

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 11/22/2024
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)
<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34318</p> <p>Based on the record review, staff interviews, and the facility policy Abuse, Neglect and Exploitation, the facility failed to report that one resident (R2) with suicidal ideations of seven sample residents used a call light cord and/or a bed remote cord in an attempt to harm himself.</p> <p>On 11/18/2024 a determination was made that the facility's noncompliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents.</p> <p>The Regional Director of Operation, Administrator, and Director of Nursing (DON) were informed of the Immediate Jeopardy (IJ) on 11/18/2024 at 10:07 am. The noncompliance related to the IJ was identified to have existed on 9/27/2024 when R2 was found with the call light cord wrapped around his neck.</p> <p>The IJ is outlined as follows:</p> <p>R2 was admitted to the facility with a diagnosis of major depressive disorder. He also had a history prior to his admission of suicide attempts. On 9/19/2024, R2 requested to be sent to an inpatient psychiatric facility. R2 returned to the facility on [DATE]. He was seen on 9/24/2024 by the facility's geriatric psychologist consultant. The recommendation was to monitor R2's mood and behaviors.</p> <p>Three days later, on 9/27/2024, R2 was lying in bed with the call light cord around his neck. He was sent to the emergency room for suicidal ideations, however, R2 required medical care for his acute change in condition. His medical condition was stabilized, and R2 returned to the nursing facility. There was no evidence that R2 received psychiatric services or contact their behavioral consultant.</p> <p>On 10/2/2024, R2 was lying in bed with the bed control cord around his neck, and he attempted to swing his legs off the opposite side of the bed. There was no evidence of psychiatric services provided to R2. A cowbell had been purchased in place of the call light. However, R2 was given his call light with a cord after removing the cowbell.</p> <p>On 10/26/2024, R2 was lying in bed with a bed remote cord wrapped around his neck. R2 was sent to the hospital and was discharged 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
---	-------	-----------

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 11/22/2024
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)		
<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The facility did not ensure choking hazards were removed from R2's reach.</p> <p>The IJ was related to the facility's noncompliance with the program requirements as follows:</p> <p>C.F.R. 483.12(c)(1)(4) Reporting of Alleged Violations (F 609 S/S: J)</p> <p>C.F.R. 483.21(b)(1) Develop/implement Comprehensive Care Plan (F 656 S/S: J)</p> <p>C.F.R. 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices (F 689 S/S: J)</p> <p>C.F.R. 483.40 Behavioral Health Services (F 740 S/S: J)</p> <p>C.F.R. 483.70 Administration (F 835 S/S: J)</p> <p>Additionally, Substandard Quality of Care was identified with the requirements at C.F.R. 483.12(c)(1)(4) Reporting of Alleged Violations (F 609 S/S: J); C.F.R. 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices (F 689 S/S: J).</p> <p>An acceptable Removal Plan was received on 11/20/2024. Based on the validation of the Removal Plan, the State Survey Agency determined that the corrective plans and the immediacy of the deficient practice was removed on 11/20/2024. The facility remained out of compliance while the facility continued management level staff oversight as well as develops and implements a Plan of Correction (POC). This oversight process includes the analysis of facility staff's conformance with the facility's policies and procedures. In-service materials and records were reviewed. Interviews were conducted with staff to ensure they demonstrated knowledge of facility Policies and Procedures related to accident hazards and the behavioral health needs of residents.</p> <p>Findings include:</p> <p>Review of the facility policy Abuse, Neglect and Exploitation dated 3/1/2022, revised 7/1/2024. VII. Reporting/Response. A. The facility will have written procedures that include:</p> <p>1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified time frames:</p> <p>a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause that allegation involve abuse or result in serious bodily injury, or</p> <p>b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</p> <p>Review of the medical record revealed that R2 was admitted on [DATE] and readmitted on [DATE] with the following diagnoses that include but not limited to nontraumatic subdural hemorrhage, major depressive disorder with severe psychotic symptoms, and suicidal ideations.</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the progress notes dated 7/9/2024 through 10/30/2024 revealed entry dated 9/27/2024 R2 was transferred to the emergency room for wrapping call light wrapped around his neck. An entry dated 10/2/2024 revealed resident called 911 and stated he was going to kill himself by hanging from the bed control cord. When law enforcement arrived, the resident attempted to swing his legs off the side of the bed opposite the bed control cord to give himself leverage to hang himself from the cord wrapped around his throat. R2 made two attempts in front of staff and law enforcement. R2 continued to tell staff that he was going to commit suicide. R2 was taken to the hospital by Emergency Services (EMS). An entry dated 10/26/2024 revealed that R2 was observed with a bed remote cord wrapped around his neck. It is noted that R2 stated he wanted to die. R2 was transported via EMS to the hospital.</p> <p>There was no evidence that these three attempts to harm himself were reported to the state agency.</p> <p>An interview on 11/13/2024 at 4:03 pm, the Director of Nursing (DON) revealed that she was told by the Regional LLLL that attempted suicide was not reportable. The DON stated that she is responsible for the reportable.</p> <p>An interview on 11/13/2024 at 4:46 pm, the Administrator revealed that when R2's incident happened, he had the DON to find out if this was reportable. The DON stated that Regional LLLL told her that there were no injuries and no harm, and it was not reportable.</p> <p>The facility implemented the following actions to remove the IJ:</p> <ol style="list-style-type: none"> 1. The facility failed to report that resident #2 with suicidal ideation used the call light and/or the bed remote cord in an attempt to self harm. On 10/27/2024 Resident #2 was transferred to the hospital and then discharged from the facility on 10/30/2024 and never returned. 2. The Chief Compliance Officer on 11/18/2024 in-serviced the Administrator, Director of Nursing Assistant Director of Nursing, Minimum Data Set nurse and Social Worker on the Abuse Neglect and Exploitation Policy, Comprehensive Care Plans Policy, Behavioral Health Policy and Accidents and Supervision Policy, and the importance of ensuring that Suicidal ideations with self harm are reported to HFRD. On 11/19/2024 the Chief Compliance officer reviewed the 24hr report from the last 14 days to audit for any instances of Suicidal ideations or self harm. No new instances were identified to report. 3. On 11/18/2024 the Chief Compliance Officer, Director of Nursing, Assistant Director of Nursing and/or Regional MDS began in-servicing all staff on the Abuse Neglect and Exploitation Policy and the importance of reporting to their supervisor, Director of Nursing or Administrator anytime a resident voices that they wish to harm themselves and if they witness a resident attempting to harm themselves that they first provide for the residents safety then report as instructed. All staff will be educated prior to working their next shift by the Director of Nursing, Assistant Director of Nursing or Administrator. (4 of 6 Registered Nurses, 12 of 13 Licensed Practical Nurses, 23 of 26 Certified Nursing Assistants, 8 of 10 Housekeeping, 6 of 7 Dietary, 7 of 8 Administrative, 1 of 1 Maintenance, 8 of 9 Therapy, 1 of 1 Social Services) 70 of 81 staff (85%) have been educated. <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>4. On 11/18/2024 the Social worker and Director of Nursing began interviewing all residents with a BIMS above 8 (38 of a total of 60 residents) to determine if any of the residents have intentions to harm themselves or Suicidal Ideations. This resident audit was completed 11/19/2024. No new incidents were identified. Skin assessments were completed on all residents with BIMS 8 or below (22 of a total of 60 residents) starting 11/18/2024 by the Director of Nursing and Floor Nurses to assess for new bruising or other injuries that may be indicators of self harm. This was completed 11/19/2024 with no new signs of any self harm identified.</p> <p>5. We have no agency staff currently.</p> <p>6. AD Hoc QAPI meeting was completed on 11/18/2024 for policy review and root cause analysis was determined staffing education was needed. No policy changes were needed. Attendance to the meeting was Regional Director of Operations, Chief Compliance Officer, Director of Nursing, Assistant Director of Nursing, Director of Rehab, Social Worker, and Administrator. The Medical Director was notified by phone.</p> <p>The State Survey Agency (SSA) validated the facility's written IJ Removal Plan as follows:</p> <p>1. Review of medical records revealed R2 was sent to hospital on 10/26/2024 and did not return.</p> <p>2. Review of the in-service form dated 11/18/2024 revealed that the Director of Nursing, Assistant Director of Nursing, Social Services, Administrator and the MDS Coordinator were educated on appropriate interventions for residents with suicidal ideations</p> <p>3. All staff will be educated before working their next shift by the Director of Nursing, Assistant Director of Nursing, or the Administrator.