

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 06/26/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record reviews, and review of the facility's and policy titled Abuse, Neglect and Exploitation, the facility failed to ensure one out of 31 sampled residents (R) (R35) was free from abuse. Specifically, R35 was hit with by R60 on two different incidents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Abuse, Neglect and Exploitation dated 7/1/2024 under the Policy statement revealed, It is the policy of the facility to provide protection for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Physical Abuse includes but not limited to hitting, slapping, punching, biting, and kicking. It also includes controlling behavior through corporal punishment. Verbal abuse means that use of oral, written or gestured communication or sounds that willfully includes this guarding and derogatory terms to residents or their families or within their hearing distance regardless of their age ability to comprehend or disability.</p> <p>Review of the electronic health records (EHR) for R60 and R35 revealed that they both had a diagnosis of dementia.</p> <p>Further review of the EHR revealed, R35's Quarterly MDS assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of four and R60's Quarterly MDS assessment dated [DATE] documented, a BIMS score of five which indicated they both were cognitively impaired.</p> <p>Review of the undated document addressed to Long-Term Care Section, Complaint Unit Office of Regulatory Services revealed, on the evening of 5/26/2025 at approximately 9:30 pm, R60 was observed hitting R35 with her cane. Residents were in the activities room at the time of the incident. Residents were separated and a head-to-toe assessment was completed on both residents with no injuries noted, continued monitoring per the Licensed Practical Nurse (LPN). Residents had been sitting in the activities room since the evening medication passes. LPN stated R35 had been up and walking around in the dining room periodically and would come back and sit at the table next to R60. She reports hearing R60 tell R35 to go on and let me be when she heard these two comments, she came around the corner to see what was happening and observed R60 using her walking cane to hit R35. She reports seeing one contact of the cane with R35's leg. R35 was then escorted to her room and a full skin assessment was completed. No injuries were noted. The resident remained separated from the remainder of the evening with R60 being seated at the nurses' station for close monitoring.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the document dated 6/11/2025 addressed to Long-Term Care Section, Complaint Unit Office of Regulatory Services revealed, two female residents (R35 and R60) were sitting in the dining/activities room. R60 asked R35 to go on and leave me alone. R35 called R60 a bitch and R60 proceeded to grab a broom from the corner of the room and struck R35 causing her to fall to the ground. R35 was sent to the ER for evaluation. R60 was also assessed following the incident and no injuries were noted.</p> <p>Interview on 6/25/2025 at 11:30 pm with the DON revealed that residents were being kept separated from each other and that staff had been trained on abuse. The DON confirmed law enforcement was not contacted because of the residents' diagnosis of dementia and in prior experiences the police cannot do anything about the abuse. She also verified that R60 did hit the same resident (R35) a couple weeks later with a broom. She explained that staff try to keep them separated however they do not always remember that they do not get along.</p> <p>Interview on 6/26/2025 at 1:15 pm with the Administrator revealed that residents should always be free of abuse. He revealed he will be re-educating staff on abuse and reporting abuse. The Administrator confirmed that the police should have been called about both incidents with the broom and cane stating the DON will be the first to be re-educated. He revealed he will now ensure this by reviewing all reports of abuse incidents. The Administrator revealed he was not aware that the police was not called, and it do not matter if residents have a diagnosis of dementia.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record reviews, and review of the facility's policy titled, Reporting Reasonable Suspicion of a crime, the facility failed to report abuse to Law Enforcement after one Resident (R) (R60) struck (R35) on two different incidents. The sample size was 31 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Reporting Reasonable Suspicion of a crime revealed, It is the policy of the facility to pursuit to section 1150 B of the Social Security act, to report any reasonable suspicion of a crime committed against a resident of this facility. Under the Policy explanation in compliance guidelines section revealed, the facility will coordinate with state and local law enforcement entities to determine what actions are considered crimes in the facility's political subdivision and will work with the law enforcement annually to determine which crimes are reported example of situations that would be considered crimes in all subdivisions include but are not limited to: (d.) assault and battery . 7. The administrator or the designee will then assist with covered individuals with reporting requirements and ensure specified timelines are met accordingly for both the initial and follow-up investigation reports and any other state level required reporting. 12. To ensure all covered individuals are familiar with reporting requirements. The facility will: (a.) Provide orientation for new and temporary/ agency, contractors staff to the reporting requirements; (b.) Assure that covered individuals can identify what is reportable as a reasonable suspicion of a crime, with competency testing or knowledge checks; (c.) Provide in service training when covered individual indicate that they do not understand the reporting responsibilities; and (d.) Provide periodic drills across all levels of staff across all shifts to ensure that covered individuals understand the reporting requirements.</p> <p>Review of the electronic health records (EHR) for R60 and R35 revealed they both had a diagnosis of dementia.</p> <p>Review of R35's Quarterly MDS assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of four and R60's Quarterly MDS assessment dated [DATE] revealed, a BIMS score of five which indicated they both were cognitively impaired.</p> <p>Review of the undated document addressed to Long-Term Care Section, Complaint Unit Office of Regulatory Services revealed, on the evening of 5/26/2025 at approximately 9:30 pm, R60 was observed hitting resident R35 with her cane. Residents were in the activities room at the time of the incident. Residents were separated and head-to-toe assessments were completed on both residents with no injuries noted and continued monitoring per the Licensed Practical Nurse (LPN). Further review of the document under the Conclusion revealed, Both responsible parties were notified of the incident. Doctors were notified of incidents and no new orders were received. Both will be monitored for any future incident however, there was no indication that law enforcement had been notified.