

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2024
NAME OF PROVIDER OR SUPPLIER  Powder Springs Center for Nursing & Healing		STREET ADDRESS, CITY, STATE, ZIP CODE  3460 Powder Springs Road Powder Springs, GA 30127	

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 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49472</b></p> <p>Based on record reviews, observations, staff and resident interviews, and a review of the facility's policy titled Activities of Daily Living (ADLs), the facility failed to promote dignity and independence for one of ten sampled residents (R) (R20) related to providing incontinence pull ups.</p> <p>Findings included:</p> <p>A review of the Activities of Daily Living (ADLs) policy with a date reviewed/ revised of January 2024 revealed that the policy stated, The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs for choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable.</p> <p>A review of the admission records for R20 revealed that the resident was originally admitted to the facility on [DATE] with diagnoses of gastrointestinal hemorrhage, unspecified, Rhabdomyolysis, unilateral inguinal hernia, repeated falls, personal history of other diseases of the nervous system and sense organs, and cerebral palsy.</p> <p>A review of the care plan for R20 revealed that the resident had an Activities of Daily Living (ADL) self-care performance and mobility deficit related to cerebral palsy. An intervention included that R20 required one person staff limited assistance for toileting. The plan of care related to R20's diagnosis of cerebral palsy included interventions of encouraging the resident to do as much for self as possible, checking resident for bowel and bladder incontinence, and assisting with toileting as needed.</p> <p>A review of the most recent comprehensive Minimum Data Set (MDS) assessment dated [DATE] revealed that R20 had a Brief Interview for Mental Status (BIMS) score of 15, indicating that the resident has no cognitive impairment.</p> <p>A review of the quarterly MDS assessment dated [DATE] revealed that R20 required limited assistance of one staff for toileting.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/12/2024 at 10:32 pm, R20 stated that the facility stopped supplying the pull-ups a few months before and now only provided the residents with briefs. He also stated that the briefs are too hard for him to manage. R20 stated that he could change himself without staff if he had the pull-ups and that having to wear a brief takes away his independence when he is not able to change himself. He stated that he now must wait on staff if he wears briefs, and it is not a good feeling, so he started purchasing his own briefs with the \$70 he gets a month. R20 stated that it takes all his money to purchase the pull-ups monthly.</p> <p>During an interview on 4/11/2024 at 3:13 pm, the Administrator revealed that the facility stopped ordering pull-ups before she started working at this facility. The Administrator stated she was not here when the current corporation took over. The Administrator further stated that each time the Ombudsman tells the residents that the facility provides pull-ups, she must go back and tell them that the facility does not provide them. The Administrator stated that the family members of the residents who would prefer pull-ups, have provided pull-ups. The Administrator further stated that residents who used to change their own pull-up, now must wait for staff to do it, and they may be left wet/soiled, but they have options to buy their own.</p>		

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<p>F 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49472</p> <p>49687</p> <p>Based on record reviews, staff interviews, and a review of the facility policy titled Resident and Family Grievances the facility failed to resolve a grievance related to missing glass for one of six sampled residents (R) (R17).</p> <p>Findings included:</p> <p>The facility's policy titled, Resident and Family Grievances documented that prompt efforts to resolve' include facility acknowledgement of a complaint/grievance and actively working toward resolution of that complaint/grievance and that the staff member receiving the grievance will record the nature and specifics of the grievance on the designated grievance form or assist the resident or family member to complete the form.</p> <p>A review of the Electronic Medical Record (EMR) for R17 revealed an original admitted [DATE].</p> <p>A review of the Admission Minimum Data Set (MDS) assessment dated [DATE], revealed R17 had a Brief Interview for Mental Status (BIMS) score of three, indicating severely impaired cognition.</p> <p>A review of facility documents revealed that it was reported that R17 was missing a pair of glasses and that Licensed Practical Nurse (LPN) KK, who was also the [NAME] Wing Unit Manager, had notified R17's responsible party (RP) about the missing glasses on 8/16/2023.</p> <p>A review of the facility's filed grievances for the period of August 2023 revealed that there were no grievances filed on behalf of the R17 to locate the missing glasses.</p> <p>During an interview on 4/1/2024 at 3:29 pm, LPN KK revealed s/he did remember the R17 but did not remember being told about any missing glasses. LPN KK stated that if R17's RP reported missing glasses to LPN KK, it would have been reported to the Administrator. LPN KK revealed that when a resident or their family member reports an item missing, the staff would first search for it in the resident's room and then search in the facility's laundry. If the item wasn't found, then the staff would report it to the Administrator and file a grievance. If someone else found the glasses later, the staff would give the item to the Administrator or take it to the front desk. After reviewing the documentation dated 8/16/2023, LPN KK confirmed s/he wrote that statement and that a lot was going on with R17 the night they were sent to the hospital. S/he confirmed that they didn't file a grievance to locate R17's glasses.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49479</p> <p>Based on observation, staff interviews, record review, and a review of the facility's policy titled, Care Plans, Comprehensive Person-Centered, the facility failed to develop and implement comprehensive care plans for one of six sampled residents (R) (R42).