</p> <p>RN: 4 of 6 One RN out on medical leave</p> <p>LPN: 9 of 13</p> <p>C.N.A: 15 of 26</p> <p>Rehab: 8 of 9 - Interviewed 2 full time Rehab and 6 PRN</p> <p>Housekeeping: 8 of 10 Interviewed</p> <p>Dietary: 6 of 7 Interviewed</p> <p>Social Services: 1 of 1 -Interviewed 1 of 1 Social Worker</p> <p>Maintenance: 1 of 1 - Interview 1 of 1 Maintenance Director</p> <p>Administration: 7 of 8 - Interviewed 8 of 8 Human Resources, Medical Record Clerk, Activity Director, Business Office Manager, DON, ADON</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Verified the above education via the following staff interviews on 11/21/2024 at 5:15 pm, Licensed Practical Nurse (LPN) AAA, 11/21/2024 at 5:18 pm, LPN SS, 11/21/2024 at 5:20 pm, LPN TT, 11/21/2024 at 5:23 pm Certified Nurse Aide (CNA) UU, 11/21/2024 at 5:27 pm, CNA VV, 11/21/2024 at 5:29 pm, CNA WW, 11/21/2024 at 5:33 pm, CNA XX, 11/21/2024 at 5:35 pm, CNA YY, 11/21/2024 at 5:36 pm, LPN EE, 11/21/2024 at 5:39 pm, CNA ZZ, 11/21/2024 at 5:42 pm, LPN BB, 11/21/2024 at 5:51 pm, CNA BBB, 11/21/2024 at 6:01 pm, LPN CCC, 11/21/2024 at 6:03 pm, CNA GG, 11/21/2024 at 6:06 pm, LPN OO, 11/21/2024 at 6:09 pm, CNA DDD, 11/21/2024 at 6:11 pm, CNA EEE, 11/22/2024 at 9:24 am, Restorative CNA, 11/22/2024 at 9:26 am, RN KK, 11/22/2024 at 9:30 am, LPN LL, 11/22/2024 at 9:57 am, CNA GGG, 11/22/2024 at 10:01 am, CNA HHH, 11/22/2024 at 10:04 am, CNA III, 11/22/2024 at 10:08 am, CNA JJJ, 11/22/2024 at 10:10 am, LPN CC, 11/22/2024 at 10:14 am, Social Worker KKK, 11/22/2024 at 10:19 am, Maintenance Director LLL, 11/22/2024 at 10:22 am, Dietary aide MMM, 11/22/2024 at 10:24 am, HR/Payroll OOO, 11/22/2024 at 10:26 am, Dietary Assistance NNN, 11/22/2024 at 10:30 am, Dietary Aide/Cook PPP, 11/22/2024 at 10:37 am, Dietary Manager QQQ, 11/22/2024 at 10:45 am, OT RRR, 11/22/2024 at 11:43 am, COTA SSS, 11/22/2024 at 11:46 am, Housekeeping Supervisor TTT, 11/22/2024 at 11:48 am, Housekeeping UUU, 11/22/2024 at 11:49 am, Housekeeping VVV, 11/22/2024 at 11:51 am, Housekeeping WWW, 11/22/2024 at 11:53 am, Floor Tech XXX, 11/22/2024 at 11:54 am, Admission/Marketing, 11/22/2024 at 11:58 am, Medical Record Clerk/ Purchasing, 11/22/2024 at 12:02 pm, Activity Director, 11/22/2024 at 12:06 pm, Business Office Manager (BOM) ZZZ, 11/22/2024 at 12:09 pm, PTA AAAA, 11/22/2024 at 2:53 pm RN BBBB.</p> <p>Residents with BIMS above 8 (38 of a total of 60 residents)</p> <p>Skin assessment on residents with BIMS 8 or below (22 of a total of 60 residents) total 60 of 100.</p> <p>4. Review Interviewable Residents checklist dated 11/18/2024, conducted by the Social Worker, revealed residents responded no to thoughts about hurting themselves.</p> <p>Residents were interviewed by the surveyor, and time and response were listed by name.</p> <p>5. Facility have no agency staff.</p> <p>6. Reviewed AD Hoc QAPI meeting minutes dated 11/18/2024 revealed the root cause was lack of staff education.</p> <p>All corrective actions will be completed 11/19/2024.</p> <p>The immediate jeopardy will be removed on 11/20/2024.</p>		

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 11/22/2024
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)		
<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34318</p> <p>Based on record review, staff interviews, and review of the facility policy titled Comprehensive Care Plans and the Care Plans, Comprehensive Person-Centered policy, the facility failed to implement care plan interventions to monitor the safety of one of seven sampled residents (R2), who had wrapped his call light and/or bed remote cord around his neck.</p> <p>Findings include:</p> <p>On 11/18/2024 a determination was made that the facility's noncompliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents.</p> <p>The Regional Director of Operation, Administrator, and Director of Nursing (DON) were informed of the Immediate Jeopardy (IJ) on 11/18/2024 at 10:07 am. The noncompliance related to the IJ was identified to have existed on 9/27/2024 when R2 was found with the call light cord wrapped around his neck.</p> <p>The IJ is outlined as follows:</p> <p>R2 was admitted to the facility with a diagnosis of major depressive disorder. He also had a history prior to his admission of suicide attempts. And on 9/19/2024, R2 requested to be sent to an inpatient psychiatric facility. R2 returned back to the facility on [DATE]. He was seen on 9/24/2024 by the facility's geriatric psychologist consultant. The recommendation was to monitor R2's mood and behaviors.</p> <p>Three days later, on 9/27/2024, R2 was lying in bed with the call light cord around his neck. He was sent to the emergency room for suicidal ideations, however, R2 required medical care for his acute change in condition. His medical condition was stabilized, and R2 returned to the nursing facility. There was no evidence that R2 received psychiatric services or contact their behavioral consultant.</p> <p>On 10/2/2024, R2 was lying in bed with the bed control cord around his neck, and he attempted to swing his legs off the opposite side of the bed. There was no evidence of psychiatric services provided. A cowbell had been purchased in place of the call light. However, R2 was given his call light with a cord after removing the cowbell.</p> <p>On 10/26/2024, R2 was lying in bed with a bed remote cord wrapped around his neck. R2 was sent to the hospital and was discharged from the facility. The facility did not ensure that choking hazards were removed from his reach.</p> <p>The IJ was related to the facility's noncompliance with the program requirements as follows:</p> <p>C.F.R. 483.12(c)(1)(4) Reporting of Alleged Violations (F 609 S/S: J)</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>C.F.R. 483.21(b)(1) Develop/implement Comprehensive Care Plan (F 656 S/S: J)</p> <p>C.F.R. 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices (F 689 S/S: J)</p> <p>C.F.R. 483.40 Behavioral Health Services (F 740 S/S: J)</p> <p>C.F.R. 483.70 Administration (F 835 S/S: J)</p> <p>Additionally, Substandard Quality of Care was identified with the requirements at C.F.R. 483.12(c)(1)(4) Reporting of Alleged Violations (F 609 S/S: J); C.F.R. 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices (F 689 S/S: J).</p> <p>An acceptable Removal Plan was received on 11/20/2024. Based on the validation of the Removal Plan, the State Survey Agency determined that the corrective plans and the immediacy of the deficient practice was removed on 11/20/2024. The facility remained out of compliance while the facility continued management level staff oversight as well as develops and implements a Plan of Correction (POC). This oversight process includes the analysis of facility staff's conformance with the facility's policies and procedures. In-service materials and records were reviewed. Interviews were conducted with staff to ensure they demonstrated knowledge of facility Policies and Procedures related to accident hazards and behavioral health needs of residents.</p> <p>Findings include:</p> <p>Review of the Comprehensive Care Plans dated 3/1/2022, revised 1/1/2023. Policy: IT is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing and mental and psychosocial needs that are identified in the resident's comprehensive assessment.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>3. g. Individualized interventions for trauma survivors that recognizes the interrelations between trauma and symptoms of trauma, as indicated. Trigger-specific interventions will be used to identify ways to decrease the resident 's exposure to trigger which re-traumatize the resident, as well as identify ways to mitigate or decrease the effect of the trigger on the resident.</p> <p>6. The comprehensive care plan will include measurable objectives and timeframes to meet the resident's needs as identified in the resident's comprehensive assessment. The objectives will be utilized to monitor the resident's progress. Alternative interventions will be documented as needed.</p> <p>Review of the Care Plans, Comprehensive Person-Centered policy. Policy Statement. A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p> <p>Policy Interpretation and Implementation. 8b. Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being: 10. Identifying problem areas and their causes and developing interventions that are targeted and meaningful to the resident are the endpoint of an interdisciplinary process.</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>1. Review of the medical record revealed that R2 was admitted on [DATE] and readmitted on [DATE] with the following diagnoses that include but not limited to nontraumatic subdural hemorrhage, major depressive disorder with severe psychotic symptoms, and suicidal ideations.</p> <p>A review of the care plan dated 7/16/2024 revealed that R2 displayed behaviors, which included calling the staff names and constantly ringing the light all night every five to 10 minutes to say that he had forgotten what he wanted. R2 was caught wrapping the call light cord around his neck and was sent to a behavior unit for evaluation for suicidal ideations. The initial interventions listed on 7/16/2024 include referring the resident to a psychologist/psychiatrist as needed and administering medications as ordered.</p> <p>There was no evidence that the care plan was updated to reflect safety interventions after R2 attempted to harm himself using the call light on 9/27/2024. R2 continued to have access to call light cord and/or bed remote cord in which he attempted again to hang himself on 10/2/2024 and 10/26/2024.