

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115537	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/17/2025
NAME OF PROVIDER OR SUPPLIER Spalding Post Acute LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Airport Road Griffin, GA 30224	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49396</p> <p>Based on observations, staff interviews, record review, and review of the facility's policies titled Catheter Care, and Quality of Life-Dignity, the facility failed to promote, maintain, and protect residents' dignity for one of five residents (R) (R475) with an indwelling urinary catheter. This failure had the potential to diminish R475's quality of life in an environment that promotes the maintenance or enhancement of each resident's quality of life.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Catheter Care, dated 7/1/2024, revealed the Policy section stated, It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. The Policy Explanation section included, . 2. Privacy bags will be available and catheter drainage bags will be covered at all times when in use.</p> <p>Review of the facility's undated policy titled Quality of Life-Dignity revealed the Policy Statement stated, Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect, and individuality. The Policy Interpretation and Implementation section included, . 11. Demeaning practices and standards of care that compromise dignity are prohibited. Staff shall promote dignity and assist residents as needed by: a. Helping the resident to keep urinary catheter bags covered.</p> <p>Review of R475's electronic medical record (EMR) revealed diagnoses including, but not limited to, hemiplegia (paralysis affecting one side of the body) and hemiparesis (weakness on one side of the body), major depressive disorder, generalized anxiety disorder, and a personal history of urinary tract infections.</p> <p>Review of R475's Admission Minimum Data Set (MDS), dated [DATE], revealed section GG (Functional Abilities and Goals) documented the resident was dependent for activities of daily living (ADLs). Section H (Bowel and Bladder) documented that the resident had an indwelling catheter.</p> <p>Observations on 2/15/2025 at 9:32 am and 9:58 am revealed R475 in her room with the door open. The urinary catheter drainage bag was secured to the bed frame, not in a privacy bag, allowing her urine to be visible from the hallway.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/15/2025 at 9:32 am, R475 expressed concerns about the lack of privacy.</p> <p>During a simultaneous observation and interview on 2/15/2025 at 9:59 am, Licensed Practical Nurse (LPN) GG acknowledged that R475's catheter should have been covered.</p> <p>During an interview on 2/16/2025 at 9:05 am, Certified Nursing Assistant (CNA) FF stated she had replaced R475's urinary catheter drainage bag on 2/15/2025 morning and ensured it was placed in a privacy bag. She verified that the catheter drainage bag had been uncovered and exposed prior to her replacing the bag.</p> <p>During an interview on 2/16/2024 at 1:00 pm, the Director of Nursing (DON) stated that R475 had transferred from a personal care home a couple of days ago. She stated that the staff had forgotten to cover the catheter bag after R475 returned to the facility. She stated that he expected staff to ensure the resident's urinary catheter drainage bag was covered at all times.</p>

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49396</p> <p>Based on observations, staff and resident interviews, record review, and review of the facility's policy titled Self-Administration of Medications by Patients/Residents, the facility failed to ensure that one of 51 sampled residents (R) (R55) was assessed for safe medication self-administration before allowing medications to be stored at the bedside. This deficient practice had the potential to place R55 at risk of self-administering medications in an unsafe manner.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Self-Administration of Medications by Patients/Residents, reviewed 1/1/2025, revealed the Policy statement included, Each resident who desires to self-administer medication is permitted to do so if the healthcare center's Licensed Nurse/Registered Nurse and physician have determined that the practice would be safe for the resident and other residents of the healthcare center. The section titled Procedure included . 2. If the resident or family member desires to self-administer medications, an assessment is conducted by the Licensed Nurse to assess the individual's cognitive, physical, and visual ability to carry out this responsibility. 6. All nurses and aides are required to report to the Charge Nurse on duty any medications found at the bedside not authorized for bedside storage and to give unauthorized medications to the Charge Nurse for return to the family or responsible party.