

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 08/28/2024
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)
<p>F 0656</p> <p>Level of Harm - 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** 29015</p> <p>Based on interview, record review, and facility policy review titled Patient's Plan of Care, the facility failed to ensure the development of care plans were person centered and detailed the care assistance residents needed for Activities of Daily Living (ADLs) for one of three residents (R) (52) reviewed for accidents and hazards. R52's care plan failed to indicate the amount of assistance needed to prevent falls. The facility assessed R52 to require the assistance of two staff persons for bathing; however, the resident's care plan did not indicate the number of staff the resident needed for bathing assistance. During a bed bath, R52 was only assisted by one staff person, even though the facility assessed the resident to need two staff persons. This failure caused actual harm to the resident, when the resident fell out of bed during the bed bath and sustained a closed head injury and a laceration.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Patient's Plan of Care dated 12/29/2023, revealed the facility's intent to promote person-centered patient care through a comprehensive care plan. Each patient will have a person-centered comprehensive care plan developed and implemented to meet his or her other preferences and goals, and address the patient's medical, physical, and mental and psychosocial needs.</p> <p>Review of R52's undated Face Sheet located in electronic medical record (EMR), under the Face Sheet tab, indicated the resident was admitted to the facility on [DATE], with diagnoses which included hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, abnormalities of gait and mobility, and muscle weakness.</p> <p>Review of R52's Care Plan located in the EMR under the Care Plan tab, revealed the resident was a Fall risk, reviewed, and continued on 7/23/2024, as evidenced by always incontinent (urine) [dated 6/28/2023], transfer: total dependance, problem with balance, interventions included, but not limited to provide appropriate level of assistance to promote safety of resident.</p> <p>(continued on next page)</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115507	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
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)		
<p>F 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R52's Comprehensive Nursing assessment dated [DATE], provided by the facility as evidence of a Fall Assessment prior to resident's fall revealed Functional Status: . Does the patient need assistance moving from sitting to lying position in bed? Yes. If the patient has difficulty from sit-lying [sic] in bed, answer the following. Staff completes all of the tasks .If the patient need assistance moving from lying to sitting position on the side of the bed, answer the following. Staff completes all of the tasks. If the patient needs assistance with toileting hygiene, answer the following. Staff completes all of the tasks .Care Plan consideration- all items checked below will trigger to care plan. Activities of Daily Living (ADLs): Two people assist with transfers.</p> <p>During an interview on 8/27/2024 at 10:10 am Certified Nursing Assistant CNA1 she normally gave R52 her bath without any other staff's assistance; however, she should have had another person to help. CNA1 further stated she was just trying to get the resident's bath done.</p> <p>During an interview on 8/27/2024 at 1:41 am, R52 stated she remembered falling out of the bed. When asked how many staff members normally assisted her with her bed bath, R52 stated, they always use two nurse aides to give me a bed bath.</p> <p>During an interview on 8/27/2024 at 2:23 pm when asked if she was familiar with R52, CNA2 stated, Yes. When asked how many staff members it took to provide care for R52, CNA2 responded we usually use two staff members for turning, and repositioning, and for her bed baths, because she [R52] has no use of her left arm, and her right arm is weak.</p> <p>During an interview on 8/27/2024 at 2:30 pm, the Director of Nursing (DON), confirmed the resident had been assessed as being an extensive assistance of two persons for bathing, per the resident's care plan.</p> <p>During an interview on 8/27/2024 at 2:40 pm, the Administrator stated she would have expected the staff to follow the plan of care in providing resident care. The Administrator also stated if R52 was assessed as needing two people to assist with bathing, then she should have had two staff members giving her the bath.</p> <p>Cross reference F689</p>		

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 08/28/2024
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)		
<p>F 0689</p> <p>Level of Harm - 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** 29015</p> <p>Based on interview, record review, and review of the facility's policy titled Fall Management, the facility failed to ensure residents were free from accidents and hazards as possible for one of three residents (R) (52) reviewed for accidents out of 21 sampled residents. Specifically, the facility assessed R52 required the assistance of two- staff persons for bathing; however, the resident was only assisted by one staff person when the resident fell from her bed. This failure caused R52 to sustain actual harm of a closed head injury with a laceration.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Fall Management review date of 12/29/2023, revealed each patient is assisted in attaining/maintaining his or her highest practicable level of function by providing the patient adequate supervision, assistive devices, and/or functional programs as appropriate to minimize the risk for falls. Each patient's risk for falls is evaluated by the interdisciplinary team (IDT). A plan of care is developed and implemented based on this evaluation with ongoing review.</p> <p>Review of R52's undated Face Sheet located in electronic medical record (EMR), under the Face Sheet tab, indicated the resident was admitted to the facility on [DATE], with diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, abnormalities of gait and mobility, and muscle weakness.</p> <p>Review of R52's annual Minimum Data Set (MDS), located in the EMR, under the MDS tab, with an Assessment Reference Date (ARD) of 4/17/2024, revealed the facility assessed the resident to have a Brief Interview of Mental Status (BIMS) score of nine out of 15, which indicated the resident was moderately cognitively impaired. Additionally, R52 was assessed as being dependent (2-person assist) on staff for toileting hygiene, shower/bathe, upper/lower body dressing, putting on/taking off footwear, and required extensive/substantial assistance for all personal care. There were no falls noted prior to admission or after admission during this assessment.</p> <p>Review of R52's Comprehensive Nursing assessment dated [DATE], provided by the facility as evidence of a Fall Assessment prior to resident's fall revealed Functional Status: . Does the patient need assistance moving from sitting to lying position in bed? Yes. If the patient has difficulty from sit-lying [sic] in bed, answer the following. Staff completes all of the tasks .If the patient need assistance moving from lying to sitting position on the side of the bed, answer the following. Staff completes all of the tasks. If the patient needs assistance with toileting hygiene, answer the following. Staff completes all of the tasks .Care Plan consideration- all items checked below will trigger to care plan. Activities of Daily Living [ADLs]: Two people assist with transfers.</p> <p>(continued on next page)</p>		