</p> <p>The facility implemented the following actions to remove the IJ:</p> <ol style="list-style-type: none"> 1. The facility failed to develop a comprehensive person-centered care plan for R2 that addressed suicidal ideations and safety measures. On 10/27/2024 R2 was transferred to the hospital and then discharged from the facility on 10/30/2024 and never returned. 2. The Chief Compliance Officer on 11/18/2024 in-serviced the Administrator, Director of Nursing Assistant Director of Nursing, Minimum Data Set (MDS) nurse and Social Worker on the Comprehensive Care Plans Policy, Behavioral Health Policy and Accidents and Supervision Policy , ensuring that Behavioral and Suicidal Ideation care plans are followed and completed timely. 3. Chief Clinical Officer on 11/18/2024 in-serviced the MDS nurse on reviewing for complete and accurate comprehensive person-centered Behavioral Health/Suicidal Ideation care plans for all residents who display these behaviors. The MDS nurse along with the Regional MDS Nurse will audit all residents identified to have suicidal ideations and ensure their care plan addresses this issue appropriately and interventions are in place. The MDS Nurse will be responsible for ensuring this happens. The Audit will be completed by 11/19/2024. 4. On 11/18/2024 the Social worker and Director of Nursing began interviewing all residents with a BIMS above 8 (38 of a total of 60 residents) to determine if any of the residents have intentions to harm themselves or Suicidal Ideations. A care plan will be created for any resident found to have suicidal ideations or evidence of self harm. This resident audit was completed 11/19/2024. No new incidents were identified. Skin assessments were completed on all residents with BIMS 8 or below (22 of a total of 60 residents) starting 11/18/2024 by the Director of Nursing and Floor Nurses to assess for new bruising or other injuries that may be indicators of self harm. This was completed 11/19/2024 with no new signs of any self harm identified. 5. On 11/18/2024 the MDS Coordinator and Regional MDS began auditing care plans of any residents with behaviors related to Suicidal ideations to ensure all have interventions in place. This will be completed by 11/19/2024. <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>6. On 11/18/2024 the Chief Compliance Officer, Director of Nursing, Assistant Director of Nursing and/or Regional MDS began in-servicing all nursing staff (Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants) on the Comprehensive Care Plan policy and ensuring all interventions are in place and residents kept safe who have suicidal ideations and/or attempts. All staff will be educated prior to working their next shift by the Director of Nursing, Assistant Director of Nursing or the Administrator. (4 of 6 Registered Nurses, 12 of 13 Licensed Practical Nurses, 23 of 26 Certified Nursing Assistants) 39 of 45 (86%) of nursing staff educated.</p> <p>7. We have no agency staff currently.</p> <p>8. AD Hoc QAPI meeting was completed on 11/18/2024 for policy review and root cause analysis was determined staffing education was needed. No policy changes were needed. Attendance to the meeting was Regional Director of Operations, Chief Compliance Officer, Director of Nursing, Assistant Director of Nursing, Director of Rehab, Social Worker, and Administrator. The Medical Director was notified by phone.</p> <p>The State Survey Agency (SSA) validated the facility's written IJ Removal Plan as follows:</p> <p>1. A review of medical records revealed that R2 was sent to the hospital on 10/26/2024 and did not return.</p> <p>2. A review of the in-service form dated 11/18/2024 revealed that the Director of Nursing, Assistant Director of Nursing, Social Services, Administrator, and the MDS Coordinator were educated on appropriate interventions for residents with suicidal ideations. A review of the in-service form dated 11/18/2024 revealed that the Director of Nursing, Assistant Director of Nursing, Social Services, Administrator, and the MDS Coordinator were educated on appropriate interventions for residents with suicidal ideations</p> <p>3. Review of the inservice of the MDS coordinator review of care plans related to behavioral health, suicidal ideations for interventions to address these issues.</p> <p>Reviewed audit care plans of residents with behavioral and psychotropic medications.</p> <p>4. Review Interviewable Residents checklist dated 11/18/2024, conducted by the Social Worker, revealed residents responded no to thoughts about hurting themselves.</p> <p>Residents were interviewed by the surveyor, time and responses were listed by name</p> <p>5. Review of the audit care plan revealed an audit date of 11/18/2024 with updated interventions for target behavior. And residents receiving CHE services. PASRR level 2.</p> <p>PCC pharmacy list of residents on psychotropic medications</p> <p>6. All staff will be educated prior to working their next shift by the Director of Nursing, Assistant Director of Nursing or the Administrator.</p> <p>RN: 4 of 6 One RN out on medical leave</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>LPN: 9 of 13</p> <p>C.N.A: 15 of 26</p> <p>Rehab: 8 of 9 - Interviewed 2 full time Rehab and 6 PRN</p> <p>Housekeeping: 8 of 10 Interviewed</p> <p>Dietary: 6 of 7 Interviewed</p> <p>Social Services: 1 of 1 -Interviewed 1 of 1 Social Worker</p> <p>Maintenance: 1 of 1 - Interview 1 of 1 Maintenance Director</p> <p>Administration: 7 of 8 - Interviewed 8 of 8 Human Resource, Medical Record Clerk, Activity Director, Business Office Manager, DON, ADON</p> <p>Residents with BIMS above 8 (38 of a total of 60 residents)</p> <p>Verified the above education via the following staff interviews on 11/21/2024 at 5:15 pm, Licensed Practical Nurse (LPN) AAA, 11/21/2024 at 5:18 pm, LPN SS, 11/21/2024 at 5:20 pm, LPN TT, 11/21/2024 at 5:23 pm Certified Nurse Aide (CNA) UU, 11/21/2024 at 5:27 pm, CNA VV, 11/21/2024 at 5:29 pm, CNA WW, 11/21/2024 at 5:33 pm, CNA XX, 11/21/2024 at 5:35 pm, CNA YY, 11/21/2024 at 5:36 pm, LPN EE, 11/21/2024 at 5:39 pm, CNA ZZ, 11/21/2024 at 5:42 pm, LPN BB, 11/21/2024 at 5:51 pm, CNA BBB, 11/21/2024 at 6:01 pm, LPN CCC, 11/21/2024 at 6:03 pm, CNA GG,11/21/2024 at 6:06 pm, LPN OO, 11/21/2024 at 6:09 pm, CNA DDD, 11/21/2024 at 6:11 pm, CNA EEE, 11/22/2024 at 9:24 am, Restorative CNA, 11/22/2024 at 9:26 am, RN KK, 11/22/2024 at 9:30 am, LPN LL, 11/22/2024 at 9:57 am, CNA GGG, 11/22/2024 at 10:01 am, CNA HHH, 11/22/2024 at 10:04 am, CNA III, 11/22/2024 at 10:08 am, CNA JJJ, 11/22/2024 at 10:10 am, LPN CC, 11/22/2024 at 10:14 am, Social Worker KKK, 11/22/2024 at 10:19 am, Maintenance Director LLL, 11/22/2024 at 10:22 am, Dietary aide MMM, 11/22/2024 at 10:24 am, HR/Payroll OOO, 11/22/2024 at 10:26 am, Dietary Assistance NNN, 11/22/2024 at 10:30 am, Dietary Aide/Cook PPP, 11/22/2024 at 10:37 am, Dietary Manager QQQ, 11/22/2024 at 10:45 am, OT RRR, 11/22/2024 at 11:43 am, COTA SSS, 11/22/2024 at 11:46 am, Housekeeping Supervisor TTT, 11/22/2024 at 11:48 am, Housekeeping UUU, 11/22/2024 at 11:49 am, Housekeeping VVV, 11/22/2024 at 11:51 am, Housekeeping WWW, 11/22/2024 at 11:53 am, Floor Tech XXX, 11/22/2024 at 11:54 am, Admission/Marketing, 11/22/2024 at 11:58 am, Medical Record Clerk/ Purchasing, 11/22/2024 at 12:02 pm, Activity Director, 11/22/2024 at 12:06 pm, Business Office Manager (BOM) ZZZ, 11/22/2024 at 12:09 pm, PTA AAAA, 11/22/2024 at 2:53 pm RN BBBB.</p> <p>Skin assessment on resident with BIMS 8 or below (22 of a total of 60 residents) Total 60 of 100</p> <p>7. The facility has no agency staff.</p> <p>8. Reviewed AD Hoc QAPI meeting minutes dated 11/18/2024 revealed the root cause was lack of staff education.</p> <p>All corrective actions will be completed 11/19/2024.</p> <p>The immediate jeopardy will be removed on 11/20/2024.</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Cross Reference: F689</p>		

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 11/22/2024
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)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34318</p> <p>Based on record review and staff interviews, and the facility's policy Accidents and Supervision, the facility failed to ensure a safe environment for one Resident (R2) of seven sampled residents. Specifically, the facility failed to remove the call light cord and/or bed remote cord from the resident's room and failed to adequately supervise the resident with a history of suicide attempts/ideations.</p> <p>Findings include:</p> <p>On 11/18/2024 a determination was made that the facility's noncompliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents.</p> <p>The Regional Director of Operation, Administrator, and Director of Nursing (DON) were informed of the Immediate Jeopardy (IJ) on 11/18/2024 at 10:07 am. The noncompliance related to the IJ was identified to have existed on 9/27/2024 when R2 was found with the call light cord wrapped around his neck.</p> <p>The IJ is outlined as follows:</p> <p>R2 was admitted to the facility with a diagnosis of major depressive disorder. He also had a history prior to his admission of suicide attempts. And on 9/19/2024, R2 requested to be sent to an inpatient psychiatric facility. R2 returned back to the facility on [DATE]. He was seen on 9/24/2024 by the facility's geriatric psychologist consultant. The recommendation was to monitor R2's mood and behaviors.</p> <p>Three days later, on 9/27/2024, R2 was lying in bed with the call light cord around his neck. He was sent to the emergency room for suicidal ideations, however, R2 required medical care for his acute change in condition. His medical condition was stabilized, and R2 returned to the nursing facility. There was no evidence that R2 received psychiatric services or contact their behavioral consultant.