

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115503	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2025
NAME OF PROVIDER OR SUPPLIER Jesup Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Savannah Highway Jesup, GA 31545	
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview, and review of the facility's policy titled F582, F584 Beneficiary Notices, the facility failed to ensure each Medicare resident whose Medicare therapy services were terminated received a two-day notice prior to the discontinuation of skilled services to include the reason the services were ending or what the options were prior to the discontinuation of therapy services. This had the potential to affect three of three Residents (R) (R6, R159 and R37) who were reviewed for Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review. This failure had the potential to provide the resident the wrong information for the appeals process.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, F582, F584 Beneficiary Notices dated 8/2024, revealed, Policy: A Medicare beneficiary has the right to have Medicare make the decision to determine if skilled services are will not be covered by Medicare. Two processes are available: the expedited appeals process and the standard appeals process . The purpose of an expedited appeal is to keep services in place. The SNF [Skilled Nursing Facility] must give notice to the beneficiary at least three days prior to termination of all Part A services when the beneficiary still has days left in the benefit period, using the Notice of Medicare Provider Non-Coverage, Form CMS-10123, to inform the beneficiary of how to request an expedited redetermination and, if the beneficiary seeks an expedited determination . Guidelines: 1. In order to request an expedited appeal, the resident or family must call the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO), by no later than noon the following day. The beneficiary has the right to submit evidence to the BFCC-QIO . 5. Skilled Nursing Facilities (SNFs) must also issue a liability notice to Original (fee for service) giving the resident an option to start the standard appeals process. 6. Beneficiary Notices: a. Notice of Medicare Non-Coverage (NOMNC) i. Prepare and give the resident the NOMNC Form CMS-10123 at least 3 days before the end of the Medicare Part A stay .</p> <p>1. Review of the undated admission Record located in the electronic medical record (EMR) under the profile tab for R6 revealed re-admitted to the facility on [DATE]. R6 had Medicare benefits and was discontinued from skilled therapy services on 3/18/2025 per the information provided by the facility. R6 had not exhausted his Medicare benefit days. The facility failed to issue the correct form regarding the ending of Medicare payment coverage for Part A services. The facility issued form CMS-R-131 which was to be used for Part B services.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 115503	Facility ID: 115503 If continuation sheet Page 1 of 9

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Review of the undated admission Record located in the EMR under the profile tab for R37 revealed admission to the facility on 1/3/2025. R37 had Medicare benefits and was discontinued from skilled therapy services on 1/20/2025 per the document provided by the facility. R37 had not exhausted her Medicare benefit days. The facility failed to issue the correct form regarding the ending of Medicare payment coverage for Part A services. The facility issued form CMS-R-131 which is to be used for Part B services.</p> <p>3. Review of the undated admission Record located in the EMR under the profile tab for R159 revealed admission to the facility on 3/28/2025. R159 had Medicare benefits and was discontinued from skilled therapy services on 4/14/2025 per the document provided by the facility. R159 had not exhausted her Medicare benefit days. The facility failed to issue the correct form regarding the ending of Medicare payment coverage for Part A services. The facility issued form CMS-R-131 which is to be used for Part B services.</p> <p>During an interview on 5/28/2025 at 3:40 pm the Administrator stated While I was out on leave our Social Services Director (who issues the notices) was told to use the different form. She did this for the last three months until we discovered the problem and corrected it. The residents were getting the wrong form for the notice, the CMS-R-131 which is for Part B services not Part A. The residents should have been given CMS 10123.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview, and review of the facility's policy titled, Pre-admission Screening and Resident Review, the facility failed to complete the Preadmission Screening and Resident Review (PASARR), when a resident with a mental disorder for one out of two Residents (R) (R31) reviewed for PASARR. This failure placed the resident at risk of not receiving appropriate services, or needs going unmet.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Pre-admission Screening and Resident Review effective 10/2024 indicated, This community will coordinate assessments with the preadmission screening and resident review (PASARR) program. Upon admission, the Social Worker or designee will, within the context of the established assessment process, the recommendations of the PASARR level II and the PASARR evaluation report with be incorporated into the resident's assessment, care planning and transitions of care. Notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition of the resident who has a mental disorder or intellectual disability for resident review.</p> <p>Review of R31's Face sheet located under the profile tab of the electronic medical record (EMR) revealed R31 was admitted to the facility on [DATE] with a diagnosis of bipolar disorder, manic episode, and generalized anxiety disorder.