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 08/28/2024
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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Event Quality Assessment Performance Improvement (QAPI) Tool, dated 4/28/2024 and provided by the facility revealed Description of event: summoned to room per nursing assistant to assist with resident who had fallen off bed during bed bath. Entered room and noted resident lying on right side between bed and heating/cooling unit. Head to toe assessment revealed a one inch cut to right side forehead with moderate amount of bleeding noted. Pressure applied to control bleeding. Resident assisted off floor and onto bed. PERRL [pupils equal, round, reactive to light]. Alert and oriented times three. Resident stated that she got dizzy when she rolled during bath and resulted in fall.</p> <p>Review of the Emergency Department Record, dated 4/28/2024, located in the EMR under the Scanned Documents tab, revealed Clinical Impression: closed head injury, forehead laceration.</p> <p>During an interview on 8/27/2024 at 10:10 am, Certified Nursing Assistant CNA 1 was asked to describe the incident with R52. CNA1 stated she was giving her [R52] a bed bath, turned her towards the window, [R52] was holding onto the bottom of mattress, there were no fall mats, or siderails on the bed. CNA1 added R52 stated she couldn't hold onto the mattress any longer and rolled out of bed. When CNA1 was asked if she should have had additional assistance, CNA1 stated she normally gave R52 her bath herself, but she should have had another person to help. CNA1 further stated she was just trying to get done.</p> <p>During an interview on 8/27/2024 at 1:41 am, R52 was asked if she recalled falling out of bed? R52 stated Yes. Continued interview revealed the nurse's aide was giving her a bed bath, she became dizzy and fell out of bed and hit her head on the air conditioner. R52 also stated it did not help that there was no sheet on her bed, and the mattress was slippery without it (It should be noted resident is not on a specialized mattress). When asked how many staff members usually completed her bed bath, R52 stated, they always use two nurse aides to give me a bed bath.</p> <p>During an interview conducted on 8/27/2024 at 2:23 pm, stated she was familiar with R52. When asked how many staff members was needed to provide care for R52, CNA2 stated, we usually use two staff members for turning, and repositioning, and for her bed baths, because she [R52] has no use of her left arm, and her right arm is weak.</p> <p>During an interview on 8/27/2024 at 2:30 pm, the Director of Nursing (DON) confirmed R52 had been assessed as being an extensive assistance of two persons, per R52's MDS. The DON stated she would have expected two staff members would have given R52's bed bath based on the comprehensive assessments, and care plans. The DON agreed that CNA1 made a bad judgement call while giving R52's bed bath that resulted in the resident falling and sustaining an injury.</p> <p>During an interview on 8/27/2024 at 2:40 pm, the Administrator stated it was her expectation if R52 was assessed as needing two-person assistance, then she would expect that two staff members would give her the bath.</p>		

