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	01/08/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interviews, record review, and review of the facility's policy titled Food Preparation and Distribution, the facility failed to ensure proper thawing process was followed. In addition, the facility failed to sanitize food preparation surfaces in accordance with professional standards for food service safety as required in the facility's kitchen. These deficient practices had the potential to cause food-borne illness among all 67 residents who received meals from the facility kitchen. Findings include:Review of the facility's policy titled Food Preparation and Distribution, dated 12/27/2024, revealed that It is the intent of this center to prepare and distribute food in a manner that minimizes the risk of food-borne illness and promotes safe food handling practices by no bare hand contact with food items and work surfaces and equipment should be cleaned and sanitized as needed by appropriate sanitizer concentration of 150-400 parts per million (ppm). Thawing methods should be under refrigeration and food items should be in a drip-proof container and by submerging food under running water at a temperature no greater than 70 degrees Fahrenheit (F). 1. Review of the in-service documentation titled, Ready 365 Best Practice - Thawing Process, dated 8/2024, revealed that To reduce pathogen growth, never thaw food at room temperature and follow one of the four appropriate methods: refrigeration, running drinkable water at 70 degrees F or below, by microwave oven if it will be cooked immediately afterwards, and by cooking, as long as it reaches proper minimum internal temperature.During a tour of the facility kitchen on 1/7/2026 at 6:10 am, two ten-pound tubes of ground beef were observed sitting in a basin, while red and clear juices were dripping onto the bottom of the basin. The basin was observed sitting on top of the counter of the meat sink. During an interview on 1/7/2026 at 6:11 am, the Assistant Dietary Manager (ADM) was asked what time the two tubes of ground beef were taken out of the freezer. ADM stated, Today at three am. During an interview on 1/7/2026 at 6:35 am, the Dietary Manager (DM) was asked what the process was for thawing meat products, and she stated, Either thaw the meat in the refrigerator or leave it in a basin under running cold water. The DM stated she would re-educate the kitchen staff on the proper thawing process. DM was notified that the two tubes of ground beef in the basin were now being thawed under running water, but the number of hours these tubes have been thawing remains unknown. The DM discarded the two tubes of ground beef.During an interview on 1/8/2026 at 1:48 pm, the ADM stated, I knew that I was supposed to thaw the meat in the refrigerator or under running cold water.2. Review of the in-service documentation titled, Ready 365 Best Practice - Cleaning and Sanitizing Process, dated 4/2024, revealed that to clean and sanitize a surface appropriately, scrape or remove food bits from the surface by using the correct cleaning tool, such as a nylon brush or pad, or a clean cloth towel, wash the surface with the cleaning solution with an approved cleaner by using green buckets for this wash solution, rinse the surface with clean water, sanitize the surface using the correct sanitizing solution in the red bucket, and allow the surface to air-dry. During a tour of the facility kitchen on 1/07/2026 at 6:32 am, [NAME] 1 emptied seven liquid egg boxes onto a cooking pan. Each empty liquid egg box was placed back into its original storage box while liquid eggs dripped onto the food preparation surface. [NAME] 1 disposed of the empty liquid egg boxes outside to the main trash bin. [NAME] 1 returned to the food preparation surface, walked over to the handwash (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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	station, and, without donning (putting on) clean gloves, she pulled one paper towel from the dispenser and walked back to wipe the liquid egg spill on the food preparation surface. [NAME] 1 walked back to the handwashing station without clean gloves, pulled three paper towels from the dispenser, and returned to wipe the remaining liquid eggs from the food preparation surface. [NAME] 1 then walked to the walk-in freezer, brought out a box of frozen biscuit dough, and placed it on top of the spill site on the food preparation surface. [NAME] 1 then returned the box of frozen biscuit dough to the same location it was taken from in the walk-in freezer. During an interview on 1/7/2026 at 6:35 am, the DM was asked what the process for cleaning and sanitizing a food preparation surface in case of a spill was, specifically a spill with raw eggs. The DM stated, Staff is supposed to wipe the surface with the 'green bucket' solution, then sanitize the surface with the 'red' bucket solution and let the surface air dry. DM was notified of a liquid egg spill on the food preparation surface by [NAME] 1. The DM re-educated the kitchen staff.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on resident and staff interviews, record review, and review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, the facility failed to accurately code the Minimum Data Set (MDS) assessment for one of 18 residents (Resident (R) 48) reviewed for MDS in a total sample of 28 residents. This deficient practice increased the potential for missed opportunities for care or services. Findings include:Review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated October 2025, revealed the instructions for coding the tracheostomy care were to be coded . when performed while a resident of this facility and within the past 14 days . including if the resident performs the care.Review of R48's Face Sheet, undated and located in the electronic medical record (EMR) under the Face Sheet tab, indicated an admission date of 9/19/2022 and diagnoses included a permanent tracheostomy site. Review of R48's discharge, return anticipated MDS with an Assessment Reference Date (ARD) of 2/26/2025, located in the EMR under the MDS tab, revealed the tracheostomy care was not coded for special treatments/procedures. Review of R48's quarterly MDS with an ARD of 5/6/2025, located in the EMR under the MDS tab, revealed the tracheostomy care was not coded for special treatments/procedures.Review of R48's quarterly MDS with an ARD of 7/30/2025, located in the EMR under the MDS tab, revealed the tracheostomy care was not coded for special treatments/procedures.Review of R48's quarterly MDS with an ARD of 10/23/2025, located in the EMR under the MDS tab, revealed a Brief Interview for Mental Status (BIMS) score of 10 (indicating moderate cognitive impairment). Further review revealed the tracheostomy care was not coded for special treatments/procedures.During an observation and interview on 1/6/2026 at 10:00 am, R48 was observed in her room, with her tracheostomy site clean, dry, and intact. R48 stated she was able to cover the opening of the tracheostomy to talk, and she did not require oxygen use with the tracheostomy.During an interview on 1/8/2026 at 11:00 am, Licensed Practical Nurse Assessment Coordinator (LPN) AC stated the MDS's on 2/26/2025, 5/6/2025, 7/30/2025, and 10/23/2025 were missed and should be coded to reflect R48's tracheostomy status. LPN AC stated the facility did not have a specific policy for following the MDS, and she follows the MDS manual for coding.