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the document dated 6/11/2025 addressed to Long-Term Care Section, Complaint Unit Office of Regulatory Services revealed, two female residents (R35 and R60) were sitting in the dining/activities room. R60 asked R35 to go on and leave me alone R35 called R60 a bitch and R60 proceeded to grab a broom from the corner of the room and struck R35 causing her to fall to the ground. Further review of the document under the Conclusion revealed, Both families were notified of the incident, with this being the second altercation between these residents. No suggestions for future determent provided by the families. No new orders provided by the physician and there was no indication that law enforcement had been notified.</p> <p>Review of progress notes for R35 dated 6/11/2025 revealed documentation of the incident that had occurred and that the Director of Nursing (DON), Doctor, and family members were all notified however there was no indication that law enforcement had been notified.</p> <p>Interview on 6/25/2025 at 11:30 pm with the DON verified that R60 did hit the same resident (R35) a couple weeks later with her broom. She confirmed law enforcement was not contacted because of the residents' diagnosis of dementia and in prior experiences the police cannot do anything about the abuse.</p> <p>Interview on 6/26/2025 at 1:15 pm with the Administrator revealed that residents should always be free of abuse. He revealed he will be re-educating staff on abuse and reporting abuse. The Administrator confirmed that the police should have been called about both incidents with the broom and cane stating the DON will be the first to be re-educated. He revealed he will now ensure this by reviewing all reports of abuse incidents. The Administrator revealed he was not aware that the police was not called, and it do not matter if residents have a diagnosis of dementia.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and review of the facility's policy titled Resident Assessment-Coordination with PASARR Program, the facility failed to ensure a Preadmission Screening and Resident Review (PASSAR) Level I assessment was accurately completed for one out of six residents (R) R14 with a PASSAR Level II.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Resident Assessment-Coordination with PASARR Program revised on 3/1/2025 revealed, This facility coordinates assessments with preadmission screening and resident review (PASARR) program under Medicaid to ensure that individual with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs. Under the Policy Explanation and Compliance Guidelines section revealed, 1. All applicants to this facility will be screened for serious mental disorders or intellectual disabilities and related conditions in accordance with the State's Medicaid rules for screening. Policy explanation and guideline revealed the following: (a.) PASARR Level I - initial pre-screening that is completed prior to admission. (i.) Negative Level I Screen - permits admission to proceed and ends the PASARR process unless a possible serious mental disorder or intellectual disability arises later. (ii.) Positive Level I Screen - necessitates a PASARR Level II evaluation prior to admission. (b.) PASARR Level II - a comprehensive evaluation by the appropriate state-designated authority (cannot be completed by the facility) that determines whether the individual has MD, ID, or related condition, determines the appropriate setting for the individual, and recommends any specialized services and/or rehabilitative services the individual needs.</p> <p>Review of electronic medical record (EMR) admitted on [DATE] revealed R14 was admitted with the following diagnoses that included but not limited to unspecified mental disorder due to known physiological condition and hallucinations, unspecified.</p> <p>Review of R14's Quarterly Minimum Data Set (MDS) dated [DATE] Section C (Cognitive Patterns) revealed a Brief Interview For Mental Status (BIMS) of 12 which indicated he was moderately impaired.</p> <p>Review of R14's PASARR Level I Application dated 4/17/2025 revealed no mental health diagnoses were marked or listed.</p> <p>Review of R14's physician order revealed, Seroquel (quetiapine fumarate) oral tablet 25 mg (milligram) with start date: 4/30/2025, give one tablet by mouth one time a day related to unspecified mental disorder due to known physiological condition after breakfast; antipsychotic- monitor for Side Effects new or worsening symptoms including muscle rigidity, decreased balance, tremors, muscle constriction, decline in cognition, confusion or hallucinations or ADL function, increased movement of tongue/mouth/jaw, increased blinking, grimacing, or new other abnormal body movements. Document: 'Y' if any of the side effects listed above were observed, notify the MD, and document the findings in the progress note. 'N' if none of the side effects were observed.</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 6/26/2025 at 11:30 am with the Director of Admissions (DOA) revealed that when a resident comes from another facility, the sending facility does PASARR. DOA further revealed, if the resident is admitted from home, then the director of admission or the social worker will complete it. The DOA pulled up R14's records and confirmed that the resident had a diagnosis of mental disorder, unspecified, and that the resident is taking an antipsychotic which could potentially qualify the resident for a PASARR Level II. She then stated that she will get with the primary doctor/medical director to complete the PASARR form. Once the form is completed she would send it back to (Name of healthcare service) along with the medical records to complete the PASARR process.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</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** 2. Review of R17's electronic health record (EHR) revealed the following diagnoses but not limited to dementia acquired absence of right leg above knee and contracture of right hand</p> <p>Review of R17's Annual MDS dated [DATE] revealed a BIMS score of seven for moderate cognitive impairment. The resident functional level was assessed as nonambulatory with a physical impairment on one side for upper extremities for range of motion (ROM) and requiring substantial maximum assist for bed mobility.</p> <p>Observation of R17 's room on 6/24/2025 at 12:10 pm to 3:32 pm and 6/25/2025 at 8:01 am to 10:00 am revealed R17 lying in bed awake with head of bed elevated at the highest level. Continued observation revealed quarter bed rails raised in an upward position and bed mat on one side of the bed.</p> <p>Review of R17 's Activities of Daily Living (ADL) care plan (revised 11/13/2024) listed an intervention bed in lowest position. R17 Fall care plan listed a focus area/intervention for safety precaution which stated, Bed in lowest position while in bed and Bed enablers to assist with bed mobility and positioning.