</p> <p>Findings included:</p> <p>A record review of the facility's policy titled Care Plans, Comprehensive Person-Centered, last updated December 2022, revealed a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychological and functional needs is developed and implemented for each resident. The comprehensive, person-centered care plan will include measurable objectives and timeframes; incorporate identified problem areas; incorporate risk factors associated with identified problems; reflect treatment goals, timetables, and objectives in measurable outcomes; aid in preventing or reducing decline in the resident's functional status and/or functional levels; and reflect currently recognized standards of practice for problems areas and conditions. Areas of concern that are identified during the resident assessment will be evaluated before interventions are added to the care plan. The comprehensive, person-centered care plan is developed within seven days of completion of the required comprehensive assessment (MDS). Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.</p> <p>A review of the Electronic Medical Record (EMR) revealed R42 was admitted to the facility on [DATE] with a diagnosis including, but not limited to, neuromuscular dysfunction of bladder, and unstageable pressure ulcer of sacral region.</p> <p>A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed R42 was diabetic and diagnosed with an unstageable pressure ulcer to the sacral region; R42 required substantial maximal staff assistance for personal hygiene, and toileting; and that R42 was always incontinent of bowel and had an indwelling catheter.</p> <p>A review of R42's physician's orders dated March 2024, included but not limited to: May change 'indwelling' catheter when occluded, leaking, or to obtain urine specimen, as needed for catheter care. Clean around 'indwelling'/suprapubic catheter with soap and water every shift. ' Indwelling' catheter 16 FR (French) with 10 mL (milliliters) balloon to bedside straight drainage for diagnosis and history of neurogenic bladder.</p> <p>A review of the comprehensive care plan dated 2/14/2024 revealed that R42's indwelling catheter was not addressed. There was no documentation related to interventions for person-centered comprehensive care plan for R42's indwelling catheter management.</p> <p>During an observation on 4/5/2024 at 8:19 am R42's was observed in bed. The resident was observed to have an indwelling catheter.</p> <p>(continued on next page)</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>During an interview on 4/5/2024 at 8:50 am with the (Licensed Practical Nurse) LPN BB, revealed all residents with an indwelling catheter must be cared for and should have been care planned.</p> <p>During an interview on 4/8/2024 at 2:45 pm with the Director of Nursing (DON) revealed all indwelling catheters must be care planned and that R42's indwelling catheter should have been care planned.</p> <p>An interview on 4/9/2024 at 4:37 pm with LPN KKK revealed residents with indwelling catheters must be care planned. Further, LPN KKK stated the care plan for an indwelling catheter should have included keeping the catheter and tubing free from kinks and obstruction and replacing catheters and catheters bags per the physician's orders.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35199</p> <p>Based on record review, staff interview, and review of the facility's policy titled Medication Administration, the facility failed to follow the physician orders to administer medications for one of three sampled residents (R) (R41).</p> <p>Findings included:</p> <p>A review of the facility policy titled Medication Administration with a review date of January 2024 revealed that medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Policy Explanation and Compliance Guidelines included obtaining and recording vital signs, when applicable or per physician orders; when applicable, hold medication for those vital signs outside the physician's prescribed parameters.</p> <p>A review of R41's quarterly Minimum Set Data (MDS) assessment dated [DATE] revealed the resident was admitted to the facility on [DATE] with diagnoses, including but not limited to, hypertension, cardiomyopathy, and congestive heart failure. The MDS further revealed R41 that had a Brief Interview for Mental Status (BIMS) score of 12 (moderately impaired).</p> <p>A review of the Medication Administration Record (MAR) dated March 2024 for R41 revealed the following:</p> <ul style="list-style-type: none"> <li>* R41 was ordered carvedilol 6.25 milligrams (mg) twice per day and hold if the blood pressure is less than 110/60.</li> <li>* R41 was administered carvedilol 6.25 mg on 3/17/2024; her blood pressure was documented as 103/75 by Licensed Practical Nurse (LPN) CCCC.</li> <li>* R41 was administered carvedilol 6.25 mg on 3/31/3024; her blood pressure was documented as 108/79 by LPN EEEE.</li> </ul> <p>A review of the MAR dated February 2024 for R41 revealed the following:</p> <ul style="list-style-type: none"> <li>* R41 was ordered carvedilol 6.25 mg twice per day and hold if the blood pressure is less than 110/60.</li> <li>* R41 was administered carvedilol 6.25 mg on 2/3/2024; her blood pressure was documented as 101/72.</li> <li>* R41 was administered carvedilol 6.25 mg on 2/7/2024; her blood pressure was documented as 109/56 by LPN EEEE.</li> <li>* R41 was administered carvedilol 6.25 mg on 2/8/2024 on the day shift; her blood pressure was documented as 108/66 by LPN CCCC.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>* R41 was administered carvedilol 6.25 mg on 2/8/2024 on the evening shift; her blood pressure was documented as 108/66 by LPN DDDD.</p> <p>* R41 was ordered lisinopril 10 mg once per day and hold if the blood pressure is less than 110/60.</p> <p>* R41 was administered lisinopril 10 mg on 2/3/2024; her blood pressure was documented as 101/72 by LPN DDDD.</p> <p>* R41 was administered lisinopril 10 mg on 2/7/2024; her blood pressure was documented as 109/62 by LPN EEEE</p> <p>* R41 was administered lisinopril 10 mg on 2/8/2024; her blood pressure was documented as 108/66 by LPN CCCC.</p> <p>* R41 was administered lisinopril 10 mg on 2/11/2024; her blood pressure was documented as 109/62 by LPN HHHH.</p> <p>A review of the December 2023 MAR revealed:</p> <p>* R41 was ordered lisinopril 10 mg once per day and hold if the blood pressure is less than 110/60.</p> <p>* R41 was administered lisinopril 10 mg on 12/1/2023; her blood pressure was documented as 108/67 by LPN CCCC.</p> <p>* R41 was ordered carvedilol 6.25 mg twice per day and hold if the blood pressure is less than 110/60.</p> <p>* R41 was administered carvedilol 6.25 mg on 12/1/2023; her blood pressure was documented as 108/67 by LPN CCCC.</p> <p>A review of the clinical records for R41 revealed the facility had not reported the medication errors to the physician.</p> <p>During an interview on 4/11/2024 at 11:22 am, the Director of Nursing (DON) revealed nurses are to administer blood pressure medication according to the physician's order.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49472</p> <p>49687</p> <p>Based on record review, interviews, and review of the facility's policies titled, Fall Prevention Program and High Risk Medications- Anticoagulants, the facility failed to ensure that residents were supervised, fall incidents were documented, and neuro checks were completed for unwitnessed fall incidents for two of four sampled residents (R) (R4, and R17).