

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115535	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2026
NAME OF PROVIDER OR SUPPLIER Lake City Center for Nursing and Healing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2055 Rex Road Lake City, GA 30260	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident, staff, and family interviews, and a review of the facility's policy titled Activities of Daily Living (ADLs), the facility failed to provide ADLs for four of 16 sampled residents (R) (R1, R8, R7, and R6) dependent of staff for care related to: scheduled showers for R1, R8, R7, and R6; nail care for R1 and R8; and shaving facial hair for R1 and R8. This deficient practice had the potential to place R1, R8, R7, and R6 at increased risk of unmet needs. Findings include: Review of the facility's policy titled Activities of Daily Living (ADLs), with a reviewed/revised date 10/2025, revealed: Policy: The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming, and oral care. A review of the Grievance Missing Property log revealed that from 7/2/2025 to 12/22/2025, seven residents and/or families filed grievances regarding not receiving scheduled baths/showers, shaves, nail care, and not moisturizing their skin. 8/27/25, 9/23/2025, 10/6/2025, 10/23/2025, 11/19/2025, 11/24/2025, and 12/22/2025. 1. Review of R1's admission Record revealed diagnoses of, but not limited to, muscle wasting and atrophy. Review of the resident's most recent Minimum Data Set (MDS) Quarterly assessment dated [DATE] revealed that a Brief Interview for Mental Status (BIMS) was assessed as 15 (indicating little to no cognitive impairment). Section GG (Functional Abilities and Goals) assessed the resident as the staff does more than half of the personal hygiene. Review of the care plan, initiated 7/25/2025, revealed that R1 has a self-care performance deficit. Interventions included that staff assist with all ADLs. Review of R1's Point of Care Response (POC) History for Task: ADL - shower/Bath days are Tuesday, Thursday, Saturday on the 7 am-7 pm shift. In December 2025, a Certified Nursing Assistant (CNA) documented that R1 had a bath/shower on 12/4/2025, 12/18/2025, 12/19/2025, and 12/23/2025. An observation on 12/18/2025 at 2:12 pm of R1 revealed that the resident was unkempt, with disheveled hair and an unshaven appearance. The resident's fingernails on both hands were long, with dirt and brown debris under the nails. An observation on 12/23/2025 at 10:40 am of R1 was unkept, hair disheveled, and unshaven. The resident's fingernails on both hands were long, with dirt and brown debris under the nails. An observation on 12/24/2025 at 8:38 am of R1 was unkept, hair disheveled, and unshaven. The resident's fingernails on both hands were long, with dirt and brown debris under the nails. In an interview on 12/24/2025 at 8:39 am, R1 stated his bath days were Monday, Wednesday, and Friday. The resident stated he likes to have a bed bath, but he has not had one in over two weeks. He stated he would like his nails clipped and to be shaved. In an interview on 12/24/2025 at 8:55 am, Registered Nurse/Unit Supervisor (RN/US) AA confirmed that R1's nails were long, dirty, and had brown debris under the nail. She also confirmed that R1 was unshaven. The RN/US AA stated she would ensure that the resident received a bath/shower, shave, and nail care today. 2. Review of R8's admission Record revealed diagnoses of,</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>but not limited to, hemiplegia and hemiparesis following cerebral infarction affecting the right dominant side. Review of the resident's most recent MDS Quarterly assessment, dated 11/26/2025, revealed that the BIMS was not assessed. Section GG (Functional Abilities and Goals) assessed the resident as totally dependent on staff for personal hygiene. Review of the care plan, initiated 9/1/2025, revealed that R8 has a self-care performance deficit. Interventions included provide assistance with the staff assistance of two. Review of R8's POC History for Task: ADL - shower/Bath days are Tuesday and Friday, no shift indicated. In December 2025 a CNA documented R8 had a bath/shower on 12/2/2025, 12/5/2025, 12/9/2025, 12/19/2025, and 12/23/2025. An observation on 12/23/2025 at 9:20 am of R8 unshaven, and the resident's fingernails on the right and left hand were long in length with brown debris under the nail. An observation on 12/24/2025 at 9:25 am of R8 unshaven, and the resident's fingernails on the right and left hand were long in length with brown debris under the nail. In an interview on 12/24/2025 at 9:29 am, Unit Manager (UM) BB stated that the residents have scheduled shower/bath days. The UM stated that on the residents' shower/bath day, the resident should have their nails cleaned, clipped, and shaven. The UM confirmed that R8 was unshaven and had long nails. The UM stated she would ensure that the resident had a shower, be shaved, and have nails clipped today. 