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 08/28/2024
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)		
<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>43353</p> <p>Based on observation, interview, record review, and review of the facility's policy titled Skilled Nursing Services, Hand Hygiene, the facility failed to ensure an effective infection control and prevention program was implemented during medication pass for four of 11 residents (R) (43, 38, 17, and 57) reviewed for medication administration. Specifically, the nurse failed to ensure proper hand hygiene practices were implemented dur the administration of medication. This failure could promote the spread of multi drug resistant organisms (MDROs) throughout the facility.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Skilled Nursing Services, Hand Hygiene, revised on 12/29/2023, indicated, under the section Intent: It is the intent of this facility to promote and facilitate appropriate hand washing .GUIDELINE .Associates should use alcohol based hand rub or wash hands with soap and water for the following indications: Immediately before touching a patient. Before performing an aseptic task (e.g., placing an indwelling device or handling indwelling devices). Before moving from a soiled body site to a clean body site on the same patient. After touching a patient or the patient's immediate environment. After contact with blood, body fluids or contaminated surfaces. Immediately after glove removal, unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and, in absence of a sink, are an effective method of cleaning hands. Wash hands with soap and water when visibly soiled. After caring for someone with known or suspected diarrhea. After known or suspected exposure to spores (e.g. B. anthracis, C difficile). Gloves should not be used as a substitute for hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the patient or the patient environment. Perform hand hygiene immediately after removing gloves</p> <p>Review of the facility training document titled, Hand Hygiene Competency Validation, used revealed staff was evaluated monthly on the three areas of hand hygiene opportunities, performing hand hygiene with soap and water, and performing hand hygiene with alcohol-based hand rub (ABHR).</p> <p>Review of the facility training document titled, Hand Hygiene Observation Tool, revealed it was used to record the staff's skill check off performing hand hygiene using ABHR and washing hands with soap and water</p> <p>1.Review of R43's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/11/2024, located in the EMR under the MDS tab, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of zero out of 15 which indicated R43 was severely cognitively impaired.</p> <p>During an observation on 8/26/2024 at 1:20 pm in R43's room, Licensed Practical Nurse LPN1 performed hand hygiene, donned gloves, administered Eye Drops, one drop to each of R43's eyes. LPN1 doffed the gloves, disposed of the gloves into R43's bathroom trash can, and left R43's room without performing hand hygiene prior to leaving room. Continued observation revealed LPN1 unlocked the medication cart, put R43's eye drops back into the cart, and logged into the laptop EMR to move onto the next resident preparing her medication.</p> <p>(continued on next page)</p>		

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 08/28/2024
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. During an observation on 8/26/2024 at 1:26 pm, LPN1 obtained one tramadol [medication used to treat pain] 50 milligram (mg) tablet from the narcotic box in med cart and poured a cup of water without performing hand hygiene first. LPN1 then knocked on R38's door, entered her room, and administered R38 her tramadol medication with the cup of water. R38 poured the medicine cup containing tablet into her mouth and took a drink of water. R38 gave an empty medicine cup and the cup with remaining water back to LPN1. LPN1 set the water cup down on R38's bedside table next to her, tossed the medicine cup in trash, and left R38's room without performing hand hygiene prior to leaving room. LPN1 was observed unlocking the medication cart and logging into laptop to move onto next resident preparing his medication.</p> <p>3. During an observation on 8/26/2024 at 1:32 pm, LPN1 obtained a Sodium Bicarbonate (antacid that neutralizes stomach acid and relieves heartburn and indigestion) 650 mg tablet from the medication cart, crushed and mixed the medication with vanilla pudding in a medicine cup, and poured a cup of water without performing hand hygiene first. Continued observation revealed LPN1 knocked on R17's door, entered his room, administered R17 his mixture of medicine and pudding from a wooden depressor/spoon, and gave R17 a drink of water. LPN1 collected an empty cup from R17's bedside table, went to the bathroom, tossed the empty medicine cup and two water cups in the trash. LPN1 left R17's room without performing hand hygiene prior to leaving room. LPN1 was observed unlocking the medication cart and logging into laptop to move onto next resident preparing his medication.</p> <p>4. During an observation on 8/26/2024 at 1:41 pm, R57 was lying in her bed. Continued observation revealed LPN1 obtained one hydrocodone (narcotic pain medication) 10 mg/acetaminophen 325 mg tablet from the narcotic box in medication cart and poured a cup of water without performing hand hygiene first. LPN1 then knocked on R57's door, entered her room and administered R57 her medicine in a medicine cup with the cup of water. R57 poured the medicine cup containing the tablet into her mouth and took drink of water. R57 gave an empty medicine cup and the cup with the remaining water back to LPN1. LPN1 removed a partially full water cup from her bedside table and tossed them all into the bathroom trash. LPN1 left R57's room without performing hand hygiene prior to leaving room. LPN1 was observed unlocking the medication cart and logging onto the laptop to move onto the next resident preparing his medication.</p> <p>During an interview on 8/26/2024 at 1:45 pm, when asked what step he forgot to do in between each resident, LPN1 stated, Oh I forgot to wash my hands. LPN1 also stated, And I always remember to do hand hygiene any other time.</p> <p>During an interview on 8/26/2024 at 2:35 pm, the Director of Nursing (DON) stated, Staff are expected to use hand sanitizer or wash their hands anytime they touch something dirty, before and after providing care of a resident, and when they don and doff gloves. I expect them to use soap and water after every third time unless they're visibly soiled or wet.</p> <p>During an interview on 8/26/2024 2:40 pm, the Infection Control Preventionist (ICP) stated, My expectation is that staff perform hand hygiene prior to care and every time they leave a resident's room from doing care. I expect them to use soap and water when their hands are visibly dirty, before and after eating and after using the restroom. I also train them to use soap and water after using hand sanitizer three times.</p> <p>(continued on next page)</p>		

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 08/28/2024
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 8/27/2024 10:55 pm, the Administrator stated, The expectation is that staff use hand sanitizer or wash their hands between every resident and whenever providing care. They need to wash their hands after every third time using hand sanitizer or if they're visibly dirty.		