</p> <p>Findings included:</p> <p>A review of the undated facility's policy titled, Fall Prevention Program documented that when any resident experiences a fall, the facility will assess the resident; complete a post - fall assessment; complete an incident report; notify physician and family; review the resident's care plan and update as indicted; document all assessment and actions and obtain witness statements in the case of injury.</p> <p>A review of the facility's policy titled High Risk Medications- Anticoagulants documented that anticoagulants refers to a class of medication that are used to prevent clot extension and formation. Examples include warfarin, heparin, Lovenox, Xarelto, Pradaxa and Eliquis.</p> <p>1. A review of the Electronic Medical Record (EMR) revealed R4 was originally admitted to the facility on [DATE] and was discharged on [DATE] with diagnoses including, but not limited to unspecified sequelae of cerebral infarction, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, dysphagia following cerebral infarction, moderate protein-calorie malnutrition, [NAME] Syndrome, Ileus, history of falling, and difficulty walking.</p> <p>A review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed that R4 had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment.</p> <p>A review of the Medication Administration Record (MAR) dated April 2022 showed that resident was ordered and administered Plavix at 75 milligrams (mg) at 9:00 am daily beginning on 4/23/2022.</p> <p>A review of the progress note dated 4/23/2022 at 1:00 am revealed that R4 was found on the floor on 4/22/2022 at 11:30 pm. The note stated that R4 climbed out of bed to the floor. It was documented that R4 denied any injury or pain and was returned to bed by a transfer lift.</p> <p>A review of the EMR revealed no documentation that neurological checks were completed.</p> <p>During an interview on 4/9/2024 at 1:08 pm, the Director of Nursing (DON) confirmed that there was no documentation of any neurological checks completed after the fall on 4/22/2022. She confirmed that the incident was not witnessed, but R4 was alert and was able to tell how he got on the floor, and no neuro checks were completed because R4 was able to give details.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/9/2024 at 4:58 pm, Registered Nurse (RN) RRRR stated that if there were no neurological checks documented, then that meant that there were no neurological checks done. RN RRRR stated that the protocol is if a resident falls and hits their head, then n neurological checks would be completed, but since the resident was able to tell her that he did not hit his head, then there was no need for neurological checks.</p> <p>2. A review of the EMR revealed R17 was originally admitted to the facility on [DATE] with diagnosis of but not limited malignant neoplasm of the brain, hydrocephalus, dysphagia, hypo-osmolality and hypernatremia, gastroesophageal reflux disease without esophagitis, and Anemia.</p> <p>A review of the Admission MDS assessment dated [DATE] revealed R17 had a BIMS of three, indicating severe cognitive impairment.</p> <p>A review of R17's MAR indicated that R17 received heparin sodium injection solution 10000 unit/milliliters (ml). Inject 0.5 ml subcutaneously every eight hours for deep vein thrombosis (DVT). The medication start date was 6/26/2023 and discontinued on 8/15/2023. R17 was then ordered heparin sodium (porcine) injection solution 10000 unit/ml inject 0.5 ml subcutaneously every eight hours for DVT. The start date was 8/15/2023 with a discontinued date of 9/7/2023.</p> <p>A review of R17's progress notes revealed R17 fell on [DATE], 8/3/2023, 8/14/2023, and 8/16/2023. The progress note dated 8/16/2023 at 1:28 pm documented that R17 was noted sitting up in his wheelchair at the nursing station; attempting to stand without assistance; the nurse asked the resident not to stand without assistance; and the resident still stood up by himself and fell to the floor before the nurse could get to him. It was documented that no visible injuries were noted, no bruising noted, resident did not hit his head he fell on to his left side. There were no documented assessments found in the residents clinical record.</p> <p>During an interview on 3/27/2024 at 12:23 pm, the DON stated that all interventions should be time stamped in the resident's care plan. The DON confirmed that there were no documented incident reports or post fall intervention found for R17. The DON stated there should have been an incident report completed after a fall, and unwitnessed falls require that neurological checks be completed and documented.</p> <p>During an interview on 3/27/2024 at 3:00 pm, the Licensed Practical Nurse (LPN) MMMM stated when a fall occurs a visual check on the resident is completed. LPN MMMM stated that the staff would perform a skin assessment, pain assessment, change of condition, notify the doctor, DON, Administrator, and family member. LPN MMMM stated s/he had only been at the facility a month prior to R17's fall that occurred on 8/16/2023. LPN MMMM stated s/he had not been familiar with the process until the DON notified them about the missing incident report. LPN MMMM did not know that R17 was on blood thinners.</p>		

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<p>F 0690</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35199</p> <p>Based on record review, interviews, and review of the facility policy titled Urinary Tract Infections/Bacteriuria-Clinical Protocol, the facility failed to provide appropriate treatment and services to prevent a catheter associated urinary tract infection from worsening for one of 57 sampled residents (R) (R10). The failure caused R10 to be sent to an acute care hospital with the diagnosis of shock, sepsis, and metabolic crisis (including acute kidney injury and acute renal failure). R10 expired in the hospital on [DATE].</p> <p>On [DATE], a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation caused or had the likelihood to cause serious injury, harm, impairment, or death to residents.</p> <p>The facility's Administrator was informed of the Immediate Jeopardy (IJ) for F690 and F770 on [DATE] at 10:08 a.m. The noncompliance related to the Immediate Jeopardy was identified to have existed on [DATE].</p> <p>An Acceptable IJ Removal Plan was received on [DATE] related to 483.25(e)(2) Bowel/Bladder Incontinence, Catheter, UTI (F690) and 483.50(a), Laboratory Services (F770).</p> <p>Findings included:</p> <p>A review of the facility's policy titled Urinary Tract Infections/Bacteriuria-Clinical Protocol/ Assessment and Recognition dated [DATE] revealed the staff and practitioner will identify individuals with signs and symptoms suggesting a possible UTI (urinary tract infection); and nurses should observe, document, and report signs and symptoms in detail.