</p> <p>During an observation of R17's room on 6/35/2025 at 10:30 am with the Director of Nursing (DON), Assistant Director of Nursing(ADON) , and Registered Nurse (RN) Supervisor, RN AA, all supervisory staff confirmed R17's bed raised in the highest position and lack of staff supervision. The DON reported that R17 was at risk of fall and lowered the resident bed to a safe position. She confirmed that R17's care plan stated that R17's bed was to be placed in the lowest position</p> <p>3.Review of R42's EHR record revealed the following diagnoses but not limited to unspecified glaucoma, pulmonary embolism, and vascular dementia with other behavioral disturbances</p> <p>Review of R42's Annual MDS dated [DATE] assessed a BIMS score of 99 which indicated severe cognitive impairments (indicates poor cognition and awareness). R42's Activities of Daily Living (ADL)'s functional level was assessed as substantial maximum assist for bed mobility care.</p> <p>Observation from 6/25/2025 beginning at 9:25 am to 10:34 am revealed R42 lying in bed and bed in high position rail raised, rails on the bed observed loose.</p> <p>Review of R42's Fall comprehensive care plan (last revised 4/24/2025) listed a focus area/intervention which stated, bed in lowest position while in bed.</p> <p>During an observation of R42 's room on 6/25/2025 at 10:30 am, the DON confirmed that R42 was lying in bed with the bed raised in the highest position. She confirmed that this was a deficient practiced and a fall risk. The DON lowered the resident bed in the lowest position She confirmed that care plan states that R42's bed be place in the lowest position for safety precautions.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Certified Nursing Assistant (CNA) JJ on 6/25/2025 at 11:57 am, CNA JJ verified providing incontinent care to both R17 and R42 and forgetting to lower the bed prior to exiting the room. She confirmed that both R17 and R42 were capable of having some type of movement. She described the movement as squirming in bed from side to side. She stated that R42 is capable of more movement but refuses care most of the time and refuse staff contact. She verified raising R42 and R17 bed rails to prevent the resident from falling out of bed. She verified receiving being in-serviced on resident safety regarding the positioning of the bed to prevent accidents and falls.</p> <p>Interview with MDS Coordinator on 6/26/2025 at 11:30 am revealed, her expectation is for staff to follow the care plan for R17 and R42 for positioning of the bed for safety to prevent falls. She stated the care plan is for the residents safety.</p> <p>Based on observations, staff and resident interviews, record reviews, and the facility policy titled Comprehensive Care Plans, the facility failed to follow the plan of care for three out of 31 sampled residents (R) (R14, R17, and R42) reviewed for care plans. Specially, the facility failed to ensure and provide R14 with assistance and/or cueing during meals as care planned. In addition, the failed to ensure R17 and R42's bed was positioned in the lowest position while in lying in bed as care planned to prevent potential fall risks.</p> <p>Findings include:</p> <p>Review of the policy titled Comprehensive Care Plans, revised 3/1/2025 revealed, 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 and ALL services that are identified in the resident's comprehensive assessment and meet professional standards of quality. The Policy Explanation and Guidelines revealed, 8. Qualified staff responsible for carrying out interventions specified in the care plan will be notified of their roles and responsibilities for carrying out the interventions, initially and when changes are made.</p> <p>1. Review of electronic medical record (EMR) revealed R14 was admitted with the following diagnoses that included but not limited to: chronic obstructive pulmonary disease, unspecified, unspecified glaucoma, hemiplegia and hemiparesis following cerebral infarction affecting left dominant side, contracture, left elbow, contracture, left hand, and need for assistance with personal care.</p> <p>Review of R14's Quarterly Minimum Data Set (MDS) dated [DATE] Section C (Cognitive Patterns) revealed a Brief Interview For Mental Status (BIMS) of 12 which indicated he was moderately impaired; Section GG (Functional Abilities and Goals) revealed impairment to left upper extremity. It also revealed the ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident requires substantial/maximal assistance.</p> <p>Review of R14's care plan dated 5/7/2025 revealed, At risk for Impaired vision r/t: Glaucoma, legally blind right eye and partially in left, wears glasses. Goal is resident will be safe in the environment daily through review date. An intervention is provide set up and cueing as necessary. Further review of care plan date 6/13/2025 revealed, R14 is at risk for alteration in nutritional status and dehydration . Interventions included Set up each meal tray, assist as needed.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of physician orders revealed, R14 to have a divided plate with all meals with start date of 4/30/2025.</p> <p>Review of grievance book revealed grievance dated 6/3/2025 noting R14 stated he overheard staff saying they were not going to help him. No one assisted resident with breakfast.</p> <p>Observation on 6/24/2025 at 12:56 pm revealed R14 sitting in dayroom with staff and other residents present. A tray with half of a sandwich was on the table in front of the resident with no cueing assistance by staff observed.</p> <p>Observation and interview on 6/25/2025 at 8:28 am revealed R14 lying in bed. R14 states, breakfast was good. It was hot for a change. I had to feed myself with my hand and my hand has cramps and I can't hold nothing small. I asked the aide to help me, and they didn't do it. They give me a little plastic white spoon, and I cannot hold it because I cannot see. I had a stroke, but I still have to feed myself. I have told the boss man how they treat me.</p> <p>Observation on 6/25/2025 at 5:27 pm revealed, R14 sitting up in bed with tray on table. Resident does not have a divided tray as ordered. The resident is only able to use right hand because of left side hemiparesis related to a cerebrovascular accident (CVA). R14 was trying to eat but was unable to see where the food was and needed to be cueing where the food was located. R14 placed plastic white spoon in ice cream. The ice cream dropped on his clothing and the blanket. R14 then used his hand to grab the ice cream to eat. R14 then requested a towel to clean himself up. R14 stated they always bring his tray in and set it up and leave and he has complained about it. Surveyor exited the door and observed from the hall while R14 proceeded to feel around the plate for food items and eat the food with his hand.</p> <p>Observation and interview on 6/25/2025 at 5:48 pm with the Director of Nursing (DON), Unit Manager AA, certified nursing assistant (CNA) EE, CNA FF of R14 in bed who was observed attempting to eat a meal. While at the bedside, CNA EE confirmed that some days speech therapist assists him with meals. An interview with the DON confirmed that he should have a divided plate and that he should have a weighted spoon to assist with eating. DON also confirmed that she was aware of the grievance.