</p> <p>Review of R55's electronic medical record (EMR) revealed diagnoses including, but not limited to, chronic atrial fibrillation, muscle weakness, chronic combined systolic and diastolic heart failure, essential hypertension, unilateral primary osteoarthritis of the right knee, anxiety disorder, major depressive disorder, and other chronic pain.</p> <p>Review of R55's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed section C (Cognitive Pattern) documented a Brief Interview for Mental Status (BIMS) score of 15 (indicating little to no cognitive impairment).</p> <p>Review of R55's care plan revealed no care area or interventions for medication self-administration.</p> <p>Review of R55's Physician Orders revealed no orders for medication self-administration.</p> <p>Review of R55's EMR revealed no documentation of evaluation for self-administration of medications.</p> <p>Observation on 2/15/2025 at 8:49 am in R55's room revealed one container of diclofenac sodium one percent cream (a topical medication used to treat pain) on the resident's bedside table. The resident stated that the cream was provided by her sister and used for knee pain relief. She acknowledged that she used the cream as needed.</p> <p>Observation on 2/16/2025 at 9:43 am in R55's room revealed that the diclofenac sodium one percent cream remained on the bedside table. Further observation revealed a container of sore throat spray. The resident stated that a nurse had allowed her to keep the sore throat spray at her bedside because it could not be placed on the medication cart.</p> <p>(continued on next page)</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a simultaneous observation and interview on 2/16/2025 at 9:05 am, Certified Nursing Assistant (CNA) DD revealed that she was unaware of the medication in R55's room. She stated that she was unsure if R55 was allowed to have the items at the bedside.</p> <p>During simultaneous observation and interview on 2/16/2025 at 9:14 am, Unit Manager (UM)/Licensed Practical Nurse (LPN) EE revealed that facility staff were unaware of the medications in R55's room. He acknowledged that family members frequently bring unauthorized items, and staff must monitor and remove them.</p> <p>During an interview on 2/16/2025 at 3:37 pm, the Director of Nursing (DON) confirmed that the facility does not allow self-administration of medications without a physician's order and assessment by the interdisciplinary team. The DON stated that if a resident had medication in their possession, it was typically brought in by a family member without the facility's knowledge. She acknowledged that unauthorized medications should be removed and that education should be provided to the resident and family.</p>		

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<p>F 0570</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Assure the security of all personal funds of residents deposited with the facility.</p> <p>44960</p> <p>Based on staff interviews, record review, and review of the facility's policy titled Patient/Resident Trust Funds, the facility failed to maintain a Surety Bond in an adequate amount to cover the resident trust fund account balance for six of six months reviewed. This deficient practice had the potential to adversely affect the finances of 84 residents with trust fund accounts managed by the facility.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled Patient/Resident Trust Funds, dated 2/1/2024, revealed the Policy section included, It is the policy of this healthcare center to maintain all resident trust fund money, except for petty cash, in one interest-bearing checking account.</p> <p>Review of the facility's Surety Bond revealed the penal sum of \$85,207.06. The bond stated, The liability of the surety for any and all losses incurred under this bond shall not exceed the stated penal sum.</p> <p>Review of a facility-provided invoice revealed the Resident Personal Fund Bond was effective from 4/21/2024 to 4/21/2025, and the bond amount was \$85,207.06.</p> <p>Review of the facility's Resident Fund Trust Account bank statements revealed the ending balance for August 2024 was \$107,015.20, for September 2024 was \$115,620.23, for October 2024 was \$121,247.26, for November 2024 was \$120,513.10, for December 2024 was \$142,282.45, and for January 2025 was \$144,539.69.</p> <p>Review of the facility-provided document titled Resident Fund Management Service revealed that 84 residents had an active resident trust fund account at the facility.</p> <p>In a post-survey telephone interview on 2/21/2025 at 11:30 am, the Administrator confirmed the facility's Surety Bond was for the amount of \$85,207.06. She further verified that the resident trust fund end-of-the-month bank statement totals for the months of August 2024 through January 2025 were in excess of the amount of the Surety Bond. She stated she was unaware that the Surety Bond amount was less than the resident trust fund monthly balances and that the Surety Bond amount should be more than the resident trust fund balances to ensure the security of the resident's personal funds. She further stated that the corporate office had requested an increase in the Surety Bond coverage.