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. Based on record review, resident and staff interviews, and review of the facility policy titled Dental Services/Oral Assessments, the facility failed to ensure routine or emergency dental services were provided for one of four residents (Resident (R) 22) reviewed for dental services. This deficient practice had the potential to place R22 at risk of pain and discomfort and to increase the risk of unmet nutritional needs.Findings include:Review of the facility policy titled Dental Services/Oral Assessments, last reviewed on 12/27/2024, stated, It is the intent of this center to promote person-centered care through appropriate oral care and facilitation of dental services. Under the facility's guideline, The center provides or obtains oral health care and dental services to meet the needs of each patient to the extent covered under State law. Under the facility's procedure, Dental Services, if necessary or if requested by the patient, the center will assist the patient in making appointments. Under the facility's procedure, Oral Assessments, oral assessment should be completed on admission, annually, and as needed.Review of the Minimum Data Set (MDS) assessment for R22, dated 11/28/2025, revealed a Brief Interview for Mental Status (BIMS) score of 9 (indicating moderate cognitive impairment). Review of the Change of Condition assessment for R22, dated 11/14/2025, located under the EMR Data Collection tab, revealed that R22 still had some pain in his tooth.Review of the Change of Condition assessment for R22, dated 11/14/2025, located under the EMR Data Collection tab revealed that R22 was asked what was going on with his mouth and R22 opened his mouth to show an area to his right upper gum that is reddened and noted trace edema to the area and stated that it was difficult to chew on his right side. Resident was encouraged to chew on the other side until issue was resolved. R22 stated that he will try to remember to do that. Pain rated at 5/10 [indicating resident was experiencing moderate pain at the time] to the right upper side of the mouth, scheduled Tramadol (narcotic pain medication) and Orajel.Review of the Change of Condition assessment for R22, dated 11/15/2025, located under the tab Data Collection, revealed that R22 complained of pain to right upper teeth and gum area; and had darkened areas to gums and teeth and broken teeth.Review of R22's Medication Administration Record for the dates of 11/01/25 - 11/30/25, provided by the Administrator, revealed R22 was administered the medication Orajel on 11/14/2025 and 11/15/2025. Review of a progress note written by the Social Service Assistant (SSA) on 1/6/2026 and located in the EMR Progress Notes tab, stated, . it was brought to our concern that [R22] may be having tooth pain. ADON [Assistant Director of Nursing] assessed and [R22] complained of pain when he eats. SSA scheduled an emergency dental visit. Mobile dentist provider will call with the time and date of the visit.During an interview on 1/5/2026 at 11:26 am, R22 stated, The care is alright. I don't like the food, because I have a bad tooth on my right upper side [pointing to the right cheek]. I have told the Scheduling Coordinator (SC), just the other day I told her. I have a hole in that tooth. I haven't seen the dentist.During an interview on 1/6/2026 at 2:05 pm, the SSA stated, I have not requested dental visits for [R22] for the last twelve months. We also changed to a new mobile dentistry provider last September. Don't quote me, but I believe he also doesn't have enough money left for dental premiums after he pays for his room and board. I have to confirm that with the financial controller .During an interview on 1/6/2026 at 3:41 pm, the Financial Controller (FC) stated, [R22] has Medicaid with Supplemental Security Income (SSI) benefits only, and $70.00 is all that is left after his room and board is paid to the facility. The dental insurance premium is $155.00. If the nurses let the Administrator know that the resident needs a dental visit, the SSA or SC are notified to make that appointment.During an interview on 1/6/2026 at 4:22 pm, the SC stated, When [R22] complained of a toothache, I told the nurse. I can't remember what day that was, but I told the nurse. I told the Licensed Practical Nurse Supervisor (LPNS). He was also eating a lot of chocolate and candy. I don't do the scheduling for the services that come to the facility. I only do transportation scheduling. SSA coordinates the dental services that come to the facility.During an interview on 1/6/2026 at 4:32 pm, LPNS stated, Any nurse can make appointments for the resident. If it's for a (continued on next page)

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	specialist, like a cardiologist or urologist, I usually make an appointment. For mobile dentistry, it is usually the SSA who sends out the referral. I only take care of the consents and orders to hold blood thinners, for example, if the resident is on a blood thinner. The order needs to be signed by the Medical Director. If the appointment is for anything dental, the nurses notify the SSA.During an interview on 1/7/2026 at 12:08 pm, LPN2 stated, I notified SSA that [R22] was referred to the dentist by [Nurse Practitioner (NP)1].During an interview on 1/7/2026 at 12:25 PM, with SSA, with Administrator present in room, the SSA stated, If a resident needs a dental visit, even if they don't have dental insurance, I make the referral for emergency dental services and the facility will provide it and we do it as a fee-for-service, the facility will pay for the dental services provided.