</p> <p>Observation and interview on 6/26/2025 at 11:41 am with the occupational therapy confirmed that R14 requires 1:1 assistance during meals. She confirmed that she recommended that he do as much as he can on his own so that he will not decline, but he still requires assistance with meals to include verbal cues. She confirmed that the resident should be using a divided tray as ordered. She stated that she thinks the inconsistency is a result of the turnover rate with the dietary manager. She confirmed that a list of residents that required divided trays were given to the dietary manager this morning.</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, record review, and review of the facility's policy titled Activities of Daily Living (ADLs), the facility failed to provide the resident who was unable to carry out ADLs the necessary services to maintain good nutrition for one out of 31 sampled residents (R) (R14). Specifically, R14 who is legally blind and has left side hemiparesis was not assisted with meals and was eating food with his hands.</p> <p>Findings include:</p> <p>Review of the policy titled Activities of Daily Living (ADLs) , revised 3/1/2025, revealed, The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care; 1. Transfer and ambulation. 2. Toileting. 3. Eating to include meals and snacks; and 4. Using speech, language or other functional communication systems. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Review of electronic medical record (EMR) revealed R14 was admitted with the following diagnoses that included but not limited to: chronic obstructive pulmonary disease, unspecified, unspecified glaucoma, hemiplegia and hemiparesis following cerebral infarction affecting left dominant side, contracture, left elbow, contracture, left hand, and need for assistance with personal care.</p> <p>Review of R14's Quarterly Minimum Data Set (MDS) dated [DATE] Section C (Cognitive Patterns) revealed a Brief Interview For Mental Status (BIMS) of 12 which indicated he was moderately impaired; Section GG (Functional Abilities and Goals) revealed impairment to left upper extremity. It also revealed the ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident requires substantial/maximal assistance.</p> <p>Review of R14's care plan dated 5/7/2025 revealed, At risk for Impaired vision r/t: Glaucoma, legally blind right eye and partially in left, wears glasses. Goal is resident will be safe in the environment daily through review date. An intervention is provide set up and cueing as necessary. Further review of care plan date 6/13/2025 revealed, R14 is at risk for alteration in nutritional status and dehydration . Interventions included Set up each meal tray, assist as needed.</p> <p>Review of physician order revealed, R14 to have a divided plate with all meals with start date of 4/30/2025.</p> <p>Review of grievance book revealed grievance dated 6/3/2025 noting R14 stated he overheard staff saying they were not going to help him. No one assisted resident with breakfast.</p> <p>Observation on 6/24/2025 at 12:56 pm revealed R14 sitting in dayroom with staff and other residents present. A tray with half of a sandwich was on the table in front of the resident with no cueing assistance by staff observed.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview on 6/25/2025 at 8:28 am revealed R14 lying in bed. R14 states, breakfast was good. It was hot for a change. I had to feed myself with my hand and my hand has cramps and I can't hold nothing small. I asked the aide to help me, and they didn't do it. They give me a little plastic white spoon, and I cannot hold it because I cannot see. I had a stroke, but I still have to feed myself. I have told the boss man how they treat me.</p> <p>Observation on 6/25/2025 at 5:27 pm revealed, R14 sitting up in bed with tray on table. Resident does not have a divided tray as ordered. The resident is only able to use right hand because of left side hemiparesis related to a cerebrovascular accident (CVA). R14 was trying to eat but was unable to see where the food was and needed to be cueing where the food was located. R14 placed plastic white spoon in ice cream. The ice cream dropped on his clothing and the blanket. R14 then used his hand to grab the ice cream to eat. R14 then requested a towel to clean himself up. R14 stated they always bring his tray in and set it up and leave and he has complained about it. Surveyor exited the door and observed from the hall while R14 proceeded to feel around the plate for food items and eat the food with his hand.</p> <p>Observation and interview on 6/25/2025 at 5:48 pm with the Director of Nursing (DON), Unit Manager AA, certified nursing assistant (CNA) EE, CNA FF of R14 in bed who was observed attempting to eat a meal. While at the bedside, CNA EE confirmed that some days speech therapist assists him with meals. An interview with the DON confirmed that he should have a divided plate and that he should have a weighted spoon to assist with eating. DON also confirmed that she was aware of the grievance.</p> <p>Observation and interview on 6/26/2025 at 11:41 am with the occupational therapy confirmed that R14 requires 1:1 assistance during meals. She confirmed that she recommended that he do as much as he can on his own so that he will not decline, but he still requires assistance with meals to include verbal cues. She confirmed that the resident should be using a divided tray as ordered. She stated that she thinks the inconsistency is a result of the turnover rate with the dietary manager. She confirmed that a list of residents that required divided trays were given to the dietary manager this morning.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</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** 2. Review of R17's electronic health records (EHR) revealed the following diagnoses but not limited to dementia, anxiety disorder, psychotic disorder and mood disorder, hearing loss, acquired absence of right leg above knee and contracture of right hand.</p> <p>Review of R17's Annual MDS dated [DATE] revealed a BIMS score of seven for moderate cognitive impairment. The resident functional level was assessed as nonambulatory with a physical impairment on one side for upper extremities for range of motion (ROM) and requiring substantial maximum assist for bed mobility.</p> <p>Observation of R17 's room on 6/24/2025 at 12:10 pm to 3:32 pm and 6/25/2025 at 8:01 am to 10:00 am revealed R17 lying in bed awake with head of bed elevated at the highest level.</p> <p>Review of R17 's Activities of Daily Living (ADL) care plan (revised 11/13/2024) listed an intervention bed in lowest position. R17 Fall care plan listed a focus area/intervention for safety precaution which stated, Bed in lowest position while in bed and Bed enablers to assist with bed mobility and positioning.