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>44960</p> <p>Based on staff interviews, record review, and review of the facility's policy titled Abuse, Neglect, and Misappropriations, the facility failed to ensure pre-employment screenings, specifically a background check for one employee and a background check and fingerprints for one employee, were obtained for two of 10 staff reviewed. This deficient practice had the potential to place residents residing in the facility at risk of abuse, neglect, and exploitation from staff. The facility census was 126 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Abuse, Neglect, and Misappropriations, effective date 2/1/2024, revealed the Policy Components section included A. Screening . 3. Criminal background checks will be conducted prior to permanent employment.</p> <p>Review of the facility employee files revealed the following:</p> <ol style="list-style-type: none"> 1. The Director of Nursing (DON) was hired on 2/22/2023 with no background process completed. 2. The Dietary Manager (DM) was hired on 2/7/2023 with no background or fingerprint process completed. <p>A review of the facility-provided Employee Roster Georgia Criminal History Check System (GCHEXS) report revealed that the DON or DM were not listed on the report.</p> <p>The DON had an active, unencumbered Registered Nurse (RN) license.</p> <p>There were no concerns identified related to abuse or neglect within the facility during the survey.</p> <p>In an interview on 2/16/2024 at 1:15 pm, the Human Resources (HR)/Payroll Manager stated the corporate office was aware that the DON was missing a background check and the DM was missing a background check and fingerprints.</p> <p>In an interview on 2/16/2024 at 3:35 pm, the Administrator stated that there was an issue with their system in retrieving the fingerprints and background checks for the identified employees.</p> <p>In a post-survey interview on 2/24/2025 at 11:45 am, the Administrator stated she was unable to locate a background check for the DON or a background check and fingerprints for the DM. She stated the facility's HR Manager had recently left employment, and she was unable to locate the reports. She confirmed both employees' hire dates and stated she felt sure both had the required checks performed after the facility's last recertification survey. She stated she did not know why the DM was not included in the GCHEXS report and confirmed she should be on the report if she had had her fingerprints performed.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for 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** 49396</p> <p>Based on staff interviews, record review, and review of the facility's policy titled Care Planning-Interdisciplinary Team, the facility failed to ensure that one of five residents (R) (R475) with an indwelling urinary catheter had a person-centered comprehensive care plan for the use of the indwelling urinary catheter. This deficient practice had the potential to place R475 at risk of not receiving treatment and/or care according to their needs.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled Care Planning-Interdisciplinary Team revealed the Policy Interpretation and Implementation section included, 1. A comprehensive care plan for each resident is developed after completion of the resident assessment (MDS) [Minimum Data Set].</p> <p>Review of R475's electronic medical record (EMR) revealed diagnoses including, but not limited to, hemiplegia (paralysis affecting one side of the body) and hemiparesis (weakness on one side of the body), major depressive disorder, generalized anxiety disorder, and a personal history of urinary tract infections.</p> <p>Review of R475's Admission Minimum Data Set (MDS), dated [DATE], revealed section H (Bowel and Bladder) documented the resident had an indwelling catheter.</p> <p>Review of R475's care plan dated 2/14/2025 revealed no care area or interventions for the indwelling urinary catheter.</p> <p>In an interview on 2/4/2025 at 9:15 am, the MDS Coordinator verified there were no care areas or interventions for an indwelling urinary catheter on R475's care plan. The MDS Coordinator stated that the care plan should include a care area and interventions for the indwelling urinary catheter. She stated that the oversight occurred because the resident was initially admitted for respite care, and the catheter was not considered a priority at that time.</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49396</p> <p>Based on staff interviews and record review, the facility failed to ensure that one of five residents (R) (R475) with an indwelling urinary catheter had a qualifying medical diagnosis for the use of an indwelling urinary catheter. The deficient practice had the potential to place R475 at risk of avoidable urinary tract complications.</p> <p>Findings include:</p> <p>Review of R475's electronic medical record (EMR) revealed diagnoses including, but not limited to, hemiplegia (paralysis affecting one side of the body) and hemiparesis (weakness on one side of the body), major depressive disorder, generalized anxiety disorder, and a personal history of urinary tract infections.