</p> <p>A review of the Electronic Medical Record (EMR) revealed that R10 was admitted to the facility on [DATE] with diagnosis including cerebral infarction, cerebrovascular disease, dementia, benign prostatic hypertrophy with lower urinary tract symptoms, neuromuscular dysfunction of bladder, and cystostomy.</p> <p>A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed that R10 presented with a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact, and had a urinary catheter.</p> <p>A record review of the Physician Orders dated [DATE] instructed the facility to document output from the urinary catheter every shift related to neuromuscular dysfunction.</p> <p>A review of the Nursing Progress Notes dated [DATE] at 4:22 pm, revealed that the Nurse Practitioner CC documented the chief complaint for R10 was increased confusion and ordered an UA and CS to rule out acute urinary tract infection.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Powder Springs Center for Nursing & Healing		STREET ADDRESS, CITY, STATE, ZIP CODE  3460 Powder Springs Road Powder Springs, GA 30127	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0690</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of the Medication Administration Record (MAR)/Treatment Administration Records (TAR) for [DATE] revealed that R10's urine output ranged from 250 cubic capacity (cc) (on [DATE]) to 600 cc (on [DATE]) per shift. There was no method to monitor if urine output was greater or lesser than normal to see if the catheter was draining properly, and there was no documentation in the medical record of urine color or odor.</p> <p>A review of Nursing Progress Notes dated [DATE] at 12:03 pm, revealed R10 was found to be lethargic, was not eating, and expressed complaints of headache. The notes revealed that the resident's family was worried, and the physician was made aware. A new order was received by the physician to transfer R10 to the emergency room for further evaluation and treatment.</p> <p>A review of the Nurse Practitioner encounter notes dated [DATE] at 3:55 pm, Nurse Practitioner CC noted R10 presented with altered mental status and lethargy.</p> <p>A review of the hospital emergency department provider note dated [DATE] at 12:56 pm, revealed that critical care was necessary to treat or prevent imminent or life-threatening deterioration of the following conditions: shock (sudden drop in blood flow through the body), sepsis, and metabolic crisis (severe hyperkalemia, acute kidney injury/acute renal failure). Purulent (containing pus) urine, very little urine in the bag despite two liters of interavenous fluid bolus. On further assessment, [R10] was found to have so much purulent sediment in the bladder that the indwelling urinary catheter was not draining; the indwelling urinary catheter was not wide enough to drain pus. Removed the urinary catheter, copious drainage of thick green malodorous (odor) pus from the bladder via the urinary catheter site. [R10] was placed in hospice on [DATE] for sepsis.</p> <p>A record review of R10's death certificate revealed R10 died in the hospital on [DATE].</p> <p>During an interview on [DATE] at 2:16 pm, Licensed Practical Nurse (LPN) AA stated she went to assess R10 on [DATE] and he wasn't looking good. She stated that the resident was too sleepy, so she called Nurse Practitioner CC and informed him that R10 was not how he usually looks. LPN CC further stated that she looked at R10's urinary catheter and it was cloudy. She confirmed the observation of cloudy urine was not documented in R10's medical record.</p> <p>During an interview on [DATE] at 5:25 pm, Nurse Practitioner CC stated that he left the facility in [DATE] and refused to answer questions related to R10.</p> <p>During an interview on [DATE] at 1:43 pm, Physician PPPP remembered R10. He stated, He was the guy who had a UTI and went to the hospital and died . He stated that had the facility done good catheter care and prevented the infection, there may have been a different outcome for R10 and that R10 might not have died . He revealed that he was the Medical Director at the facility at that time R10 was sent out to the hospital, but he left the facility in [DATE].</p> <p>The facility implemented the following actions to remove the IJ:</p> <p>R10 no longer resides at the facility.</p> <p>On [DATE], the Regional Director of Operations, Regional Director of Clinical Services, and the Administrator reviewed the center policy Catheter Care, Urinary. No policy changes or recommendations were made because of this review.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE], the facility's Director of Nursing (DON) identified one resident with catheters on the center resident roster.</p> <p>On [DATE], the facility's DON reviewed orders for residents with catheters to validate that no lab had been missed.</p> <p>On [DATE], licensed nurses to include MDS Nurse and nurse managers were educated by the DON on the importance of reviewing and addressing residents with catheters for lab orders on [DATE]. Employees on leave of absence, vacation, and agency staff will be re-educated prior to returning to duty and will not be given an assignment until they are given additional on-site education (87 percent (%)).</p> <p>The DON will review orders for lab reports from the previous day during daily clinical meetings and will verify care plans are developed and revised as needed, to address interventions to prevent urinary tract infections.</p> <p>The Administrator reviewed the results of the audits and shared the findings with the Ad Hoc Quality Assurance Performance Improvement (QAPI) Committee on [DATE].</p> <p>The State Survey Agency (SSA) validated the facility's written IJ Removal Plan as follows:</p> <p>A review of the census list revealed R10 was discharged to the hospital on [DATE] and did not return.</p> <p>During an interview on [DATE] at 10:16 am, the Administrator confirmed R10 was no longer residing in the facility.</p> <p>A review of the policy titled Catheter: Urinary - Justification for Use and signed as reviewed on [DATE] by the Regional Director of Operations, Regional Director of Clinical Services, and Administrator.</p> <p>An interview on [DATE] at 1:30 pm with the DON revealed she reviewed the residents' orders and labs from the previous day and addressed them in the daily clinical meetings.</p> <p>A review of the facility's catheter list dated [DATE] revealed one resident (R49) with an indwelling catheter.</p> <p>On [DATE] at 12:53 pm, a sample of four residents were selected to review their lab orders and subsequent results. All labs were ordered, and results were received.