</p> <p>An observation was conducted on 6/25/2025 at 10:30 am with the Director of Nursing (DON), Assistant Director of Nursing(ADON), and Registered Nurse (RN) Supervisor, RN AA revealed R17's bed elevated and left unattended. During the observation, all of the above-mentioned supervisory staff verified R17's bed raised in the highest position and lack of staff supervision. The DON reported that R17's bed should have been in the lowest position whenever the resident was in bed and not receiving care services. DON further stated that the certified nursing assistants (CNA) usually raised the bed to providing bathing or incontinent care services to residents. She confirmed that R17's care plan states that R17's bed was to be placed in the lowest position while in bed. The DON lowered R17 bed to the lowest position prior to exiting the room. She reported that R17 was at risk of falls due to unexpected bed movement She reported that all staff have been in-serviced on the positioning of residents bed when the resident was in bed.</p> <p>3. Review of R42's EHR record revealed the following diagnoses but not limited to unspecified glaucoma, pulmonary embolism, and vascular dementia with other behavioral disturbances.</p> <p>Review of R42's Annual MDS dated [DATE] assessed a BIMS score of 99 which indicated severe cognitive impairments (indicates poor cognition and awareness). R42's Activities of Daily Living (ADL)'s functional level was assessed as substantial maximum assist for bed mobility care, no impairment for upper and lower extremities for range of motions and nonambulatory due to resident refusal to sit and stand.</p> <p>During an observation of R42's room on 6/25/2025 beginning at 9:25 am and ending at 10:34 am revealed R42 lying in bed with the bed positioned at the highest height (level).</p> <p>Record review of 42's ADL care plan (revision 1/9/2025) listed the following interventions Bed enablers to assist with bed mobility and positioning and Bed mobility assistance: requires assistance from (1-2) staff assistance d/t (due to) behaviors and refusal for bed mobility.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of R42's Fall comprehensive care plan (last revised 4/24/2025) listed a focus area/intervention which stated, bed in lowest position while in bed.</p> <p>Record review of R42's Fall Risk Assessment documented a total score of nine and assessed the following risk as impaired vision, poor balance and trunk control, difficulty with orthostatic hypotension, and on medication that would require increased safety precautions.</p> <p>During an observation of R42 's room on 6/25/2025 at 10:30 am, the DON and Nurse Supervisor RN AA, all above mentioned supervisory staff confirmed that R42 was lying in bed with the bed raised in the highest position. She confirmed that this was a deficient practice and that the resident was at risk for falls based the height of the resident's bed. RN AA and DON confirmed that resident was capable of independent movement in bed but was assessed and care planned for staff assistance with transfer and bed mobility. The DON lowered the resident bed in the lowest position. The DON confirmed that the care plan stated that R42's bed should be placed in the lowest position for safety precautions.</p> <p>During an interview with Certified Nursing Assistant (CNA) JJ on 6/25/2025 at 11:57 am, CNA JJ verified providing incontinent care to both residents (R17 and R42) and forgetting to lower the bed prior to exiting the room. She confirmed that both R17 and R42 are capable of having some type of movement in bed. She described the movement as squirming in bed from side to side. She stated that R42 is capable of more movement but refuses care most of the time and refuse staff contact. She verified receiving being in-serviced on resident safety regarding the positioning of the bed to prevent accidents and falls.</p> <p>Based on observation, interviews, record reviews and review of the facility's policy titled, Accidents and Supervision, the facility failed to ensure the environment was free of accident hazards for four out of 31 sampled residents (R) (R60, R35, R17, and R42). In addition, the facility failed to ensure three of three housekeeping carts observed that contained cleaning equipment and cleaning chemicals were not left unattended. Specifically, the facility failed provide adequate supervision as evidenced by R35 was struck by R60 with a broom and failed to ensure beds were in the lowest position when left unattended for R17 and R42.</p> <p>Findings Include:</p> <p>Review of the facility's policy titled, Accidents and Supervision dated 3/1/2023 revealed, The resident environment will remain as free of accidents hazards as is possible. Each resident will receive adequate supervision and assistive devices to prevent accidents. This includes 1. Identifying hazard(s) and risk(s); 2. Evaluating and analyzing hazard(s) and risk(s); 3. Implementing interventions to reduce hazard(s) and risk(s); 4. Monitoring for effectiveness and modifying interventions as necessary.</p> <p>1. A record review of diagnosis revealed that both residents R60 and R35 have a diagnosis of dementia. A review of R35 Quarterly MDS assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of four. A review of R60 Quarterly MDS assessment dated [DATE] revealed, BIMS score of five. Both residents were documented as cognitively impaired.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record Review of Incident Report dated 6/11/2025 revealed R60 was having a verbal argument with resident R35. Both residents have dementia diagnoses and wander around the facility independently. Residents were in the dining/ activities room. R60 asked R35 to go on and Leave me alone. R35 replied by calling her a bitch and R60 grabbed a broom and struck R35 with the broom causing her to fall on to the floor.</p> <p>Observation on 6/25/2025 at 9:46 am revealed, one unsupervised housekeeping cart was seen accessible to residents on the west wing. The cart had the following supplies: with brooms, mops and other cleaning equipment.</p> <p>Observation on 6/25/2025 at 2:54 pm revealed, one unsupervised housekeeping cart was seen on South wing three doors from room R60. The cart had the following supplies: brooms, mops and other cleaning equipment accessible to residents.</p> <p>Observation on 6/25/2025 at 2:51 pm revealed, one unsupervised housekeeping cart was seen unlocked on west wing accessible to residents. The cart had the following supplies: brooms, mops, plastic bags and chemicals.</p> <p>Interview on 6/25/2025 at 3:16 pm with the DON confirmed that the carts should not be unattended, and they should be locked. The DON confirmed that cart on [NAME] wing was unlocked with chemicals on the cart with a broom, mop and other supplies that could be a hazard for residents, especially the dementia residents. She then educated the housekeeper that was in the resident's room [ROOM NUMBER] doors down from his cart.</p> <p>Interview on 6/25/2025 at 3:21 pm with Infection Preventionist (IP) Coordinator confirmed that all three carts should not be unattended, and that they should be locked because there are chemicals behind the doors that can cause harm and cleaning equipment as well. IP Coordinator acknowledged that a resident was hit with a broom previously.