</p> <p>Review of R475's Admission Minimum Data Set (MDS), dated [DATE], revealed section H (Bowel and Bladder) documented the resident had an indwelling catheter. Section I (Active Diagnoses) did not include any genitourinary diagnoses. Section M (Skin Condition) documented that there were no wounds.</p> <p>Review of R475's Physician's Orders revealed an order dated 2/14/2025 for a urinary catheter 16 French with a 10 cc (cubic centimeter) balloon to bedside drainage for diagnosis/history of wounds.</p> <p>In an interview on 2/4/2025 at 9:30 am, the Director of Nursing (DON) confirmed that R475 did not have a clinically qualifying diagnosis for the use of an indwelling urinary catheter. The DON stated that the provider would be notified.</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>45811</p> <p>Based on observations, staff interviews, record reviews, and a review of the facility's policy titled Medication Administration, the facility failed to ensure a medication error rate of less than five percent. There were three errors with 29 opportunities for two of four residents (R) (R43 and R74) observed during medication administration. The medication error rate was 10.34 percent. These failures had the potential to place R43 and R74 at risk of medical complications and decreased therapeutic effects of medications.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled Medication Administration revealed the Policy section included A licensed nurse, Med Tech (medication technician), or medication aide, per state regulations, will administer medications to patients. Accepted standards of practice will be followed. The Purpose section stated, To provide a safe, effective medication administration process.</p> <p>1. Review of R43's Physician's Orders revealed an order dated 8/13/2024 for divalproex sodium oral capsule delayed release (DR) sprinkle 125 milligrams (mg), four capsules by mouth one time a day related to unspecified convulsions.</p> <p>Observation on 2/16/2025 at 9:01 am revealed that Licensed Practical Nurse (LPN) AA administered divalproex sodium oral capsule DR sprinkle 125 mg one capsule by mouth to R43.</p> <p>2. Review of R74's Physician's Orders revealed an order dated 2/6/2024 for vitamin B12 oral tablet extended release (ER) 1000 micrograms (mcg), one tablet by mouth one time a day. Further review revealed an order dated 9/26/2023 for calcium carbonate 600 mg oral tablet, one tablet by mouth daily.</p> <p>Observation on 2/16/2025 at 9:20 am revealed that LPN AA administered vitamin B12 1,000 mcg regular release one tablet by mouth and calcium carbonate 500 mg oral tablet one tablet by mouth to R74.</p> <p>In an interview on 2/16/2025 at 12:15 pm, LPN AA confirmed she administered R43 divalproex sodium oral capsule DR sprinkle 125 mg one capsule by mouth and confirmed the physician's order was for divalproex sodium oral capsule DR sprinkle 125 mg four capsules by mouth. She confirmed she administered R74 vitamin B12 1,000 mcg regular release, one tablet by mouth, and the physician's order was for vitamin B12 oral tablet ER 1000 mcg, one tablet by mouth, and further confirmed she administered R74 calcium carbonate 500 mg oral tablet one tablet by mouth and the physician's order was for calcium carbonate 600 mg oral tablet one tablet by mouth.</p> <p>In an interview on 2/17/2025 at 11:05 am, the Director of Nursing (DON) stated that LPN AA was a new nurse and needed additional training. The DON further stated that when administering medications, the nurse should look at the order on the Medication Administration Record (MAR) and follow the physician's orders.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45811</p> <p>Based on observations, staff interviews, record review, and review of the facility's policy titled Storage of Medication, the facility failed to ensure there were no expired medications in two of two medication storage rooms. The deficient practice had the potential to place residents at risk of receiving expired medications.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Storage of Medication, dated 1/2025, revealed the Procedures section included . 14. Outdated, contaminated, discontinued or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication disposal, and reordered from the pharmacy, if a current order exists.</p> <p>On 2/16/2025 at 10:45 am, observation of the Gardenia Hall medication storage room with Licensed Practical Nurse (LPN) BB revealed the following:</p> <p>Three containers of mineral oil lubricant laxative with an expiration date of 11/19/2024.</p> <p>Three containers of iron supplement liquid with an expiration date of 9/2024.</p> <p>Two containers of arthritis relief with an expiration date of 10/2024.</p> <p>LPN BB confirmed the medications were expired and discarded the expired drugs.