</p> <p>On 10/2/2024, R2 was lying in bed with the bed control cord around his neck, and he attempted to swing his legs off the opposite side of the bed. There was no evidence of psychiatric services provided. A cowbell had been purchased in place of the call light. However, R2 was given his call light with a cord after removing the cowbell.</p> <p>On 10/26/2024, R2 was lying in bed with a bed remote cord wrapped around his neck. R2 was sent to the hospital and was discharged from the facility.</p> <p>The facility did not ensure choking hazards were removed from within his reach.</p> <p>The IJ was related to the facility's noncompliance with the program requirements as follows:</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>C.F.R. 483.12(c)(1)(4) Reporting of Alleged Violations (F 609 S/S: J)</p> <p>C.F.R. 483.21(b)(1) Develop/implement Comprehensive Care Plan (F 656 S/S: J)</p> <p>C.F.R. 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices (F 689 S/S: J)</p> <p>C.F.R. 483.40 Behavioral Health Services (F 740 S/S: J)</p> <p>C.F.R. 483.70 Administration (F 835 S/S: J)</p> <p>Additionally, Substandard Quality of Care was identified with the requirements at C.F.R. 483.12(c)(1)(4) Reporting of Alleged Violations (F 609 S/S: J); C.F.R. 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices (F 689 S/S: J).</p> <p>An acceptable Removal Plan was received on 11/20/2024. Based on the validation of the Removal Plan, the State Survey Agency determined that the corrective plans and the immediacy of the deficient practice was removed on 11/20/2024. The facility remained out of compliance while the facility continued management level staff oversight as well as develops and implements a Plan of Correction (POC). This oversight process includes the analysis of facility staff's conformance with the facility's policies and procedures. In-service materials and records were reviewed. Interviews were conducted with staff to ensure they demonstrated knowledge of facility Policies and Procedures related to accident hazards and the behavioral health needs of residents.</p> <p>Findings include:</p> <p>Review of the Accidents and Supervision dated 3/1/2022. Policy: The resident environment will remain as free of accident hazards as is possible. Each resident will receive adequate supervision and assistive devices to prevent accidents. This includes:</p> <ol style="list-style-type: none"> 1. Identifying hazards(s) and risk(s). 2. Evaluating and analyzing hazards and risk(s). 3. Implementing interventions to reduce hazard (s) and risk(s). 4. Monitoring for effectiveness and modifying interventions when necessary. <p>.</p> <p>Review of the medical record revealed R2 was admitted on [DATE] and readmitted on [DATE] with the following diagnoses that include but not limited to nontraumatic subdural hemorrhage, major depressive disorder with severe psychotic symptoms, and suicidal ideations.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating he is cognitively intact. R2 was coded as having moods and feeling down and depressed. It was checked yes that the resident was feeling bad about himself; thoughts that he would be better off dead; or hurting himself.</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the facility progress notes dated 7/9/2024 through 10/30/2024 revealed an entry dated 9/17/2024 noted that R2 stayed on his call light from 6:28 pm to 2:21 am the next morning. R2 requested to be sent out for evaluation and on 9/19/2024, R2 was transported to an inpatient behavior unit for evaluation and treatment. He returned to the facility from the inpatient behavior unit on 9/23/2024.</p> <p>Review of the inpatient behavior unit discharge summary dated 9/23/2024 revealed that R2 primary diagnosis was depression. It was noted that R2 has chronic anxiety and depression, and this was reportedly getting worse. R2 was to have his follow-up at the nursing home.</p> <p>On 9/24/2024, R2 was seen by the facility behavioral consultant, and the plan and recommendation were to monitor his mood and behavior, increase his Seroquel to 75 mg at night for mood, and a follow-up care plan for Remeron, Effexor, and Seroquel. R2 was scheduled to be seen again on 10/22/2024. There was no evidence of any visit from the behavior consultant for 9/25/2024 through 10/26/2024, nor had the facility contacted their behavior consultant for the three episodes of suicidal ideations.</p> <p>There was no evidence on the Medication Administration Record (MAR) that the facility had monitored his mood and behavior daily. There was exception charting for his behaviors in the progress notes.</p> <p>Review of the facility progress notes, an entry dated 9/27/2024 revealed R2 had a change in condition. R2 was threatening suicide. Licensed Practical Nurse (LPN) OO noted that upon entrance into R2's room, she observed R2 with the call light cord wrapped around his neck. The resident was transferred to the local hospital emergency.</p> <p>A review of the hospital emergency room report dated 9/27/2024 revealed R2 had Suicidal Ideations (SI) with no plan. R2 was transferred on 9/28/2024 to a geriatric inpatient unit. He returned to the facility on [DATE] without receiving any behavior adjustment services.</p> <p>A review of the facility progress note dated 10/2/2024 revealed that R2 had called 911 and stated he was going to kill himself by hanging himself with the bed remote control cord. When the police arrived, R2 attempted to swing his legs off the side of the bed opposite the bed remote control cord to give him leverage to hang himself. The cord was wrapped around his throat. R2 attempted twice in front of staff and the police. R2 was transported to the hospital.</p> <p>A review of the hospital report dated 10/2/2024 revealed that in the emergency department, R2 had originally been evaluated to determine if he needed to be sent back to a mental health facility. However, he appears to be more medically ill and admitted that he wants help with his breathing and to be evaluated to get the urinary catheter out. R2 had a urinary tract infection along with acute exacerbation of chronic obstructive pulmonary disease (COPD). He was admitted for medical stabilization. R2 was discharged from the hospital and back to the nursing facility on 10/5/2024.</p> <p>The hospital discharge summary dated 10/5/2024 revealed R2 was placed on suicide precaution, and on day two, the patient denied suicidal ideations. In the discharge plan, it was also noted that the resident denies suicidal ideations and is to continue with the sitter this am. The resident is on suicide precautions.</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of the facility progress note dated 10/5/2024 at 6:33 pm revealed that R2 was calling out to tell staff that he was going to call 911 if he couldn't get his call light. LPN EE monitors R2 every 15 minutes. On 10/7/2024, it was noted that R2's cord continues to be kept away from him at this time. And on 10/9/2024, R2 was given a 30-day notice for discharge.</p> <p>However, the facility purchased a cowbell for R2 instead of the call light. The investigation revealed that R2's cowbell was taken away from him two hours later by the Director of Nursing (DON). R2 was not given anything else in place of the cowbell. There were multiple entries related to R2 calling law enforcement from his personal cell phone.</p> <p>A review of the facility progress notes entry dated 10/25/2024 revealed that R2 was transferred to an outpatient facility for psychiatric evaluation. R2 had not been medically cleared. A family member brought him back to the facility.</p> <p>A review of the progress notes entry dated 10/26/2024 revealed that R2 called 911 and the emergency room (ER). R2 had the bed remote cord wrapped around his neck. He threatened to throw himself out of bed and wanted to die.</p> <p>A review of the hospital history and physical dated 10/26/2024 revealed that R2 was admitted to the hospital for his chronic atrial fibrillation with an elevated heart rate. A sitter was ordered for this visit and will consult with social services for psychiatric placement. The behavioral health consultation dated 10/28/2024 revealed that R2 continues to express ideas of not wanting to live.</p> <p>There was no evidence that the facility contacted their behavior consultant after R2 returned to the facility after the episodes of suicidal ideations. The facility did not ensure that R2's environment was free of all choke hazards.</p> <p>An interview on 11/12/2024 at 5:29 pm, the Social Worker revealed that on 9/27/2024, LPN BB called her at home and told her that R2's family member had called and said that the resident was trying to hang himself. LPN BB stated that she had called 911. The police and ambulance came. R2 told police that he wanted to kill himself. The Emergency Medical Services (EMS) took the resident to the emergency room at the local hospital. The facility bought a cowbell and never gave it to the resident. The resident was given his call light back. The Social Worker stated on 10/2/2024, she was not called when he tried to use the cord again. He was found with the cord around his neck. He was sent out.</p> <p>An interview on 11/12/2024 at 6:14 pm, LPN FF revealed that on 10/2/2024, the resident came back from the hospital a couple of days before. Certified Nursing Assistant (CNA) DDD came to get her and stated that the resident had already called 911 and that he was going to hang himself. CNA DDD observed the resident wrapping the cord around his neck and came to get her. CNA DDD had taken the cord from the R2. When law enforcement arrived, she heard the resident state that he wanted to kill himself. The resident was sent out to the hospital.