</p> <p>Review of R31's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/25/2025, located in the resident EMR under the MDS tab for Section C (Cognitive Patterns) revealed a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicates moderate cognitive impairment.</p> <p>Review of R31's EMR under miscellaneous tab revealed a PASARR II was not located. Review of the PASARR I that was completed at admission revealed the diagnosis of bipolar.</p> <p>During an interview on 5/28/2025 at 5:48 pm with the Social Service Director (SSD) and Business Office Manager (BOM), they stated that they do not do PASARRs in-house. They stated that they have discussed with the Behavioral Health Unit (BHU) and the hospital on what to do when a resident has change in behavior, medications, and new mental illness diagnosis but have not received a response. We have looked into R31 because there have been some behavioral issues and medication changes that required hospitalization in 10/2024.</p> <p>Review of R31's progress note in the EMR under the progress notes tab revealed on 10/21/2024 that the resident was being charted for manic behavior. This charting continued with multiple episodes identified until 10/29/2024 when the resident was transported to a BHU. The resident was not released from BHU and returned to the facility on [DATE].</p> <p>During an interview on 5/29/2025 at 2:38 pm, the SSD and BOM stated that the BHU should have completed another PASARR for the residents. They confirmed the only PASARR for R31 was from 2022. The SSD indicated she did not know how to complete the PASARR and what steps are to be followed.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/30/2025 at 9:17 am, the Administrator revealed that PASARRs are completed when they come into the facility. If a resident is sent out because of a change, the hospital or BHU will complete the PASARR. The Administrator was not aware that the PASARR needed to be completed in house when a resident had a new diagnosis of mental illness.</p>		

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<p>F 0646</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the appropriate authorities when residents with MD or ID services has a significant change in condition.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview, and review of the facility's policy titled, Pre-admission Screening and Resident Review, the facility failed to identify and notify the appropriate state authorities for a Level II Preadmission Screening and Resident Review (PASARR), when a resident with a mental disorder experienced a significant change in condition for one out of two Residents (R) (R 31) reviewed for PASARR. This failure placed the resident at risk of not receiving appropriate services, or needs going unmet.</p> <p>Findings include:</p> <p>Review of policy titled, Pre-admission Screening and Resident Review, effective 10/2024 stated, Residents with newly evident or possible serious mental disorders will be referred for appropriate services based upon their assessed needs, and notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition of the resident who has a mental disorder or intellectual disability for resident review.</p> <p>Review of R31's Face sheet located under the profile tab of the electronic medical record (EMR) revealed, R31 was admitted to the facility on [DATE] with a diagnosis of bipolar disorder, unspecified, manic episode, unspecified, and generalized anxiety disorder.</p> <p>Review of R31's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/25/2025, located in the resident EMR under the MDS tab for Section C (Cognitive Patterns) revealed a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicates moderate cognitive impairment.</p> <p>Review of R31's progress note in the EMR revealed on 10/21/2024 a note indicating that the resident was being charted for manic behavior. This charting continued with multiple episodes identified 10/21/2024, 10/22/2024, 10/24/2024, 10/25/2024, 10/28/2024 and 10/29/2024 when the resident was transported to a Behavioral Health Unit (BHU). The resident was not released from the unit and returned to the facility until 11/12/2024.</p> <p>Review of R31 EMR under miscellaneous tab revealed a PASARR II was not located. The PASARR I indicated the mental illness diagnosis of bipolar and was completed on admission 8/3/2022.</p> <p>During an interview on 5/28/2025 at 5:48 pm, the Social Service Director (SSD) and Business Office Manager stated that they do not do PASARRs in house. We have looked into R31 because there have been some behavioral issues and medication changes that required hospitalization in 10/2024. The SSD indicated she was not aware of having to notify the state mental health authorities upon any significant changes.</p> <p>(continued on next page)</p>		

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<p>F 0646</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/30/2025 at 9:17 am, the Administrator stated that R31 was sent out because of a change. The Administrator stated that he was not aware that after a resident with a mental disorder or intellectual disability has a significant change in their mental or physical condition will be referred for appropriate services based upon their assessed needs, and notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition of the resident who has a mental disorder or intellectual disability for resident review.</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>Based on observation, staff interview, record review and review of the facility provided document titled Infection Control Program-Infection Control Guide for Long-Term Care on Perineal Care, the facility failed to adhere to infection control practices and policies during peri care and suprapubic catheter care related to performing peri care, staff changing gloves and performing hand hygiene for one of 42 sampled residents (R) (R26).