</p> <p>A review of the in-service titled Lab/Diagnostic Orders and Other Orders dated [DATE], revealed that 76 staff members were educated and in-service on labs, diagnostic orders, and other orders.</p> <p>To certify that staff were educated, the survey team interviewed a sample of staff within each department and all shifts.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Interviews were conducted on [DATE] through [DATE] with following employees revealed they received and understood the education: [DATE] at 6:26 am LPN UU; [DATE] 6:39 am LPN VV; [DATE] at 6:51 am Registered Nurse (RN) ZZ and MM; [DATE] at 6:55 am LPN YY; [DATE] at 7:14 am Certified Nursing Assistant (CNA) WW; [DATE] at 7:22 am CNA XX; [DATE] at 8:18 am LPN AAA; [DATE] at 9:39 am LPN BBB; [DATE] at 8:17 am Lead Housekeeper CCC; [DATE] at 8:37 am Housekeeping DDD; [DATE] at 8:48 am Housekeeping EEE; [DATE] at 3:32 pm Cook FFF; [DATE] at 3:39 pm Cook GGG; [DATE] at 3:47 pm Cook HHH, [DATE] at 3:57 pm Business Office Manager III; [DATE] at 4:09 pm Receptionist JJJ; [DATE] at 4:37 pm Assistant Administrator KKK; [DATE] at 10:44 am Director of Maintenance; [DATE] at 9:25 am MDS Coordinator/LPN MMM; [DATE] at 9:54 am MDS Coordinator/LPN NNN; [DATE] at 10:15 am Physical Therapy Assistant OOO; [DATE] at 10:31 am Speech Language Pathologist PPP; [DATE] at 10:54 am Maintenance Assistant RRR; [DATE] at 11:18 am with Social Service Assistant SSS; [DATE] at 12:04 pm CNA TTT; [DATE] at 12:19 pm CNA NN; [DATE] at 12:40 pm CNA UUU; [DATE] at 12:45 pm Certified Medication Assistant (CMA) QQ; and [DATE] at 1:04 pm CNA VVV.</p> <p>A review of the facility Plan of Correction book revealed the center reviewed the lab orders, (for residents with catheters) and verified no other labs were missing.</p> <p>A review on [DATE] of the QAPI Committee minutes revealed the minutes were prepared by the Administrator and dated [DATE]. The QAPI topics reviewed were physicians orders, lab requisitions, catheter care, and neglect reporting. The QAPI minutes revealed catheter care education would be conducted by the Staff Development Coordinator and would be on-going.</p> <p>It was verified that the facility demonstrated that the immediate jeopardy was removed on [DATE].</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>49479</p> <p>Based on observations, staff interviews, record review, and review of the facility policies titled, Medication Storage and Medication Administration, the facility failed to ensure medications securely stored and ensure expired medications were discarded appropriately on two of three Units (East Unit and Secured Memory Unit).</p> <p>Findings included:</p> <p>A review of the facility policy titled Medication Administration last updated January 2024 revealed that medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. The policy explanation and compliance guidelines noted to identify expiration date and if expired, notify nurse manager.</p> <p>A review of the facility policy titled Medication Storage last updated June 2023 revealed that it is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacture's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control segregation, and security. During a medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart.</p> <p>1. During an observation on the East Unit on 3/18/2024 at 10:00 am, Licensed Practical Nurse (LPN) DD was observed to administer medication to Resident (R)2. LPN DD was observed to pull R2's medications and placed them in a cup, locked the medication cart, and left the medication blister packets on top of the medication cart. LPN DD entered the R2's room with the cup of medications and had her back turned away from the medication cart. The medication that was left on top of the medication cart was Atorvastatin Calcium 40 milligrams (mg), Empagliflozin 10 mg, Metoprolol Succinate extended release (ER) 25 mg, Propranolol hydrochloric acid (HCl) 10 mg, Sertraline HCl 25 mg, Vitamin D3 125 micrograms (mcg), Keppra 500 mg, Torsemide 10 mg, and Gabapentin 300 mg.</p> <p>During an interview on 3/18/2024 at 10:22 am, LPN DD stated there had not been any problem with leaving the medication packets on top of the cart and that the packets were able to be left on top of the cart while she was in the resident's room.</p> <p>During an interview on 3/18/2024 at 6:16 pm, LPN EE stated that medication packets were never to be left unattended. LPN EE stated she would not leave any kind of medication on top of the cart, while in the cart was unattended. She stated the medication should always be secured in the medication cart with the cart locked whenever the nurse stepped away.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/26/2024 at 9:02 am, the Director of Nursing (DON) stated that during medication administration, after the medications have been pulled, the nurse should place the medication blister packets back in the cart and locked the cart. The DON stated that all medications are required to be secured under lock and key. The DON further stated that it had never been the facility's practice to leave the medication blister packets on top of the medication cart.</p> <p>2. During an observation with the DON of the Secure Memory Unit's Medication Room on 3/26/2024 at 9:09 am, the DON confirmed that the following medications were expired: Vitamin D 10 mg had an expiration date of February 2024 and Aspirin 325 mg had an expiration date of January 2024.</p> <p>During an interview on 3/26/2024 at 9:20 am, LPN PP stated that the medications had been checked for expiration dates, but the Vitamin D 10 mg and the Aspirin 325 mg must have been overlooked.</p>

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<p>F 0770</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35199</p> <p>Based on record review, interviews, and review of the facility's policy titled Laboratory Services and Reporting, the facility failed to provide critical laboratory tests for one of 57 sampled residents (R) (R10). The Nurse Practitioner ordered urine culture sensitivity (UA and CS) tests on [DATE]. The failure caused R10 to be sent to an acute care hospital with the diagnosis of shock, sepsis, and metabolic crisis (including acute kidney injury and acute renal failure). R10 expired in the hospital on [DATE].</p> <p>On [DATE], a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation caused or had the likelihood to cause serious injury, harm, impairment, or death to residents.</p> <p>The facility's administrator was informed of the Immediate Jeopardy (IJ) for F690 and F770 on [DATE] at 10:08 a.m. The noncompliance related to the Immediate Jeopardy was identified to have existed on [DATE].</p> <p>An Acceptable IJ Removal Plan was received on [DATE] related to 483.25(e)(2) Bowel/Bladder Incontinence, Catheter, UTI (F690) and 483.50(a), Laboratory Services (F770).