STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115507	A. Building B. Wing	03/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Taylor County Health and Rehabilitation	165 South Broad Street Butler, GA 31006

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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 21213 Based on observation, resident and staff interviews, record review, and review of the facility policy titled Suprapubic Catheter Care, the facility failed to ensure that nursing staff provided routine indwelling urinary catheter care for one resident (R) (R15), from a sample of 16 residents. This deficient practice had the potential to increase R15's risk of urinary tract infection. Findings include: A review of the policy titled Suprapubic Catheter Care, with a review date of 12/29/2023, revealed the intent of the policy was to provide guidelines for the care of new and established suprapubic catheters. The Guideline section included a line that stated: Clean the insertion site and catheter daily with soap and water. A review of R15's clinical record revealed that she had diagnoses that included but were not limited to, neurogenic bladder, and quadriplegia. A review of the 12/8/2023 Quarterly Minimum Data Set (MDS) assessment revealed that R15 was assessed with a Brief Interview for Mental Status (BIMS) of 11 (indicating moderate cognitive impairment) and having an indwelling urinary catheter. A review of the care plan revealed a care area of a suprapubic catheter, with an intervention dated 10/6/2022 to monitor and clean skin under and around the external catheter and check for redness/skin breakdown. The intervention was assigned to the Nurse and Certified Nursing Assistant (CNA). A review of physician's orders revealed orders to change the suprapubic catheter every month on the 28th day and as needed when it was clogged. A review of the February 2024 Medication Administration Records (MAR) and February 2024 Treatment Administration Records (TAR) revealed that the suprapubic catheter was most recently changed as ordered on 2/28/2024. However, there was no evidence in the clinical record that daily catheter care was provided. During an interview on 3/5/2024 at 10:30 am, when R15 was asked if anyone cleaned her urinary catheter tubing, she stated no, but that it was changed once a month. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115507	A. Building B. Wing	03/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Taylor County Health and Rehabilitation	165 South Broad Street Butler, GA 31006

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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation of Activities of Daily Living (ADL) care on 3/5/2024 at 1:55 pm, CNA CC and CNA DD assisted R15 with personal hygiene tasks, emptying of the suprapubic catheter drainage bag, dressing, bowel incontinence care, and a transfer out of bed to the wheelchair. However, catheter care was not provided. During the observation, when questioned about who cleans RA's urinary catheter tubing, CNA CC stated that the nurses do and that he only empties the catheter bag. During an interview on 3/5/2024 at 3:40 pm, when questioned about when the suprapubic catheter was cleaned, the Director of Nursing (DON) stated that it was cleaned with perineal care. When asked if it was the Nurse's or CNA's responsibility, the DON stated it was the CNA's. During an interview on 3/5/2024 at 3:45 pm when RA's nurse, Licensed Practical Nurse (LPN) EE, was asked who cleans R15's urinary catheter tubing, she stated she was unsure.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115507	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER: Taylor County Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 165 South Broad Street Butler, GA 31006	

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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. 15650 Based on observations, staff interviews, and review of the facility policy titled Hydration, the facility failed to offer additional fluids to residents on one of three units, the secure unit, during two of three lunch meals observed. The deficient practice had the potential to prevent the maintenance of adequate hydration status of the 11 residents residing in the secure unit. Findings include: A review of the policy titled Hydration, with a review date of 12/29/2023, stated the policy Intent was: It is the intent of this center to provide patients with adequate hydration to assist in maintaining proper hydration and health, while honoring preferences. The Guideline section included: Hydration will be served on all meal trays and available throughout the day. Hydration will be consistent with the patient's needs and desires. A variety of items will be available to meet hydration needs and patient preferences. Nursing will provide ice water each shift, unless contraindicated. During an observation of the lunch meal served on the secure unit on 2/21/2024 from 12:43 pm to 1:30 pm, eight residents were observed eating lunch in the two designated dining areas on the secure unit and three residents ate in their rooms. The residents were only served one glass of tea with the meal. Nine of the residents had consumed all their tea and were observed attempting to drink more tea from the empty glasses. The residents were not offered refills of tea or additional fluids before removing the trays. During a subsequent observation of the secure unit on 2/26/2024 at 12:45 pm, four residents were eating in the secure unit while the remaining seven residents ate lunch in the main dining room of the facility. The four residents eating lunch in the secure unit were served one glass of tea. Three of the residents had consumed all their tea and were observed attempting to drink more from the empty glass. No refills or additional liquids were offered before the trays were removed. During observations of all the resident rooms on the secure unit on 2/21/2024 at 1:30 pm, 2/22/2024 at 12:35 pm, and 2/26/2024 at 12:45 pm, there were no cups or pitchers of water in the resident rooms. During an interview with Certified Nursing Assistant (CNA) AA on 2/26/2024 at 3:55 pm, she stated that the residents did not have water in their rooms because there were two residents in the secure unit who went into the rooms and took the cups of water and drink them all. During an interview with the Director of Nursing on 3/5/2024 at 1:40 pm, she stated they don't keep cups of water in the secure unit anymore due to infection control concerns. She stated there are residents in the unit who will take the cups of water out of resident rooms and drink them. She stated the staff should make sure the residents have water during the hydration rounds.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115507	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER: Taylor County Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 165 South Broad Street Butler, GA 31006	