</p> <p>Findings include:</p> <p>Review of the facility provided document titled Infection Control Program-Infection Control Guide for Long-Term Care on Perineal Care revealed, .8. Educate staff on proper procedures on perineal care. During perineal care, preform hand hygiene before and after and change gloves when solid to reduce the spread of infection.</p> <p>Review of R26's Physician Orders in the EMR under the Orders tab revealed an order for a suprapubic catheter.</p> <p>1. Observation on 5/27/2025 at 10:22 am, Certified Nurse Aide (CNA)1 and CNA2 entered R26's room, was in Enhanced barrier precautions (EBP) to provide peri care and catheter care. CNA1 and CNA2 donned gloves and R26's to perform peri care and suprapubic catheter. While wearing the same soiled gloves, CNA1 and CNA2 placed on his pants and pulled them up. Then CNA1 and CNA2 placed the sling pad under R26, while wearing the same gloves. CNA1 reached out and pulled the mechanical lift over to the bedside. CNA1 and CNA2 both hooked R26's sling with the chains and then cranked the sling up and placed R26 in his wheelchair wearing the same solid gloves. CNA1 and CNA2 both touched the rails, linens, catheter bag and tubing wearing the same soiled gloves. CNA1 doffed the gloves and performed hand hygiene. CNA2 took the trash that was collected from the room, sat it on the floor, and went and performed hand hygiene.</p> <p>Interview on 5/27/2025 at 10:40 am, CNA1 and CNA2 both stated that they realized that they had touched R26's clothes without removing their soiled gloves. CNA1 voiced that she should not have touched items with gloved hand because this spreads germs and not what they were taught.</p> <p>(continued on next page)</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>2. Observation and interview on 5/28/2025 2:39 pm revealed, CNA1 entered R26's room to preform peri care. Treatment Nurse and CNA1 performed hand hygiene, donned gloves, and gown. CNA1 unfastened R26's incontinent brief. Using one wet, soapy wash cloth, CNA1 made several wipes up and down across R26's peri area. There was no washing the head of the penis or pulling back the foreskin, washing in all directions, not using a clean area of the washcloth for each stroke. The area was not dried. CNA1 then washed the suprapubic catheter with one washcloth with no soap. R26 was rolled over and buttocks washed with one washcloth moving in all directions. Folding the washcloth over she then washed the buttocks on both sides and did not dry any of the buttocks. Then CNA1 went over to R26's bedside table, touched the covers, privacy curtain and the nightstand looking for a clean incontinent protector while wearing the same soiled gloves. CNA1 placed a clean incontinent protector that was found in the nightstand under R26 and pulled the soiled incontinent protector out from under R26. CNA1 moved R26's covers around to cover him up wearing the same soiled gloves. CNA1 collected in a bag the trash wearing the same soiled gloves. CNA1 pulled the privacy curtain back while wearing the same soiled gloves. CNA1 then removed the soiled gloves and performed hand hygiene. CNA1 stated after finishing the peri care that she should have changed the gloves between doing tasks. When asked about touching curtains, nightstands and covers, CNA1 stated he did not realize that he had done that but acknowledged that he was to take off the soiled gloves and not touch anything while wearing soiled gloves.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, record review, and review of the facility's policy titled, Infection Control Program- Antibiotic Stewardship F881, the facility failed to ensure an antibiotic was not used without the presence of a diagnosed infection for one of four Residents (R) (R7) reviewed for antibiotic stewardship. The failure had the potential to increase the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Infection Control Program- Antibiotic Stewardship F881 dated 10/2024 documented, .d. after order has been received, the infection control coordinator or designee should complete the surveillance document, utilizing the McGeer criteria, noting evidence for the infection. If the antibiotic does not fit the criteria, the physician will be contacted.</p> <p>Review of R7's admission Record located in the Reports tab of the electronic medical record (EMR) revealed, the resident admitted to the facility on [DATE].</p> <p>Review of R7's Progress Note dated 5/29/2025 located in the Progress Notes tab of the EMR documented, Received UA [urinalysis] results and sent them to MD [physician], no CNS [culture and sensitivity] ordered.</p> <p>Review of R7's urine test results located in the EMR under the Lab tab documented, UWBC [Urine white blood cells]. There was no documentation in the EMR, paper chart, or on the lab result to indicate an CNS.</p> <p>Review of R7's physician orders dated 5/21/2025 in the EMR under the orders tab indicated Macroductin oral capsule 100mg [milligram], give one capsule by mouth two times a day for 7 (seven) days with stop date of 5/28/2025 at 17:00 pm [5 pm].</p> <p>Review of R7's Individual Screening Evaluation form found in the facility's Infection Prevention and Control Program (ICPC) binder revealed, the resident's symptoms first appeared on 5/22/2025. The form documented, UTI not dx [diagnosed]. Prophylaxis [prophylaxis] for abnormal UA. Ordered by hospice</p> <p>Interview on 5/29/2025 at 1:35 pm, the Infection Preventionist (IP) revealed, that the antibiotic was ordered for R7, because of the abnormal UA dip stick performed by hospice, which looked like a UTI. The IP confirmed there were no evidence given to the physician of a urine culture results that indicated bacterial growth.</p>		