</p> <p>An interview on 11/12/2024 at 6:29 pm, the LPN BB unit manager clarified that on 10/25/2024, the resident was denied at the inpatient facility because he was not medically stable enough based on lab results. And the brother brought him back.</p> <p>An interview on 11/13/2024 at 9:57 am, LPN LL revealed that she was aware of the cowbell being purchased. She never knew if he got the cowbell, nor did she hear him use a cowbell.</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview on 11/13/2024 at 10:22 am, LPN JJ revealed that in the previous two incidents with a cord, LPN FF sent him out and that she sent him out one time. On 10/25/2024, she stated she walked into the room and saw the cord around the resident neck. We (CNA NN) got the cord from around his neck. She made a phone call to the DON, the physician and 911. She called one of his contacts. She never saw a cowbell, and the resident never used a cowbell.</p> <p>An interview on 11/13/2024 at 2:45 pm, LPN OO revealed the first time the cord was observed around R2's neck was on 9/27/2024. She stated that she was standing at the medication cart. A family member of R2 called and told her that R2 was trying to kill himself. When she walked into the room and observed the resident, she saw the call light cord wrapped about two to three times tightly around his neck. The cord was still plugged into the wall panel. R2 stated that he was going to kill himself. He started taking the cord from his neck and allowed her to remove the call light cord completely.</p> <p>In an interview on 11/13/2024 at 4:03 pm, the DON revealed she reviewed the resident's admission referral, and there was nothing stated that he was suicidal. On 9/19/2024, the resident requested to go specifically to an inpatient psychiatric facility. He remained there until 9/23/2024. The resident was seen by the facility behavioral consultant on 9/24/2024 on a scheduled visit to the facility. The DON stated she had spoken to the behavioral consultant. And that R2's mood and behaviors are monitored on the MAR. She continued to state that there is a physician's order to monitor R2. She stated that she is responsible for ensuring that monitoring his mood and behaviors was on the MAR. She could not state why this had not been done. After R2 wrapped the cord around his throat on 10/2/2024, the DON revealed that she personally gave the resident the cowbell. He was steadily shaking and making noise with the cowbell and two hours later, she took away the cowbell and R2 was given his call light back.</p> <p>An interview on 11/13/2024 at 4:46 pm, the Administrator also revealed that he sent the Maintenance Director and that he gave the cowbell to the DON to put in place for R2. The Administrator also revealed that the facility was not able to meet the needs of R2 and R2 was given a 30-day notice which was signed by a family member.</p> <p>An interview on 11/18/2024 at 8:21 am, LPN FF clarified that on 9/27/2024 and 10/2/2024, the resident used the call light cord to wrap around his neck.</p> <p>An interview on 11/18/2024 at 12:04 pm, LPN JJ clarified that the resident used the bed remote cord to wrap around his neck.</p> <p>The facility implemented the following actions to remove the JJ:</p> <p>1. The facility failed to address a safe environment for Resident #2. The facility failed to remove the call cord and/or the bed remote cord from the resident's room and failed to adequately supervise the resident with known history of wrapping the call light cord around his neck. On 10/27/2024 Resident #2 was transferred to the hospital and then discharged from the facility on 10/30/2024 and never returned.</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>2. The Chief Compliance Officer on 11/18/2024 in-serviced the Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set nurse and Social Worker on the Comprehensive Care Plans Policy, Behavioral Health Policy and Accidents and Supervision Policy, and to ensure that interventions are implemented and carried out that provides for the safety of residents who are identified to have suicidal ideations and/or attempts to harm themselves.</p> <p>3. On 11/18/2024 the Chief Compliance Officer, Director of Nursing, Assistant Director of Nursing, and/or Regional Minimum Data Set Nurse began in-servicing all nursing staff (Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants) on the Comprehensive Care Plan policy and ensuring all interventions are in place and residents kept safe. All staff will be educated prior to working their next shift by the Director of Nursing, Assistant Director of Nursing, or the Administrator. (4 of 6 Registered Nurses, 12 of 13 Licensed Practical Nurses, 23 of 26 Certified Nursing Assistants, 8 of 10 Housekeeping, 6 of 7 Dietary, 7 of 8 Administrative, 1 of 1 Maintenance, 8 of 9 Therapy, 1 of 1 Social Services) 39 of 45 (86%) of nursing staff educated.</p> <p>4. On 11/18/2024, the Social worker and Director of Nursing began interviewing all residents with a BIMS above 8 (38 of a total of 60 residents) to determine if any of the residents have intentions to harm themselves or Suicidal Ideations. A care plan will be created for any resident found to have suicidal ideations or evidence of self harm. This resident audit was completed on 11/19/2024. No new incidents were identified. Skin assessments were completed on all residents with BIMS 8 or below (22 of a total of 60 residents) starting 11/18/2024 by the Director of Nursing and Floor Nurses to assess for new bruising or other injuries that may be indicators of self harm. This was completed 11/19/2024 with no new signs of any self harm identified.</p> <p>5. We have no agency staff currently.</p> <p>6. AD Hoc QAPI meeting was completed on 11/18/2024 for policy review and root cause analysis was determined staffing education was needed. No policy changes were needed. Attendance to the meeting was Regional Director of Operations, Chief Compliance Officer, Director of Nursing, Assistant Director of Nursing, Director of Rehab, Social Worker, and Administrator. The Medical Director was notified by phone.</p> <p>The State Survey Agency (SSA) validated the facility's written IJ Removal Plan as follows:</p> <p>1. Review of medical records revealed R2 was sent to hospital on 10/26/2024 and did not return.</p> <p>2. Review of the in-service form dated 11/18/2024 revealed that the Director of Nursing, Assistant Director of Nursing, Social Services, Administrator and the MDS Coordinator were educated on appropriate interventions for resident with suicidal ideations</p> <p>3. All staff will be educated prior to working their next shift by the Director of Nursing, Assistant Director of Nursing or the Administrator.</p> <p>RN: 4 of 6 One RN out on medical leave</p> <p>LPN: 9 of 13</p> <p>C.N.A: 15 of 26</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Rehab: 8 of 9 - Interviewed 2 full time Rehab and 6 PRN</p> <p>Housekeeping: 8 of 10 Interviewed</p> <p>Dietary: 6 of 7 Interviewed</p> <p>Social Services: 1 of 1 -Interviewed 1 of 1 Social Worker</p> <p>Maintenance: 1 of 1 - Interview 1 of 1 Maintenance Director</p> <p>Administration: 7 of 8 - Interviewed 8 of 8 Human Resource, Medical Record Clerk, Activity Director, Business Office Manager, DON, ADON</p> <p>Verified the above education via the following staff interviews on 11/21/2024 at 5:15 pm, Licensed Practical Nurse (LPN) AAA, 11/21/2024 at 5:18 pm, LPN SS, 11/21/2024 at 5:20 pm, LPN TT, 11/21/2024 at 5:23 pm Certified Nurse Aide (CNA) UU, 11/21/2024 at 5:27 pm, CNA VV, 11/21/2024 at 5:29 pm, CNA WW, 11/21/2024 at 5:33 pm, CNA XX, 11/21/2024 at 5:35 pm, CNA YY, 11/21/2024 at 5:36 pm, LPN EE, 11/21/2024 at 5:39 pm, CNA ZZ, 11/21/2024 at 5:42 pm, LPN BB, 11/21/2024 at 5:51 pm, CNA BBB, 11/21/2024 at 6:01 pm, LPN CCC, 11/21/2024 at 6:03 pm, CNA GG, 11/21/2024 at 6:06 pm, LPN OO, 11/21/2024 at 6:09 pm, CNA DDD, 11/21/2024 at 6:11 pm, CNA EEE, 11/22/2024 at 9:24 am, Restorative CNA, 11/22/2024 at 9:26 am, RN KK, 11/22/2024 at 9:30 am, LPN LL, 11/22/2024 at 9:57 am, CNA GGG, 11/22/2024 at 10:01 am, CNA HHH, 11/22/2024 at 10:04 am, CNA III, 11/22/2024 at 10:08 am, CNA JJJ, 11/22/2024 at 10:10 am, LPN CC, 11/22/2024 at 10:14 am, Social Worker KKK, 11/22/2024 at 10:19 am, Maintenance Director LLL, 11/22/2024 at 10:22 am, Dietary aide MMM, 11/22/2024 at 10:24 am, HR/Payroll OOO, 11/22/2024 at 10:26 am, Dietary Assistance NNN, 11/22/2024 at 10:30 am, Dietary Aide/Cook PPP, 11/22/2024 at 10:37 am, Dietary Manager QQQ, 11/22/2024 at 10:45 am, OT RRR, 11/22/2024 at 11:43 am, COTA SSS, 11/22/2024 at 11:46 am, Housekeeping Supervisor TTT, 11/22/2024 at 11:48 am, Housekeeping UUU, 11/22/2024 at 11:49 am, Housekeeping VVV, 11/22/2024 at 11:51 am, Housekeeping WWW, 11/22/2024 at 11:53 am, Floor Tech XXX, 11/22/2024 at 11:54 am, Admission/Marketing, 11/22/2024 at 11:58 am, Medical Record Clerk/ Purchasing, 11/22/2024 at 12:02 pm, Activity Director, 11/22/2024 at 12:06 pm, Business Office Manager (BOM) ZZZ, 11/22/2024 at 12:09 pm, PTA AAAA, 11/22/2024 at 2:53 pm RN BBBB.</p> <p>Resident with BIMS above 8 (38 of a total of 60 residents)</p> <p>Skin assessment on resident with BIMS 8 or below (22 of a total of 60 residents) Total 60 of 100.</p> <p>4. Review Interviewable Residents checklist dated 11/18/2024, conducted by the Social Worker, revealed residents responded no to thoughts about hurting themselves.</p> <p>Residents were interviewed by the surveyor, time and responses were listed by name.</p> <p>5. The facility has no agency staff present.</p> <p>6. Reviewed AD Hoc QAPI meeting minutes dated 11/18/2024 revealed the root cause was lack of staff education.</p> <p>All corrective actions will be completed 11/19/2024.</p> <p>(continued on next page)</p>		

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 11/22/2024