</p> <p>Findings included:</p> <p>A review of the undated facility's policy titled Laboratory Services and Reporting revealed that the facility must provide or obtain laboratory services when ordered by a physician, physician assistant, nurse practitioner, or clinical nurse specialist in accordance with state law. The Policy Explanation and Compliance Guidelines revealed that the facility must provide or obtain laboratory services to meet the needs of its residents; and the facility is responsible for the timeliness of the services.</p> <p>On [DATE] at 3:07 pm, the Administrator said they did not have a policy for laboratory collections.</p> <p>A review of the Electronic Medical Record (EMR) revealed R10 was admitted to the facility on [DATE] with diagnosis including benign prostatic hypertrophy with lower urinary tract symptoms, neuromuscular dysfunction of bladder, and cystostomy.</p> <p>A review of the nurse practitioner encounter note dated [DATE] identified R10 as having the chief complaint of increased confusion (a common sign/symptom of a urinary tract infection). Nurse Practitioner CC ordered UA and CS tests to rule out an acute urinary tract infection.</p> <p>There was no documentation in the medical record that this laboratory specimen was collected or that staff acted on the order for R10 written by Nurse Practitioner CC.</p> <p>A review of the EMR revealed that a second order for UA and CS tests and an order for a comprehensive metabolic panel (CMP) test was written on [DATE]. There was no documentation in the medical record that this second laboratory specimen was collected or that staff acted on the second order written for R10.</p> <p>(continued on next page)</p>		

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<p>F 0770</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of the nurse practitioner encounter notes dated [DATE] at 3:55 pm, Nurse Practitioner CC noted R10 presented with altered mental status and lethargy.</p> <p>A review of the hospital emergency department provider note dated [DATE] at 12:56 pm, revealed that critical care was necessary to treat or prevent imminent or life-threatening deterioration of the following conditions: shock (sudden drop in blood flow through the body), sepsis, and metabolic crisis (severe hyperkalemia, acute kidney injury/acute renal failure). Purulent (containing pus) urine, very little urine in the bag despite two liters of interavenous fluid bolus. On further assessment, [R10] was found to have so much purulent sediment in the bladder that the indwelling urinary catheter was not draining; the indwelling urinary catheter was not wide enough to drain pus. Removed the urinary catheter, copious drainage of thick green malodorous (odor) pus from the bladder via the urinary catheter site. [R10] was placed in hospice on [DATE] for sepsis.</p> <p>A record review of R10's death certificate revealed R10 died in the hospital on [DATE].</p> <p>During an interview on [DATE] at 5:25 pm, Nurse Practitioner CC stated that he left the facility in [DATE] and refused to answer questions related to R10.</p> <p>During an interview on [DATE] at 1:43 pm, Physician PPPP remembered R10. He stated, He was the guy who had a UTI and went to the hospital and died . He stated that had the facility done good catheter care and prevented the infection, there may have been a different outcome for R10 and that R10 might not have died . He revealed that he was the Medical Director at the facility at that time R10 was sent out to the hospital, but he left the facility in [DATE].</p> <p>During an interview on [DATE] at 5:56 pm, Medical Director QQQQ confirmed that when he came on as the Medical Director in 2022, he was aware the facility was having problems getting physicians orders and lab orders transferred and completed timely. He said his expectation was that laboratory orders be acted upon within 24 hours of the order date.</p> <p>The facility implemented the following actions to remove the IJ:</p> <p>R10 no longer resides at the facility.</p> <p>On [DATE], the facility's Director of Nursing (DON) identified one resident with catheters on the facility's resident roster.</p> <p>On [DATE], the facility's DON reviewed orders for residents with catheters to validate if any UA and CS lab had been missed.</p> <p>On [DATE], all licensed nurses were educated by the DON on the importance of reviewing and addressing residents with catheters for UA and CS lab orders. Employees on leave of absence, vacation, and agency staff will be re-educated prior to returning to duty and will not be given an assignment until they are given additional on-site education (87 percent (%)).</p> <p>The DON will review orders for lab requests and 24 hour reports from the previous day during daily clinical meetings and will verify that labs orders were drawn as ordered by the nurse practitioner or physician to prevent urinary tract infections.</p> <p>(continued on next page)</p>		

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<p>F 0770</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The Administrator reviewed the results of the audits and shared the findings with the Ad Hoc Quality Assurance Performance Improvement (QAPI) Committee on [DATE].</p> <p>The State Survey Agency (SSA) validated the facility's written IJ Removal Plan as follows:</p> <p>A review of the census list revealed R10 was discharged ot to the hospital on [DATE] and did not return.</p> <p>During an interview on [DATE] at 10:16 am, the Administrator confirmed R10 was no longer residing in the facility.</p> <p>A review of the facility's catheter list dated [DATE] revealed one resident with an indwelling catheter.</p> <p>On [DATE] at 12:53 pm, a sample of four residents were selected to review their lab orders and subsequent results. All labs were ordered, and results were received.</p> <p>Interviews were conducted on [DATE] through [DATE] with following employees revealed they received and understood the education: [DATE] at 6:26 am with Licensed Practical Nurse (LPN) UU; [DATE] at 6:39 am with LPN VV; [DATE] at 6:51 am with Registered Nurse (RN) ZZ; [DATE] at 6:55 am LPN YY; [DATE] at 8:18 am LPN AAA; [DATE] at 9:39 am LPN BBB; [DATE] at 9:57 am LPN LL; [DATE] at 11:38 am LPN EE; [DATE] at 12:08 pm LPN BB; [DATE] at 9:25 am MDS Coordinator LPN MMM; and [DATE] at 9:54 am MDS Coordinator LPN NNN.</p> <p>The facility conducted an audit of residents that had lab orders. A total of 29 labs were audited. On [DATE] at 12:53 pm, a sample of five labs for four residents were selected to review their lab orders and subsequent results. All labs were ordered, and results were received.</p> <p>A review of the sign in sheet dated [DATE] revealed that a QAPI monthly meeting was held.</p> <p>It was verified that the facility demonstrated that the immediate jeopardy was removed on [DATE].