability of \$2,114.00 dollars.</p> <p>Review of the Resident Statement Landscape dated 10/3/2024 through 3/22/2024 revealed on 10/4/2024 resident received her \$70.00 dollars. There was no evidence that resident received her monthly \$70.00 dollars for November 2023, December 2023 or January 2024.</p> <p>Review of documentation confirmed Credit Card Authorization Form and transaction receipt, dated 8/31//2023 for \$1,200.00 dollars, Credit Card Authorization Form and transaction receipt, dated 9/20/2023 for \$1,525.00 dollars, Credit Card Authorization Form and transaction receipt dated 9/20/2023 for \$2,500.00 dollars.</p> <p>Review of check number 11257 dated 7/26/2024 confirmed a refund for \$210.00 dollars was due and paid six months after R8 discharged .</p> <p>Resident was discharged on [DATE].</p> <p>Interview on 7/25/2024 at 1:23 pm, Receivable and Accountant (AR) manager revealed that the facility was taking \$70.00 dollars from R8 for an outstanding balance for the past three months. The responsible party did not authorize the withholding of the \$70.00 dollars for debt and the resident will receive a refund.</p> | | |

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| <p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34318</p> <p>Based on staff interview, record review, and review of the facility policy titled, Transfer and Discharge (including AMA), the facility failed to ensure that a facility-initiated transfer or discharge for one resident (R) R4 of 10 sampled residents, who did not receive a 30-day notice discharge. The facility census was 63 residents.</p> <p>Findings include</p> <p>The facility policy titled Transfer and Discharge (including AMA), dated [DATE] stated: Policy: It is the policy of this facility to permit each resident to remain in the facility, and not initiate transfer or discharge for the resident from the facility, except in limited circumstances.</p> <p>Facility-initiated transfer or discharge is a transfer or discharge which the resident objects to, or did not originate through a resident 's verbal or written request, and/or is not in alignment with the resident's stated goals for care and preference.</p> <p>Review of the Admission Record revealed R4 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that include but not limited to, Alzheimer's disease, chronic obstructive pulmonary disease, unsteadiness on feet, epilepsy, seizures, hypertension, and dementia.</p> <p>Review of the care plan dated [DATE] revealed R4 wished to receive Long Term Care (LTC) services. His interventions included, but not all-inclusive, to have his responsible party participate actively in creating his discharge plan; talk with R4 often about his discharge plan so that he would know what was happening and when it would happen.</p> <p>Review of progress notes dated [DATE] to [DATE] revealed an entry dated [DATE] that documented the responsible party was notified about R4 being transferred to emergency room (ER) and from the ER, R4 was to go to an inpatient behavior facility for a psychiatric evaluation. A second entry dated [DATE] revealed R4 returned to the facility the same day. An entry dated [DATE] revealed R4 was transported by the nursing home to a behavior facility for evaluation. On [DATE], it is noted that the nursing home called the behavioral facility and the responsible party and informed them that the nursing home was not taking R4 back.</p> <p>Resident was discharged on [DATE].</p> <p>Review of the physician letter dated [DATE] revealed a recommendation that R4 be placed in a memory unit for his and other patients' safety.</p> <p>Record review revealed there were multiple entries in the medical record of R4 behaviors and concerns for safety of other residents prior to the coffee incident on [DATE], where a female resident had coffee thrown on her. There was no negative adverse outcome as the coffee was noted to be cool.</p> <p>(continued on next page)</p> | | |

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| <p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>There was no evidence that the facility had any intentions of allowing R4 to return to the facility on ce he was accepted and completed his stay at the behavioral facility, or that a 30-day notice was provided to the responsible party.</p> <p>R4 expired on [DATE] at another skilled nursing facility.</p> <p>Interview on [DATE] at 4:00 pm, Corporate Regional Director of Operation revealed that R4 had behaviors in the past and can't answer why a 30-day notice was not issued. If R4 was a harm to himself or others, he should have received a 30-day notice to be discharged . She also revealed that she was part of the decision to not accept R4 back into the facility.</p> <p>Interview on [DATE] at 10:48 am, Social Worker revealed that a corporate person made the decision to not accept R4 back to the facility. The previous Administrator was going to take him back to see if he was stable after treatment. The corporate person refused to allow R4 to return, stated he was a danger.</p> |