3. Review of R7's admission Record revealed diagnoses of, but not limited to, gout and nutritional deficiency. Review of the resident's most recent MDS Quarterly assessment, dated 11/17/2025, revealed the BIMS was assessed at 10 (indicating moderate cognitive impairment). Section GG (Functional Abilities and Goals) documented that the resident was assessed as requiring assistance from staff with personal hygiene. Review of the care plan, initiated 12/12/2025, revealed that R7 had a self-care performance deficit. There were no documented interventions specifying the assistance R7 required. Review of R7's POC History for Task: ADL - Bathing (Scheduled Shower or Tub Bath): Monday, Wednesday, and Friday on the 7:00 pm-7:00 am shift. In December 2025, a CNA documented R7 had a bath/shower on 12/4/2025, 12/5/2025, 12/6/2025, 12/9/2025, 12/10/2025, 12/11/2025, 12/13/2025, 12/15/2025, 12/16/2025, 12/18/2025, 12/19/2025, 12/20/2025, 12/23/2025, 12/24/2025, 12/26/2025, and 12/27/2025. An observation on 12/18/2025 at 9:58 am of R7's skin with UM BB revealed that UM BB removed the resident's shoes and socks. An observation revealed that R7's right and left feet were white, with dry, flaky skin. An interview on 12/24/2025 at 9:29 am, UM BB stated the residents have scheduled shower/bath days. The UM stated that on the residents' shower/bath day, the resident should be cleaned and skin moisturized. The UM confirmed that R7's skin was dry and flaky, and that it had not been moisturized. The UM stated the resident's skin would not look that way if he was getting his scheduled shower/bath. 4. Review of R6's admission Record revealed diagnoses of, but not limited to, collapsed vertebrae. Review of the resident's most recent MDS Quarterly assessment, dated 10/26/2025, revealed that a BIMS was assessed as fifteen (indicating little to no cognitive impairment). Section GG (Functional Abilities and Goals) documented that the resident was assessed as requiring assistance from staff with personal hygiene. Review of the care plan, initiated 12/12/2025, revealed that R6 has a collapsed vertebra in the thoracic region. Interventions included for staff to assist with all ADL activities. Review of R6's POC History for Task: ADL - Bathing Tuesday, Thursday, and Saturdays on the 7:00 am-7:00 pm shift. In December 2025, a CNA documented R6 had a bath/shower on 12/16/2025, 12/18/2025, 12/24/2025, and 12/27/2025. An observation on 12/18/2025 at 1:20 pm of R6 lying in bed revealed the resident's hair was matted, greasy, and disheveled. In an interview on 12/18/2025 at 1:21 pm, R6 stated her scheduled shower days were Monday and Thursday. The resident stated she had not had a shower in three weeks. The resident stated she had not attended activities because she had not had a shower in three weeks. In an interview on 12/18/2025 at 1:49 pm, CNA DD stated that R6 has not had a shower due to</p> <p>(continued on next page)</p>		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the CNAs being short-staffed. In an interview on 12/31/2025 at 10:43 am, the Director of Nursing (DON) stated her expectation was for staff to provide the residents with their showers as scheduled. She stated the residents were scheduled for three showers a week, and as needed. The DON stated that the residents' nails should be clipped and their faces should be shaved on shower/bath days and as needed. She stated the CNA should review the POC for the resident's shower days. She stated the CNAs are responsible for documenting the resident's showers/bath in the POC. The DON stated that the UM is responsible for ensuring the residents are showered and that the documentation is entered in the POC.		