</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49687</p> <p>Based on observation, interviews, and review of the facility's policy titled, Food Receiving and Storage, the facility failed to ensure the vents directly over the steam table were free from dirt and debris, a fan used in the kitchen area was clean, the frozen food items are kept off the freezer floor, and that hair nets were worn in the kitchen. The census was 178 residents.</p> <p>Findings included:</p> <p>A review of the undated facility's policy titled, Food Receiving and Storage documented that the refrigerated foods will be stored in such a way that promotes adequate air circulation around food storage containers. Refrigerators/walk-ins will not be overcrowded.</p> <p>During an observation on 3/18/2024 at 6:41 pm, the Dietary Manager was observed in the kitchen and was not wearing a hair net.</p> <p>During an interview on 3/19/2024 at 7:50 am, the Dietary Manager confirmed not wearing a hair net during the dinner service on 3/18/2024. The Dietary Manager stated that her hair net was on their desk in the office.</p> <p>During an observation on 3/19/2024 at 8:01 am, there were three vents over the steam table, where meals were being actively plated for residents. The vents were filled with dirt and debris and a fan by the kitchen sink was filled with dirt and debris.</p> <p>During an interview on 3/19/2024 at 9:33 am, the morning cook, Cook KKKK stated that when the kitchen gets hot, the staff does turn on the fan. Cook KKKK confirmed that they were uncertain about the last time the fan was cleaned.</p> <p>During an interview on 4/11/2024 at 2:18 pm, the Dietary Manager stated that the maintenance department is responsible for cleaning the air conditioning vents but the kitchen staff needed to notify the receptionist in order to put in a work order.</p> <p>During an observation on 3/19/2024 at 7:36 am, the freezer was observed to have one box of frozen shrimp and two boxes of frozen bacon on the freezer floor. The Dietary Manager confirmed leaving one box of frozen shrimp and two boxes of frozen bacon on the floor.</p>

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NAME OF PROVIDER OR SUPPLIER  Powder Springs Center for Nursing & Healing		STREET ADDRESS, CITY, STATE, ZIP CODE  3460 Powder Springs Road Powder Springs, GA 30127	
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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>49687</p> <p>Based on observation, interviews, and review of the facility policy titled, Food-Related Garbage and Rubbish Disposal, the facility failed to ensure that the facility's outside garbage disposal area was free from trash and debris. The census was 178 residents.</p> <p>Findings included:</p> <p>A review of the undated facility's policy titled Food-Related Garbage and Rubbish Disposal, documented that all garbage and rubbish containing food waste should be kept in containers; all garbage and rubbish containers shall be provided with tight-fitting lids or covers and must be kept covered when stored or not in continuous use; and outside dumpsters provided by garbage pickup services will be kept closed and free of surrounding litter.</p> <p>On 3/19/2024 at 7:46 am, a kitchen tour was conducted with the Dietary Manager. Two trash compactors were observed outside and had several bags of trash on the ground, including gloves and several plastic bags of trash. The lid of one of the trash compactors was opened. The Dietary Manager confirmed that the lids should have been closed and stated that the cleaning of the garbage dumpster was a joint effort between the dietary staff and housekeeping staff to keep the trash areas clean. The Dietary Manager stated that the outside garbage area should have been kept clean, that the staff was informed that all trash goes in the bin, and they must pick up anything that is dropped.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49687</p> <p>Based on interviews and record review, the facility failed to keep accurate medical record of health status for one of 57 sampled residents (R) (R17).</p> <p>Findings included:</p> <p>A review of the Electronic Medical Record (EMR) for R17 revealed an original admitted [DATE] with diagnosis of, but not limited to, malignant neoplasm of the brain, hydrocephalus, dysphagia, hypo-osmolality and hypernatremia, gastroesophageal reflux disease without esophagitis and anemia.</p> <p>A review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed R17 had a Brief Interview for Mental Status (BIMS) score of three, indicating severely impaired cognition.</p> <p>A review of R17's comprehensive progress notes which includes their Medication Administration Record (MAR) indicated the following events:</p> <p>A nursing note dated [DATE] documented that R17 was out of the building and was unable to receive interavenous (IV) hydration.</p> <p>An administration note documented by Licensed Practical Nurse (LPN) HH and dated [DATE] documented that R17 was deceased .</p> <p>An administration note dated [DATE] documented that R17 was hospitalized .</p> <p>An administration note documented by LPN JJJJ and dated [DATE] documented that R17 was deceased .</p> <p>An administration note dated [DATE] documented that R17 was hospitalized .</p> <p>An administration note dated [DATE] documented that R17 was out.</p> <p>An administration note dated [DATE] documented that R17 was at the hospital.</p> <p>An administration note dated [DATE] documented that R17 was at the hospital.</p> <p>An administration note dated [DATE] documented that R17 remained on LOA (leave of absence).</p> <p>An administration note dated [DATE] documented that R17 remained on LOA during that shift.</p> <p>During an interview on [DATE] at 5:38 pm, the Administrator revealed that R17 was not deceased until [DATE]. The Administrator stated R17 was at the hospital until [DATE] and did not return to the facility.</p> <p>A review of R17's death certificate revealed that R17 was deceased on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 3:29 pm, LPN HH revealed that s/he received the health status of R17 from another nurse. She confirmed that the documentation error wasn't corrected using a strikethrough after finding out that R17 was not deceased because s/he couldn't do anything due to R17 already being discharged from the facility.</p> <p>During an interview on [DATE] at 3:55 pm, the Director of Nursing (DON) stated upon review of R17's progress notes on [DATE], the DON noted that R17 progress note documented that s/he was deceased on [DATE] and [DATE], then the notes afterwards document R17 was still at the hospital, not deceased . The DON stated s/he is unsure why staff did not do a follow-up note. The DON stated that LPN HH didn't know if R17 was deceased or in the hospital and that LPN JJJJ made the documentation error because s/he was PRN and rarely at the facility.