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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 15650 Based on observations, staff interviews, and a review of the facility policy titled Allocation of Human Resources Nursing Staff, the facility failed to have sufficient nursing staff in the secure unit during meals to ensure a resident (R) (R5) was not taking other residents' food or beverages and to ensure there was adequate staff to provide the residents with beverage refills. There were 11 residents residing in the secure unit. The deficient practice had the potential to place the residents at risk for unmet care needs. Findings include: A review of the policy titled Allocation of Human Resources Nursing Staff, with a review date of 12/29/2023, revealed the Intent stated: It is the intent of this center to allocate nursing staff to meet nursing needs of patients. During the lunch observation on the secure unit on 2/21/2024 at 12:43 pm, there was one Certified Nursing Assistant (CNA) supervising 11 residents who resided on the unit. There were two rooms across the hall from each other that were designated for dining. The CNA was in one room feeding a resident which also had five additional residents, and three residents were eating in the room across the hall. R5 was observed taking a cup of coffee from R3 and drinking from the cup as he left the room. The CNA had to stop feeding a resident to take the cup of coffee from R5 and open the door to the main portion of the building to request a cup of coffee for R3. At 1:15 pm, R5 once again took the second cup of coffee from R3. The CNA had to stop feeding the same resident to take the cup from R5 and place the cup on the tray cart. After the CNA sat down to start feeding the resident again, R5 took the dirty cup from the cart and walked down the hall. During the same observation, the residents were served one glass of tea with their meal. Nine of the residents consumed all their tea and were not offered refills. During the lunch observation on 2/22/2024 at 12:35 pm, four residents were eating in the secure unit. The Director of Nursing (DON) was observed feeding one resident and one CNA was assisting other residents. Three of the residents drank all their tea. The CNA left the secure unit, returned with a pitcher of tea, and refilled the resident's glasses. During an interview with CNA AA on 2/26/2024 at 3:55 pm, she stated since the DON was assisting with the lunch meal on 2/22/2024 she was able to leave the unit to get a pitcher of tea to refill the resident's glasses. During the lunch observation on 2/26/2024 at 12:45 pm, there was only one CNA in the secure unit supervising four residents in the dining area while feeding one of the residents. Three of the residents had consumed all their tea, but no refills were offered before the trays were removed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115507	A. Building B. Wing	03/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Taylor County Health and Rehabilitation	165 South Broad Street Butler, GA 31006

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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with CNA FF on 2/21/2024 at 1:20 pm, she stated that she used to work in the secure unit and that it was hard to keep eyes on all the residents because only one staff person was working on the unit. She stated when she would be feeding a resident, she would have to stop to prevent R5 and another resident from taking food and drinks off other resident's trays. During an interview with CNA AA on 2/21/2024 at 1:30 pm, she stated there was usually just one person working in the secure unit. She stated there used to be two staff in the unit but for the past few years, there had only been one person in the unit. She stated during meals it was just her, and she had to watch R5 and another resident because they took other resident's drinks and food from their trays. She further stated while she provided showers for the residents, there was no other staff to monitor the other residents in the secure unit. During an interview with the DON on 3/5/2024 at 1:40 pm, she stated for years they had two people working in the secure unit, but they have had problems with staffing for several months. She stated ideally, she would assign two staff in the unit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115507	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Taylor County Health and Rehabilitation	165 South Broad Street Butler, GA 31006

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 21213 Based on observation, staff interviews, record review, and review of an instructional document titled Enhanced Barrier Precautions, published by the Center for Disease Control and Prevention (CDC), the facility failed to ensure that nursing staff wore Personal Protective Equipment (PPE) following recommended practice and failed to ensure Activities of Daily Living (ADL) care was provided in a sanitary manner for one resident (R) (R15), from a sample of 16 residents. These deficient practices had the potential to increase R15's risk of infection. Findings include: A review of R15's clinical record revealed diagnoses included but were not limited to, neurogenic bladder and quadriplegia. A review of the 12/8/2023 Quarterly Minimum Data Set (MDS) assessment revealed that R15 was assessed as having an indwelling urinary catheter and being incontinent of bowel. A review of the care plan revealed a care area of a self-care deficit and needed assistance from staff with ADL care. Interventions assigned to the Certified Nursing Assistant (CNA) and Nurse included PPE when providing care. The care plan also revealed that R15 had a suprapubic catheter. During an observation of ADL care on 3/5/2024 at 1:55 pm, an instructional sign titled Enhanced Barrier Precautions, published by the CDC was posted on the door to R15's room. The directions on the sign included that everyone must clean their hands, including before entering and when leaving the room. The sign also alerted providers and staff to wear gloves and a gown for the following high-contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs, or assisting with toileting, device care or use (central line, urinary catheter, feeding tube, tracheostomy), and wound care. During the 3/5/2024 1:55 pm observation, CNA DD donned a gown and gloves upon entering the resident's room. CNA CC did not put on a gown. When CNA DD asked CNA CC if he was going to put a gown on, he stated no, that he thought that was just for wound care. Both CNAs then assisted R15 with personal hygiene tasks, emptying the suprapubic catheter drainage bag, dressing, bowel incontinence care, and a transfer out of bed to the wheelchair. In addition, during the provision of bowel incontinence care, CNA CC removed old barrier cream and feces from R15's buttocks with disposable wipes. However, he failed to change his soiled gloves before picking up a clean adult brief, picking up the tube of barrier cream from a shelf, and applying a new coat of barrier cream to R15's buttocks. During an interview on 3/5/2024 at 3:40 pm, the Director of Nursing (DON) stated that R15 was on enhanced barrier precautions because of her suprapubic catheter. During an interview on 3/5/2024 at 4:02 pm, the DON stated she would address the infection control concerns.