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)
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The immediate jeopardy will be removed on 11/20/2024.</p>

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 11/22/2024
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)		
<p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34318</p> <p>Based on record review, staff interview, and review of the facility policy titled Behavioral Health Services, the facility failed to ensure one resident (R2) of seven residents received necessary behavior health services to address significant worsening behaviors that include safety concerns with call light cord and/or bed remote cord wrapped around his neck.</p> <p>On 11/18/2024 a determination was made that the facility's noncompliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents.</p> <p>The Regional Director of Operation, Administrator, and Director of Nursing (DON) were informed of the Immediate Jeopardy (IJ) on 11/18/2024 at 10:07 am. The noncompliance related to the IJ was identified to have existed on 9/27/2024 when R2 was found with the call light cord wrapped around his neck.</p> <p>The IJ is outlined as follows:</p> <p>R2 was admitted to the facility with a diagnosis of major depressive disorder. He also had a history prior to his admission of suicide attempts. And on 9/19/2024, R2 requested to be sent to an inpatient psychiatric facility. R2 returned to the facility on [DATE]. He was seen on 9/24/2024 by the facility's geriatric psychologist consultant. The recommendation was to monitor R2's mood and behaviors.</p> <p>Three days later, on 9/27/2024, R2 was lying in bed with the call light cord around his neck. He was sent to the emergency room for suicidal ideations, however, R2 required medical care for his acute change in condition. His medical condition was stabilized, and R2 returned to the nursing facility. There was no evidence that R2 received psychiatric services or contact their behavioral consultant.</p> <p>On 10/2/2024, R2 was lying in bed with the bed control cord around his neck, and he attempted to swing his legs off the opposite side of the bed. There was no evidence of psychiatric services provided. A cowbell had been purchased in place of the call light. However, R2 was given his call light with a cord after removing the cowbell.</p> <p>On 10/26/2024, R2 was lying in bed with a bed remote cord wrapped around his neck. R2 was sent to the hospital and was discharged from the facility.</p> <p>The facility did not ensure choking hazards were removed from his reach.</p> <p>The IJ was related to the facility's noncompliance with the program requirements as follows:</p> <p>C.F.R. 483.12(c)(1)(4) Reporting of Alleged Violations (F 609 S/S: J)</p> <p>C.F.R. 483.21(b)(1) Develop/implement Comprehensive Care Plan (F 656 S/S: J)</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>C.F.R. 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices (F 689 S/S: J)</p> <p>C.F.R. 483.40 Behavioral Health Services (F 740 S/S: J)</p> <p>C.F.R. 483.70 Administration (F 835 S/S: J)</p> <p>Additionally, Substandard Quality of Care was identified with the requirements at C.F.R. 483.12(c)(1)(4) Reporting of Alleged Violations (F 609 S/S: J); C.F.R. 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices (F 689 S/S: J).</p> <p>An acceptable Removal Plan was received on 11/20/2024. Based on the validation of the Removal Plan, the State Survey Agency determined that the corrective plans and the immediacy of the deficient practice was removed on 11/20/2024. The facility remained out of compliance while the facility continued management level staff oversight as well as develops and implements a Plan of Correction (POC). This oversight process includes the analysis of facility staff's conformance with the facility's policies and procedures. In-service materials and records were reviewed. Interviews were conducted with staff to ensure they demonstrated knowledge of facility Policies and Procedures related to accident hazards and the behavioral health needs of residents.</p> <p>Findings include</p> <p>Review of the policy Behavioral Health Services dated 3/1/2024, revised 3/1/2023. Policy: It is the policy of this facility to ensure all residents receive necessary behavioral health services to assist them in reaching and maintaining their highest level of mental and psychosocial functioning.</p> <p>Policy Explantation and Compliance Guidelines:</p> <p>3. The facility will ensure that necessary behavioral health care services are person-centered and reflect the resident's goals for care while maximizing the resident's dignity, autonomy, privacy, socialization, independence, choice, and safety.</p> <p>12. The Social Services Director shall serve as the facility's contact person for questions regarding behavioral services provided by the facility and outside sources such as physicians, psychiatrists, or neurologists.</p> <p>Findings include:</p> <p>Review of the medical record revealed that R2 was admitted on [DATE] and readmitted on [DATE] with the following diagnoses include but not limited to nontraumatic subdural hemorrhage, major depressive disorder with severe psychotic symptoms, and suicidal ideations.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating he is cognitively intact. R2 was coded as having moods and feeling down and depressed. It was checked yes that the resident was feeling bad about himself and thoughts that he would be better off dead or hurting himself.</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the care plan dated 10/22/2024 revealed R2 has a level 2 PASRR related to serious mental illness (SMI), intellectual disability (ID), or developmental disability (DD). Other mental disorders include trauma brain injury, alcohol abuse, suicidal ideations, and depression. His interventions were to administer medications as ordered; monitor for adverse effects and report to the physician; and observe for triggering conditions, minimize and divert as able.</p> <p>R2 had a care plan dated 7/16/2024 that revealed resident has displayed behaviors which include calling the staff names, and constantly rings the light all night every five to 10 minutes. Resident was caught wrapping the call light cord around his neck- sent to behavior unit for evaluation for suicidal ideations. One of his interventions is to refer resident to a psychologist/psychiatric as needed.</p> <p>Review of the PASRR level 2 dated 6/25/2024 revealed that, at this time, specialized services for serious mental illness are not indicated. The Skill Nursing Facility (SNF) physicians can prescribe psychiatric medications as indicated and monitor for efficacy and side effects. The facility should submit a change of status to evaluate the need for adding such services to the treatment plan.</p> <p>On 9/24/2024, R2 was seen by the facility behavioral consultant, and included in the plan the recommendation was to monitor his mood and behavior. R2 was seen from 9/25/2024 through 10/26/2024. There was no evidence that R2 was seen when he returned from the hospital or for any of the episodes of suicidal ideation.</p> <p>An interview on 11/13/2024 at 4:03 pm, the Director of Nursing (DON) revealed that on 9/19/2024, R2 requested to specifically go to the inpatient (named) mental health treatment center. He remained there until 9/23/2024. The DON continued to state that the resident was seen by the behavioral consultant on 9/24/2024 on a scheduled visit to the facility. On 9/27/2024, DON revealed that the resident did not go to the inpatient mental health treatment center. R2 was sent to the hospital and admitted for medical reasons and to her knowledge R2 did not receive any psychiatric services.</p> <p>The facility implemented the following actions to remove the IJ:</p> <ol style="list-style-type: none"> 1. The facility failed to ensure that resident #2 received psychiatric/psychological services for worsening behaviors including attempts to self-harm himself with the care light/and or bed remote cord. On 10/27/2024 Resident #2 was transferred to the hospital and then discharged from the facility on 10/30/2024 and never returned. 2. The Chief Compliance Officer on 11/18/2024 in-serviced the Administrator, Director of Nursing Assistant Director of Nursing, Minimum Data Set nurse, and Social Worker on the Comprehensive Care Plans Policy, Behavioral Health Policy, and Accidents and Supervision Policy, ensuring that Behavioral and Suicidal Ideation care plans are followed and completed timely. <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>3. On 11/19/2024, the Chief Clinical Officer met with the Geri Psych provider, Director of Nursing, Assistant Director of Nursing, Social Worker, and Administrator to inservice on and discussed the importance of ensuring that any residents with suicidal ideations and/or attempts have interventions in place immediately to maintain their safety. Any residents in the facility who have been identified to fall in this category will be discussed and ensured to have interventions in place immediately. Moving forward, when any resident is identified to fall into this category the Director of Nursing and/or Assistant Director of Nursing will immediately notify the Geri Psych provider, and a discussion and implementation of appropriate interventions will take place at that time. The Director of Nursing will be responsible for ensuring that interventions are implemented.</p> <p>4. AD Hoc QAPI meeting was completed on 11/18/2024 for policy review and root cause analysis was determined staffing education was needed. No policy changes were needed. Attendance to the meeting was Regional Director of Operations, Chief Compliance Officer, Director of Nursing, Assistant Director of Nursing, Director of Rehab, Social Worker, and Administrator. The Medical Director was notified by phone.</p> <p>The State Survey Agency (SSA) validated the facility's written IJ Removal Plan as follows:</p> <ol style="list-style-type: none"> 1. A review of medical records revealed that R2 was sent to the hospital on 10/26/2024 and did not return. 2. A review of the in-service form dated 11/19/2024 revealed that the Behavioral Consultant, Director of Nursing, Assistant Director of Nursing, Social Services, Administrator, and the MDS Coordinator were educated on appropriate interventions for residents with suicidal ideations. <p>Verified the above education via the following staff interviews on 11/22/2024 at 10:14 am, Social Worker KKK, 11/22/2024 at 3:35 pm, Assistant Director of Nurse EEEE, 11/22/2024 at 3:38 pm, Director of Nursing, 11/22/2024 at 3:42 pm, the Administrator.</p> <ol style="list-style-type: none"> 3. An interview with the DON revealed that she is responsible for follow up with the geriatric psych provider. 4. Reviewed AD Hoc QAPI meeting minutes dated 11/18/2024 revealed the root cause was lack of staff education. <p>All corrective actions will be completed on 11/19/2024.</p> <p>The immediate jeopardy will be removed on 11/20/2024.</p>		