</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility's titled Preventative Maintenance Program, the facility failed to ensure one of 10 residents (R) (R42) reviewed for safety of bed rails, that the bed rails were maintained in a safe and operable manner to ensure a secure tight fit to prevent risk of falls and injury.</p> <p>Finding include:</p> <p>Review of the facility's policy titled Preventative Maintenance Program dated 6/1/2024 revealed, the Maintenance Director was responsible for developing and maintaining a schedule of maintenance services to ensure that the buildings, grounds, and equipment is maintained in a safe and operable manner.</p> <p>Record review of R42's electronic health record (EHR) revealed the following diagnoses included but not limited to anxiety disorder, vascular dementia with other behavioral disturbances, and unspecified glaucoma.</p> <p>Record review of R42's Annual Minimum Data Set (MDS) dated [DATE] revealed Section C (Cognitive Patterns) a Brief Interview Mental Status (BIMS) score of 99 which indicated severe cognitive impairments with little to noncognitive awareness and confusion; Section GG (Functional Abilities and Goals) revealed, no impairment for upper and lower extremities.</p> <p>Observation on 6/25/2025 from 9:25 am to 10:34 am revealed R42 lying in bed with attached bilateral bed rails. Continued observations revealed, the bed rails raised on both side of the bed could easily bend outward due to an unsecure loose fit.</p> <p>During an observation on 6/25/2025 at 10:30 am with the Director of Nursing (DON), the DON confirmed R42's bilateral bed rails were raised and very loose preventing a secure tight fit. The DON reported that rails were not half rails but assistive rails. She stated that the certified nursing assistant (CNA) who were assigned to the resident care today, was responsible for reporting the loose rails. The DON revealed that work orders were placed in TELS (the facility maintenance system). The DON reported that the last time, she was in the resident room that she did not check the bed rails due to bed rails being in a downward position and not raised. She reported that the Maintenance Supervisor was responsible for checking all residents bed rails. She reported that resident was at risk of falling due to unexpected bed movement.</p> <p>During an interview on 6/25/2025 at 10:46 am with the Administrator and Maintenance Director (MD) the Administrator and Maintenance Supervisor reported being unaware of R42's bed rails were loose. The Administrator reported that bedrails were normally checked monthly by the maintenance MD who reported that he last checked the bedrails in May 2025 and his assessment revealed no problem with bilateral rail for R42 's bed. The MD confirmed that the knobs on the rails were loose and required tightening due to loose screw.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observation, staff interview, record review and review of the facility's policy titled Medication Administration, the facility failed to ensure that the medication error rate was less than five percent. 38 opportunities were observed for five residents (R) with two errors noted resulting in an error rate of 5.26 percent.</p> <p>Findings include:</p> <p>Review of policy titled, Medication Administration revised on 6/1/2024 revealed Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Section 16 revealed that management of a resident's insulin pump by nursing, as indicated, will be in compliance with the practitioner's orders for basal rates and/or bolus doses, blood glucose checks, and as per manufacture instructions for changing of infusion sets/tubing, cartridges, reservoirs, syringes for the insulin. Changes in glucose readings, skin changes at the insertion site or pain at the delivery site will be communicated to the practitioner as indicated or ordered.</p> <p>Review of the Medication Administration Record (MAR) revealed the following orders:</p> <ol style="list-style-type: none"> 1. Insulin Aspart Flex Pen 100 UNIT/ML(milliliters) solution pen-injector, Inject as per sliding scale: 2. Basaglar Kwik Pen Subcutaneous Solution Pen-injector 100 UNIT/ML(Insulin Glargine), Inject 20 unit subcutaneous 3. Insulin Aspart Flex Pen Subcutaneous Solution, Inject 5 unit subcutaneous <p>Observation on 6/26/2025 at 8:25 am of the medication administration on the [NAME] hall with Licensed Practical Nurse (LPN) GG administering insulin aspart nine units (four units sliding scale and five units scheduled) as well as Basaglar (a long-acting insulin) 20 units to R53 using two separate insulin pens. LPN GG dialed up the insulin aspart to 9 units. She cleaned an area to the right upper abdomen with an alcohol pad, injected the insulin and removed it immediately. LPN GG then dialed up the Basaglar 20 units. She cleansed the left upper abdomen with an alcohol pad, injected the insulin and removed it immediately. LPN GG did not prime the needles prior to dialing up the insulin nor did she hold the pen to the abdomen for ten seconds after injecting the insulin to ensure the resident received all the insulin.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 6/26/2025 at 8:40 am with LPN GG revealed when asked what the correct process was for using an insulin pen. LPN GG stated the process for giving insulin was to check the blood sugar, dial the insulin up according to what they need, clean the area and give the insulin. She confirmed that she was not aware that she had to prime the needle or hold the pen against the abdomen for ten seconds after injecting the insulin.</p> <p>An interview on 6/26/2025 at 8:47 am with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) regarding administration of insulin using an insulin pen was conducted. The DON confirmed that staff should check the blood sugar, apply the needle, draw up insulin, clean the site on resident and administer the insulin. The ADON agreed with DON and added the disposal of the needle in the sharps when done. The DON and the ADON both confirmed that they were unaware that the insulin pen needed priming.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and review of the facility's policy titled, Medication Storage, the facility failed to ensure that medications, biologicals and supplies was stored properly following manufacturers recommendations or those of the supplier including expiration dates for one of one medication storage room.</p> <p>Findings include:</p> <p>Review of policy titled, Medication Storage revised on [DATE] revealed, It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. Under Section eight revealed, Unused Medications: The pharmacy and all medication rooms are routinely inspected by the consultant pharmacist for (discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medications are destroyed in accordance with our Destruction of Unused Drugs Policy.