

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Grandview Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 618 Gennett Drive Jasper, GA 30143	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 47947</p> <p>Based on interviews and record review the facility failed to complete Fall Risk Assessments during the admission process and post falls for two Residents (R) (R3 and R4) of three residents reviewed for falls.</p> <p>Findings include:</p> <p>1.R3 was admitted to the facility on [DATE]. Her admitting diagnoses include, but not limited to unspecified fracture of shaft of left femur, Alzheimer's disease, fall on same level, and encounter for other orthopedic aftercare. The Brief Interview of Mental Status (BIMS) was conducted on 9/27/2024 and revealed that R3 was rarely/never understood.</p> <p>Review of care plan revealed that resident had falls on 9/29/2024, 10/8/2024, and 10/9/2024.</p> <p>Review of the medical record revealed falls occurring on 9/29/2024, 10/8/2024, and 10/09/2024. Further review revealed that there was no evidence that a Fall Risk Assessment was completed for date of admission, post fall on 9/29/2024, post fall on 10/8/2024, or post fall 10/9/2024.</p> <p>Further records review revealed that fall risk evaluation was completed on 10/13/2024 with a score of 22.0. The assessment category indicated High Risk.</p> <p>2.R4 was admitted to the facility under the services of hospice on 10/2/2024. Her admitting diagnoses include, but not limited to chronic congestive heart failure, and osteoarthritis of left shoulder and right knee. The Brief Interview of Mental Status (BIMS) was conducted on 11/25/2024 and revealed that R4 was cognitively intact.</p> <p>Review of Fall Occurrence Note dated 11/24/2024 at 1:15 am revealed: While on runs heard resident screaming out for help. I entered her room and observed resident sitting on the floor next to bed. Her back was against the bed. Call light in reach. Resident sustained a skin tear to right forearm. First aid given. Resident complaining of pain to the left knee. Resident currently on hospice care. Hospice Nurse on called notified. Contacts listed as self.</p> <p>Review of admitting records revealed that there was no evidence that a Fall Risk Assessment was completed for date of admission.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further review of electronic medical record included a Morse Falls Risk Evaluation dated 11/24/2024 with a score of 75. The assessment tool stated that a score higher than 45 indicated a resident was at high risk for falls.</p> <p>An interview was conducted with Director of Nursing (DON) on 11/27/2024 at 11:30 am. She stated that fall risk assessment should be completed during initial assessment. She Confirmed that R3 and R4 did not have fall risk assessments completed during admission. She started working at this facility on 11/01/2024 and she is not aware who was responsible for fall assessment for new admissions prior 11/01/12024.</p> <p>Interview with LPN AA 11/27/2024 at 11:50 am confirmed that fall risk assessments should be completed during admission, even for residents with hospice services.</p> <p>Interview with Administrator on 11/27/2024 at 12:25 pm revealed his expectation for all nurses to complete all required assessments.</p>		