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 11/22/2024
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)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34318</p> <p>Based on record review, staff interview, and the facility job description for the Administrator and Director of Nursing, the facility failed to provide supervision and oversight of one resident (R2) with suicidal ideations behaviors to ensure R2's environment was free of choke hazards; failed to ensure interventions were put in place to maintain the safety of the resident.</p> <p>On 11/18/2024 a determination was made that the facility's noncompliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents.</p> <p>The Regional Director of Operation, Administrator, and Director of Nursing (DON) were informed of the Immediate Jeopardy (IJ) on 11/18/2024 at 10:07 am. The noncompliance related to the IJ was identified to have existed on 9/27/2024 when R2 was found with the call light cord wrapped around his neck.</p> <p>The IJ is outlined as follows:</p> <p>Resident 2 was admitted to the facility with a diagnosis of major depressive disorder. He also had a history prior to his admission of suicide attempts. And on 9/19/2024, R2 requested to be sent to an inpatient psychiatric facility. Resident 2 returned back to the facility on [DATE]. He was seen on 9/24/2024 by the facility's geriatric psychologist consultant. The recommendation was to monitor R2's mood and behaviors.</p> <p>Three days later, on 9/27/2024, R2 was lying in bed with the call light cord around his neck. He was sent to the emergency room for suicidal ideations, however, R2 required medical care for his acute change in condition. His medical condition was stabilized, and R2 returned to the nursing facility. There was no evidence that R2 received psychiatric services or contact their behavioral consultant.</p> <p>On 10/2/2024, R2 was lying in bed with the bed control cord around his neck, and he attempted to swing his legs off the opposite side of the bed. There was no evidence of psychiatric services provided. A cowbell had been purchased in place of the call light. However, R2 was given his call light with a cord after removing the cowbell.</p> <p>On 10/26/2024, R2 was lying in bed with a bed remote cord wrapped around his neck. R2 was sent to the hospital and was discharged from the facility.</p> <p>The facility did not ensure choking hazards were removed from his reach.</p> <p>The IJ was related to the facility's noncompliance with the program requirements as follows:</p> <p>C.F.R. 483.12(c)(1)(4) Reporting of Alleged Violations (F 609 S/S: J)</p> <p>C.F.R. 483.21(b)(1) Develop/implement Comprehensive Care Plan (F 656 S/S: J)</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>C.F.R. 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices (F 689 S/S: J)</p> <p>C.F.R. 483.40 Behavioral Health Services (F 740 S/S: J)</p> <p>C.F.R. 483.70 Administration (F 835 S/S: J)</p> <p>Additionally, Substandard Quality of Care was identified with the requirements at C.F.R. 483.12(c)(1)(4) Reporting of Alleged Violations (F 609 S/S: J); C.F.R. 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices (F 689 S/S: J).</p> <p>An acceptable Removal Plan was received on 11/20/2024. Based on the validation of the Removal Plan, the State Survey Agency determined that the corrective plans and the immediacy of the deficient practice was removed on 11/20/2024. The facility remained out of compliance while the facility continued management level staff oversight as well as develops and implements a Plan of Correction (POC). This oversight process includes the analysis of facility staff's conformance with the facility's policies and procedures. In-service materials and records were reviewed. Interviews were conducted with staff to ensure they demonstrated knowledge of facility Policies and Procedures related to accident hazards and the behavioral health needs of residents.</p> <p>Findings include:</p> <p>Review of the Administrator job description. Major Duties and Responsibilities; Ensure resident incidents and concerns that rise to a reportable event such as alleged abuse, neglect, mistreatment, misappropriation, etc. Are reported to the correct entity within the stated regulatory requirement.</p> <p>Review of the Administrator Administrative Services form, Duties and Responsibilities. Ensure the facility and resident environment remain as free of accidents as possible and that each resident receive adequate supervision and assistive devices to prevent accidents, include identifying and analyzing hazard and risks, implement interventions and monitoring the effectiveness of those interventions when necessary.</p> <p>Review of the Director of Nursing job description. Major Duties and Responsibilities. Participate in all daily or weekly management team meetings to discuss census changes, resident change in status, complaints or concerns.</p> <p>Review of the Director of Nursing - Nursing and Medial Services form. Duties and Responsibilities. Oversees the staff development program to ensure nursing team members have the tools, training, and resources to properly care for residents in accordance with facility policies and the resident assessment.</p> <p>Review of the medical record revealed R2 was admitted on [DATE] and readmitted on [DATE] with the following diagnoses that include but not limited to nontraumatic subdural hemorrhage, major depressive disorder with severe psychotic symptoms, and suicidal ideations.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating he is cognitively intact. R2 was coded as having moods and feeling down and depressed. It was checked yes that the resident was feeling bad about himself; thoughts that he would be better off dead; or hurting himself.</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the care plan dated 10/22/2024 revealed R2 has a level 2 PASRR related to serious mental illness (SMI), intellectual disability (ID), or developmental disability (DD). Other mental disorders include trauma brain injury, alcohol abuse, suicidal ideations, and depression. His interventions were to administer medications as ordered; monitor for adverse effects and report to the physician; and observe for triggering conditions, minimize and divert as able.</p> <p>R2 had a care plan dated 7/16/2024 that revealed resident has displayed behaviors which include calling the staff names, and constantly rings the light all night every five to 10 minutes. Resident was caught wrapping the call light cord around his neck- sent to behavior unit for evaluation for suicidal ideations. One of his interventions is to refer resident to a psychologist/psychiatric as needed.</p> <p>On 9/24/2024, R2 was seen by the facility behavioral consultant, and the plan and recommendation were to monitor his mood and behavior. R2 was scheduled to be seen again on 10/22/2024. There was no evidence that the behavioral consultant had been contacted or seen R2 by the behavioral consultant after 9/24/2024.</p> <p>R2, on 9/27/2024 and 10/2/2024, wrapped the call light cord around his neck in an attempt to self-harm. On 10/26/2024, the resident wrapped the bed remote cord around his neck with threats of self-harm.</p> <p>An interview on 11/13/2024 at 4:03 pm, the DON revealed she reviewed the resident's admission referral, and there was nothing stated that he was suicidal. R2 had physician orders to monitor his mood and behaviors and that is was on the MAR. The DON continued to state that she is responsible for ensuring that monitoring of his mood and behaviors was documented on the MAR. The DON further stated after LPN EE did the initial 15 minute monitor on 10/1/2024, the facility could not provide 1:1 and had to contact the family member to get a sitter.</p> <p>An interview on 11/13/2024 at 4:46 pm, the Administrator revealed that he had spoken with the DON and his suggestion was to place R2 on 1:1 after the first attempt. The administrator stated that R2 had to have something in place of the call light. The Administrator stated he sent the Maintenance Director to the store to purchase a cowbell and also at this time the administrator stated the facility was not able to meet R2s needs and R2 was given a 30-day notice which the family member signed.</p> <p>The facility implemented the following actions to remove the IJ:</p> <p>1. The facility failed to address:</p> <p>A. The facility failed provide a safe environment and failed to report that resident #2 with suicidal ideation used the call light and/or the bed remote cord in an attempt to self harm. On 10/27/2024 Resident #2 was transferred to the hospital and then discharged from the facility on 10/30/2024 and never returned.