</p> <p>Observation on [DATE] at 8:34 am of the medication storage room behind the nurse's station was checked with Registered Nurse (RN) HH revealed, medications stored on the counter. RN HH revealed that the medications on the counter were to be sent back to the pharmacy because the resident had been discharged . RN HH stated that the DON will package them up in a pharmacy return bag and the pharmacy will pick them up when they deliver the meds. She stated that she was not sure if there was a system or log that was used to keep up with the discharged /discontinued meds because the DON usually takes care of that. If it's a narcotic we must leave it in a locked box and then give it directly to the DON when she is at the facility. During the room inspection expired biologicals/supplies were found and the dates were confirmed with RN HH. There were several urethral catheter trays and foley trays opened with items removed. RN HH confirmed that once the trays were open, they should have been discarded. Expired swab cap covers for IVs with expiration date [DATE] and feeding tube bags with expiration date [DATE] also confirmed by RN. RN confirmed that the consequences of using expired items and use items could cause risk of infection and patient safety.</p> <p>An interview conducted on [DATE] at 11:12 am with the Assistant Director of Nursing (ADON) confirmed that the person over purchasing helps keep the room stored but everyone was expected to check for expiration dates.</p> <p>An interview conducted on [DATE] at 11:14 am with the Director of Nursing (DON) confirmed that purchasing was responsible for checking for expired labels.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, staff interviews, and review of the facility's policies titled Date marking for food safety, Food safety requirements, and Dietary sanitation, the facility failed to ensure that food was properly labeled, stored, and prepared in a sanitary condition to prevent foodborne illness, and failed to ensure the cleaning of appliances (ovens, griddles, fryers), countertops, food preparation areas, floors, ceiling tiles, vents, and fans. The deficient practice had the potential to affect 59 out of 61 residents receiving an oral diet.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Date marking for food safety, last reviewed on 10/1/2024, revealed under Policy: The facility adheres to date marking system to ensure the safety of ready-to-eat, time/temperature control for safety food. Under, Policy Explanation and Compliance Guidelines for Staffing revealed, 2. The food shall be marked to indicate the date or by which the food shall be consumed or discarded. 3. The individual opening or preparing a food shall be responsible for date marking the food at the time the food is opened or prepared. 4. The marking system shall consist of a color-coded label, the day/date of opening, and the day/date the item must be consumed or discarded. 6. The head cook, or designee, shall be responsible for checking the refrigerator daily for food items that are expiring, and shall discard accordingly. 7. The Dietary Manager or designee shall spot-check refrigerators weekly for compliance and document accordingly. Corrective action shall be taken as needed.</p> <p>Review of the facility's policy titled, Food safety requirements, under Policy Explanation and Compliance Guidelines revealed, 6. All equipment used in the handling of food shall be cleaned and sanitized and handled in a manner to prevent contamination.</p> <p>Review of the facility's policy titled, Dietary sanitation last reviewed on 6/1/2024 revealed under Policy Explanation and Compliance Guidelines revealed, 1. All food service areas shall be kept clean, sanitary, free from litter, rubbish and protected from rodents, flies, and other insects.</p> <p>Tour of the kitchen on 6/24/2025 at 9:00 am with the Dietary Manager (DM) revealed the following concerns:</p> <ol style="list-style-type: none"> 1. Observation of the stand-up cooler revealed a container of thickened juice concentrate with an open date of 1/31/2025 and an expiration date of June 18, 2025. 2. Observation of the stand-up freezer revealed a plastic bag of frozen chicken with an open date of 6/9/2025 and an expiration date of 6/15/2025. 3. Observation of the dry pantry revealed five loaves of bread with an expiration date of 6/22/2025, five 6.75-pound cans of corned beef hash with expiration dates of 6/13/2025, a bag of cornbread stuffing mix with no received or expiration date, 14 boxes of snack cakes with no received or expiration date, a plastic zipped lock bag with breadcrumbs with an open date of 6/22/2025 and no expiration date. <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 06/26/2025
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.			
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>4. Observation of the dry pantry revealed dead insects in cobwebs on or under the last shelf. In a corner of the dry pantry revealed piles of dirt, dust, and possibly rodent feces that needed to be discarded.</p> <p>5. Observation of a fan that was blowing toward the three compartment sink that was covered in dust and dirt.</p> <p>6. Observation of a vent that had thick dust and dirt.</p> <p>7. Observation of a shelf above the three-compartment sink was cluttered with unidentified objects, dirt, dust, and grime.</p> <p>8. Observation of appliances such as the microwave, griddle, and ovens needing cleaned. Both interior oven doors were covered in a black substance. The inside of the microwave door covered in what appeared to be splattered food. The griddle consisting of a brown substance and in the corners a thick black built up of dirt and particles.</p> <p>9. Observation of a breaker box on the wall next to the broken steamer was open. The breakers were covered in some type of brown substance.</p> <p>10. Observation of the ceiling tiles having possible water stains and the floor throughout the kitchen consisting of a black substance, dirt, particles, cracked or broken tiles. The stainless-steel structure storing the dish crates covered in a white substance. The white pipes beneath the dishwasher covered in a brown and black substance.</p> <p>Interview during the tour of the kitchen on 6/24/2025 with the Dietary Manager confirmed all of the surveyor's concerns. She immediately discarded all of the expired items and the items that were not labeled or dated. She revealed she was responsible for ensuring expired items were discarded and to ensure all items had a received/open date and expiration date. She acknowledged the cobwebs and dead insects along with the dirt and possible rodent feces in the dry pantry, stating that there were no rodents but that she and her staff need to do better with cleaning. She confirmed the dirty fan and vent, the exposed breaker box, the condition of the floor and ceiling. The DM stated the shelf above the three-compartment sink needed to be thoroughly cleaned and stated she didn't know what the items were. The DM admitted all appliances needed to be cleaned on the exterior and interior. She revealed that the condition of the kitchen was poor and since she was new to the position her priority was to improve the conditions.