</p> <p>On 2/16/2025 at 12:30 pm, observation of the Sunnyville Hall medication storage room with Registered Nurse (RN) CC revealed three containers of Geri Lanta with an expiration date of 1/2025. RN CC confirmed the expired medication and discarded it. She stated she was unsure why the expired medication was in the medication storage room and that the nurses randomly checked the medication expiration dates.</p> <p>In an interview on 2/17/2025 at 11:22 am, the Director of Nursing (DON) stated that the nurses were instructed to look at the expiration date when medications were taken from the medication storage rooms.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45811</p> <p>Based on observations, staff interviews, record reviews, and review of the facility's policies titled Hand Hygiene and Infection Prevention and Control Policy, the facility failed to ensure infection control processes were followed during resident care for three residents (R). Specifically, during a fingerstick blood sugar (FSBS) test for one of 36 R requiring a FSBS (R8), during wound care for one of 20 R receiving wound care (R6), and for one of eight R receiving tube feeding (R91). The deficient practices had the potential to place R8, R6, and R91 at risk of avoidable exposure to infections.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Hand Hygiene, effective date 2/1/2024, revealed the Policy Statement included, . Handwashing is the single most important procedure for preventing nosocomial infections. The facility requires personnel to wash hands thoroughly to remove dirt, organic material, and transient microorganisms. Handwashing is mandated between resident contact in an effort to prevent the spread of infection. Hands must be washed after the following, including, but not limited to: contact with blood/body fluids, contact with contaminated items or surfaces, initiating a clean procedure, and removal of gloves.</p> <p>Review of the facility policy titled "Infection Prevention and Control," effective date 2/1/2024, revealed the Policy Statement included, An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>1. Review of R8's electronic medical record (EMR) revealed diagnoses including, but not limited to, type 1 diabetes mellitus.</p> <p>Review of R8's Physician Orders revealed an order dated 11/12/2024 for a FSBS two times a day.</p> <p>Observation on 2/16/2025 at 9:38 am of Licensed Practical Nurse (LPN) AA performing a FSBS on R8 revealed that LPN AA put on gloves, performed the FSBS, removed the gloves, put on a pair of gloves, and sanitized the glucometer (a machine used to check blood sugar). LPN AA did not sanitize her hands between glove changes.</p> <p>In an interview on 2/17/2025 at 11:44 am, the Infection Control Nurse (ICN) stated that staff should wash their hands before and after dealing with patients and that nurses should sanitize their hands between glove changes.</p> <p>In an interview on 2/17/2025 at 4:10 pm, the Director of Nurses (DON) stated she expected staff to follow procedures and guidelines for infection control.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115537	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/17/2025
NAME OF PROVIDER OR SUPPLIER Spalding Post Acute LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Airport Road Griffin, GA 30224	
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. Observation on 2/17/2025 at 9:10 am of the Wound Care Nurse (WCN) performing wound care for R6 revealed that she carried a tray of wound care supplies into R6's room and placed the tray on the resident's bedside table without sanitizing the table or placing a barrier on it. After wound care was complete, the WCN placed the tray on the treatment cart without cleaning the tray or placing a barrier on the cart. The WCN stated she forgot to sanitize the bedside table, the tray, and the treatment cart.</p> <p>In an interview on 2/17/2025 at 11:30 am, the ICN stated there should have been a barrier used on the bedside table and the treatment cart.</p> <p>In an interview on 2/17/2025 at 4:10 pm, the Director of Nurses (DON) stated she expected staff to follow procedures and guidelines for infection control.</p> <p>49396</p> <p>3. Review of R91's Quarterly Minimum Data Set (MDS), dated [DATE], revealed section K (Swallowing/Nutritional Status) documented that R91 had a feeding tube and received 51 percent or more of total calories through the tube feeding.</p> <p>An observation on 2/15/2025 at 8:57 am in R91's room revealed a catheter tip syringe lying on the bedside table, unbagged and unlabeled.</p> <p>In a concurrent observation and interview on 2/15/2025 at 8:17 am, LPN GG verified the unbagged syringe on R91's bedside table and stated that all enteral feeding syringes should be labeled, stored properly, and disposed of if not in use.</p> <p>In an interview on 2/16/2025 at 3:17 pm, the DON revealed that all enteral feeding syringes should be bagged and labeled with the resident's name and date and that staff was responsible for ensuring all enteral feeding equipment was properly stored and discarded after use.</p>		