</p> <p>B. The facility failed to develop a comprehensive person-centered care plan for resident #2 that addressed suicidal ideations and safety measures.</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>C. The facility failed to ensure that resident #2 received psychiatric/psychological services for worsening behaviors including attempts to self-harm himself with the care light/and or bed remote cord.</p> <p>2. On 11/18/2024 the Social worker and Director of Nursing began interviewing all residents with a BIMS above 8 (38 of a total of 60 residents) to determine if any of the residents have intentions to harm themselves or Suicidal Ideations. A careplan will be created for any resident found to have suicidal ideations or evidence of self harm. This resident audit was completed 11/19/2024. No new incidents were identified. Skin assessments were completed on all residents with BIMS 8 or below (22 of a total of 60 residents) starting 11/18/2024 by the Director of Nursing and Floor Nurses to assess for new bruising or other injuries that may be indicators of self harm. This was completed 11/19/2024 with no new signs of any self harm identified.</p> <p>3. On 11/18/2024 the MDS Coordinator and Regional MDS began auditing care plans of any residents with behaviors related to Suicidal ideations to ensure all have interventions in place. This was completed 11/19/2024.</p> <p>4. On 11/19/2024 the Director of Nursing and Social Worker will compile a list of any residents who require Geri psych services for Suicidal Ideations and review with Geri psych and the Administrator to ensure they have been assessed appropriately and all interventions are care planed and implemented to ensure resident safety.</p> <p>5. The Chief Compliance Officer on 11/18/2024 in-serviced the Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set nurse and Social Worker on the Abuse, Neglect and Exploitation Policy, Comprehensive Care Plans Policy, Behavioral Health Policy and Accidents and Supervision Policy, and to ensure that Care Plan interventions are implemented and carried out that provides for the safety of residents who are identified to have suicidal ideations and/or attempts to harm themselves, Geri Psych Services are provided for residents with suicidal ideations and resident safety and supervision is ensured for residents with suicidal ideations and/or attempts. Also, any resident with suicidal ideations that attempts to self harm is reported to HFRD as appropriate.</p> <p>6. On 11/18/2024 the Chief Compliance Officer, Director of Nursing, Assistant Director of Nursing and/or Regional MDS began in-servicing all nursing staff (Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants) on the Comprehensive Care Plan policy and Accidents and Supervision Policy and ensuring all interventions are in place and residents kept safe with supervision who have suicidal ideations and/or attempts. All staff who will be educated prior to working their next shift by the Director of Nursing, Assistant Director of Nursing or the Administrator. (4 of 6 Registered Nurses, 12 of 13 Licensed Practical Nurses, 23 of 26 Certified Nursing Assistants) 39 of 45 (86%) of nursing staff educated.</p> <p>(continued on next page)</p>		

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 11/22/2024
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)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>7. On 11/18/2024 the Chief Compliance Officer, Director of Nursing, Assistant Director of Nursing and/or Regional MDS began in-servicing all staff on the Abuse Neglect and Exploitation Policy and the importance of reporting to their supervisor, Director of Nursing or Administrator anytime a resident voices that they wish to harm themselves and if they witness a resident attempting to harm themselves that they first provide for the residents safety then report as instructed. These incidents of attempted Self Harm must be reported to HFRD. All staff will be educated prior to working their next shift by the Director of Nursing, Assistant Director of Nursing or the Administrator. (4 of 6 Registered Nurses, 12 of 13 Licensed Practical Nurses, 23 of 26 Certified Nursing Assistants, 8 of 10 Housekeeping, 6 of 7 Dietary, 7 of 8 Administrative, 1 of 1 Maintenance, 8 of 9 Therapy, 1 of 1 Social Services) 70 of 81 staff (85%) have been educated.</p> <p>8. On 11/19/2024 Job descriptions of Director of Nursing and Administrator were reviewed by the Regional Operations and Chief Compliance Officer. Director of Nursing and Administrator were educated and voiced understanding of responsibilities and job duties.</p> <p>9. We have no agency staff currently.</p> <p>10. AD Hoc QAPI meeting was completed on 11/18/2024 for policy review and root cause analysis was determined staffing education was needed. No changes to the policies were needed. Attendance to the meeting was Regional Director of Operations, Chief Compliance Officer, Director of Nursing, Assistant Director of Nursing, Director of Rehab, Social Worker, and Administrator. The Medical Director was notified by phone.</p> <p>The State Survey Agency (SSA) validated the facility's written IJ Removal Plan as follows:</p> <p>1. Review of medical records revealed R2 was sent to hospital on 10/26/2024 and did not return.</p> <p>2. Review skin audits dated 11/19/2024 and the social worker interviewable resident response dated 11/18/2024 of the in-service form dated 11/19/2024 revealed that the Director of Nursing, Assistant Director of Nursing, Social Services, Administrator and the MDS Coordinator were educated on appropriate interventions for resident with suicidal ideations.</p> <p>Verified the above education via the following staff interviews on 11/22/2024 at 10:14 am, Social Worker KKK, 11/22/2024 at 3:35 pm, Assistant Director of Nurse EEEE, 11/22/2024 at 3:38 pm, Director of Nursing, 11/22/2024 at 3:42 pm, the Administrator</p> <p>3. Review 30 residents care plan that was revised with updated interventions dated 11/18/2024. An interview with the DON revealed that she is responsible for follow up with the geriatric psych provider.</p> <p>4. Reviewed AD Hoc QAPI meeting minutes dated 11/18/2024 revealed root cause was lack of staff education.</p> <p>All corrective actions will be completed 11/19/2024.</p> <p>The immediate jeopardy will be removed on 11/20/2024.</p>		

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 11/22/2024
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)		
<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34318</p> <p>Based on observations and staff interviews, the facility failed to ensure that two Residents (R4 and R5) of seven sampled Residents' call lights were within reach while in bed or in their room.</p> <p>Findings include:</p> <p>1. A review of the Admission Record revealed R4 was admitted to the facility on [DATE] with a readmit on 7/25/2024 with the following diagnoses that include but are not limited to hemiplegia and hemiparesis following cerebral infarction affecting the left dominant side, cerebral infarction due to thrombosis of a right posterior cerebral artery, contracture left Wertis.</p> <p>An observation on 11/6/2024 at 1:42 pm, R4 call light is lying on the floor on the left side of the bed. The resident is sitting on the right side of the bed. He is requesting to be put back in his bed.</p> <p>An observation on 11/14/2024 at 3:02 pm, R4 was lying in a low position bed. His call light button is not within reach and is lying near the floor on the left side of the bed.</p> <p>A review of the care plan dated 3/23/2024 revealed that R4 is at risk for falls related to a history of falls, mobility impairment, and anti-depressant medications. One of these interventions is to have call light within reach.</p> <p>2. A review of the Admission Record revealed R5 was admitted to the facility on [DATE] with the following diagnoses, including but not limited to type 2 diabetes mellitus, hypertension, Alzheimer's disease, acquired absence of left leg above the knee, and chronic ischemic heart disease.</p> <p>An observation on 11/6/2024 at 1:44 pm, R5 was lying in bed, and his call light is lying on the floor next to the bed on the left side as standing at the foot of the bed.</p> <p>An observation on 11/6/2024 at 3:47 pm, R5 was lying in bed watching television in his room, call light on the floor on the left side of the bed.</p> <p>An observation on 11/7/2024 at 4:58 pm, R5 was lying in bed with his eyes closed. His call light is on the left side of the floor as standing at the foot of the bed.</p> <p>An observation on 11/12/2024 at 9:55 am, R5 was lying in bed and his call light is lying on the left side of the bed on the floor.</p> <p>On observation on 11/14/2024 at 3:00 pm, R5 was lying in bed, and his call light on the bed was out of reach. The call button light is hanging close to the floor.</p> <p>A review of the care plan dated 6/25/2024 revealed that R5 is at risk for falls related to generalized weakness, mobility impairment, poor safety awareness, and unsteady gait. His interventions include but are not inclusive of the bed in the lowest position while in bed, call light within reach, and reminders to use it.</p> <p>(continued on next page)</p>		

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 11/22/2024
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)
<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/14/2024 at 3:12 pm, the Director of Nursing (DON), after observing call lights not in reach of residents, revealed that she would reeducate staff on call light placement.</p>