</p> <p>Interview on 6/25/2025 at 3:00 pm with the Administrator revealed his expectations were that the kitchen be clean and sanitary to eliminate the risk for sickness. He explained that he had been unable to keep a DM and that staff had not done well with maintaining a clean environment. He revealed the ovens were three to four months old and should not be in the condition they were in. The Administrator revealed that it is his expectation that the new DM enforce the daily cleaning list, discard all expired food items, and label and date items. He advised there have not been any rodents in the facility that the pile of dirt/debris and possible rodent feces in the dry storage area was old. He revealed that the surveyor's concerns would be handled.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of the facility's policy titled, Disinfection of and storage of non-critical resident care items, the facility failed to ensure resident's personal care items were stored in a manner to prevent cross-contamination in four of 31 bathrooms (Wing S in rooms [ROOM NUMBERS], and Wing W in room [ROOM NUMBER] and 2). The deficient practice had the potential to increase the probability of the spread of infection in the resident's living area.</p> <p>Findings include:</p> <p>A review of facility policy titled Disinfection and storage of non-critical resident care items, dated 3/1/2022 revealed the following: Bedpans and urinals are for single resident use only. [NAME] with the resident's name and discard upon discharge. Store bedpans and urinals in the resident's bedside cabinet.</p> <p>Observations on 6/24/2025 at 10:38 am and at 3:28 pm revealed, personal care items, specifically urinals, not labeled or bagged in the bathrooms on Wing S in rooms [ROOM NUMBERS], and Wing W in room [ROOM NUMBER]. There was also three bath basins not labeled or bagged on Wing W in room [ROOM NUMBER].</p> <p>Observation on 6/25/2025 at 9:20 am revealed personal care items, specifically urinals, not labeled or bagged in the bathrooms on Wing S in rooms [ROOM NUMBERS], and Wing W in room [ROOM NUMBER]. There was also three bath basins not labeled or bagged on Wing W in room [ROOM NUMBER].</p> <p>Observation and rounding on 6/25/2025 at 9:37 am with the Director of Nursing (DON) confirmed personal care items, specifically urinals, were not labeled or bagged in the bathrooms of Wing S rooms [ROOM NUMBERS], and Wing W room [ROOM NUMBER] nor was the three bath basins labeled or bagged in Wing W room [ROOM NUMBER]. The DON revealed that all urinals and bath basins should be bagged and labeled with the resident's room number.</p> <p>Interview on 6/25/2025 at 3:41 pm with Certified Nurse Assistant (CNA) BB revealed she and other CNA's were to clean urinals and bath basins after each use, bag and label them.</p>		

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<p>F 0914</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide bedrooms that don't allow residents to see each other when privacy is needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 3. Observations on 6/23/2025 at 10:01 am, 6/24/2025 at 12:26 pm, and 6/26/2025 at 4:01 pm of room [ROOM NUMBER] on Wing W revealed short privacy curtains for Bed A , Bed C and Bed D which prevented the residents from receiving full visual privacy during patient care services.</p> <p>An interview was conducted on 6/26/2025 at 4:05 pm with R5 (who resided in room [ROOM NUMBER] Bed C on Wing W), the DON and Registered Nurse (RN) Supervisor regarding the short privacy curtains. R5 reported that curtain was too short. Residents in Bed A and Bed D was non interviewable. Both the DON and RN Supervisor reported being unaware of the condition of the short privacy curtains which prevented full visual privacy.</p> <p>Based on observations, staff interviews, record review, and review of the facility's policy titled Promoting/maintaining resident dignity, the facility failed to maintain and protect the privacy for one of 31 sampled residents (R) (R21) reviewed for dignity. Specifically, the facility failed to provide R21 full visual privacy by not providing a privacy curtain. In addition, the facility failed to ensure resident rooms (20-A, 20-C, 20-D, 2B, and 4) on two of two halls (Wing W and Wing S) were provided with privacy curtains that ensured full visual privacy.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Promoting/maintaining resident dignity, reviewed on 4/1/2024 revealed under Compliance Guidelines: 11. Maintain resident privacy.</p> <p>1. Review of R21's electronic health record (EHR) revealed diagnoses including, but not limited to, chronic obstructive pulmonary disease unspecified, type 2 diabetes mellitus, vascular dementia, unspecified severity, with other behavioral disturbances.</p> <p>Review of R21's quarterly Minimum Data Set (MDS) assessment, dated 4/10/2025, revealed Section C (Cognitive Patterns) documented a Brief Mental Status Score (BIMS) score of 99 indicating interview was unable to be completed. Section GG (Functional Abilities and Goals) documented that the residents required moderate assistance with activities of daily living (ADLs).</p> <p>Observation on 6/25/2025 at 9:37 am revealed R21's room door open. The surveyor was in the hallway and observed R21 sitting in her wheelchair without a shirt exposing her breasts. There were maintenance men walking up and down the hallway doing repairs. Other residents were observed in the halls. There was no privacy curtain pulled because the resident did not have one.</p> <p>Interview and rounding on 6/25/2025 at 9:40 am with Regional Nurse Consultant revealed R21 should have a privacy curtain and that she was contacting housekeeping to install one. She confirmed that R21 was visible from the hallway for anyone to observe her topless.</p> <p>Interview on 6/25/2025 at 10:23 am with the Director of Nursing (DON) revealed although R21 has dementia, she is a very modest woman, and dignity is important to the resident. The DON advised she would ensure a privacy curtain was installed immediately.</p> <p>(continued on next page)</p>		

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<p>F 0914</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Observations on 6/24/2025 at 10:29 am and 6/25/2025 at 9:31 am revealed a privacy curtain in room [ROOM NUMBER]B on Wing W not fully functional as evidenced by the curtain not being able to be pulled due to extra hooks in the track preventing it from being pulled.</p> <p>Observation on 6/24/2025 at 10:28 am and 6/25/2025 at 11:16 am revealed the privacy curtains in room [ROOM NUMBER] on Wing S for both residents were not fully functional as evidenced by the curtain not being able to be pulled due to extra hooks in the track blocking it from being pulled.</p> <p>Interview and rounding on 6/25/2025 at 2:45 pm with the Administrator and the Maintenance Director confirmed the privacy curtains were unable to be pulled due to extra hooks blocking the functionality of the curtain track. The Maintenance Director told housekeeping to remove the extra hooks immediately so that the privacy curtain could be fully functional. The Administrator revealed privacy was a priority for our residents.</p>