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49472</p> <p>Based on record review, policy review, and interviews, the facility failed to maintain the tracking and trending of the Infection Control Program. The census was 178 residents.</p> <p>Findings included:</p> <p>A review of the policy entitled, Infection Prevention and Control Program with a reviewed/revision date of May 2023 revealed that the designated Infection Preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases, resident room placement, implementing isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases; a system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable disease for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards; and the Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee.</p> <p>A review of the Infection Control Program from October 2023 thru March 2024 revealed during the month of October 2023 the facility's tracking and trending for the facility for Upper Respiratory Infection (URI) tracked only one infection for the month, but nine infections were documented. In the area of Urinary Tract Infection (UTI) the facility had tracked no UTIs, but thirteen infections were documented. Under Gastrointestinal Infections (GI), there were no infections tracked, but one was documented for the month. Under skin conditions, no skin issues were tracked, but four skin conditions were documented for the month.</p> <p>A review of the November 2023 tracking and trending revealed under URIs, one infection was tracked, but eight infections were documented. Under UTIs, there were three tracked for the month, but 15 were documented for the month. Under skin conditions, there were no skin conditions tracked for the month, but seven were documented for the month.</p> <p>A review of the December 2023 tracking and trending revealed that URIs, the facility tracked only one, but 12 were documented. Under UTIs for the month, there was no UTI tracked, but 12 were documented. Under GIs for the month there were no GI issues tracked, but one was documented. Under skin conditions only three were tracked, but six were documented.</p> <p>A review of the January 2024 tracking and trending revealed that in the area of URIs, one issue was tracked but 10 were documented. Under the area of UTIs only one was tracked, but 11 were documented. Under the area of skin conditions only four skin conditions were tracked, but nine were documented.</p> <p>A review of the February 2024 tracking and trending revealed that under URIs only five were tracked, but six URIs were documented. Under UTIs only nine were tracked, but 11 were documented. Under skin conditions only three were tracked, but four were documented.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of the Infection Control Program for the month of March 2024 to present revealed no documentation for the month of March or April.</p> <p>An attempt was made to interview Infection Preventionist (IP) NNNN, but there was no answer, a voice mail message was left, but there was no call back.</p> <p>During an interview on 3/14/2024 at 11:27 am with DON/IP confirmed that she was the designated IP for the facility.</p> <p>During an interview on 4/8/2024 at 11:02 am, the Administrator stated that IP NNNN is staff as an Infection Preventionist, but she works as needed.</p> <p>During an interview on 4/11/2024 at 1:37 pm with the DON who confirmed that she had not done any work with the infection control program for the past few weeks. She stated that other staff had been spending from 16 to 20 hours per week on the program. She confirmed that the person who was designated to work with the program had not done any work with the program since January 2024. The DON stated that her expectation of the tracking and trending for the previous month should be that it be completed by the 15th of the current month.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49472</b></p> <p>Based on record review, policy review, and interviews, the facility failed to ensure that residents were offered and/or consented to the pneumoccal vaccination for three of six residents (R) (R25, R44, and R46) reviewed for immunizations.</p> <p>Findings included:</p> <p>A review of the Pneumococcal Vaccine (Series) Policy with a date of reviewed/ revised of December 2023 revealed that it is the facility's policy to offer residents and staff immunization against pneumococcal disease in accordance with current (infection control) guidelines and recommendations. Further review of the Pneumococcal policy under the Policy Explanation and Compliance Guidelines revealed that, Each resident will be assessed for pneumococcal immunization upon admission. Self-report of immunization shall be accepted; the resident/representative retains the right to refuse the immunization. The facility will document in the clinical record the reason for refusal or the medical contraindication of the immunization.</p> <p>1. A review of the clinical record revealed that R25 was admitted to the facility on [DATE] with diagnoses of peripheral vascular disease, pressure ulcer of sacral region, osteomyelitis of vertebra, sacral and sacrococcygeal region, other spondylosis, sacral and sacrococcygeal region, heart failure, cognitive communication deficit, muscle weakness, cirrhosis of liver, asthma with (acute) exacerbation, atrial fibrillation, acquired absence of right leg below knee, acquired absence of left leg below knee, insomnia, and gastro-esophageal reflux disease without esophagitis.</p> <p>A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that R25 presented with a Brief Interview for Mental Status (BIMS) score of 14, indicating that resident was cognitively intact.</p> <p>A review of the immunization records for R25 revealed under the tab Pneumovax was a date of 11/2/2018. There was no other documentation related to Pneumovax being offered or refused.</p> <p>A review of the Immunization Audit Report for R25 revealed that Pneumovax was administered on 11/2/2018. There was no other documentation related to Pneumovax being offered or refused.</p> <p>A review of the Medication Administration Record (MAR) for R25 dated September 2022 through March 2023 revealed no vaccination of the Pneumococcal vaccination.</p> <p>A review of the MAR for R25 dated September 2023 through March 2024 revealed no vaccination of the Pneumococcal vaccination.</p> <p>A review of the progress notes for R25 dated September 2022 through March 2024 revealed no vaccination of the Pneumococcal vaccination.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. A review of the clinical record revealed that R44 was originally admitted to the facility on [DATE] with diagnoses of chronic systolic (congestive) heart failure, cardiomyopathy, hypertension, long-term use of anticoagulants, personal history of pulmonary embolism, and presence of artificial knee joint.</p> <p>A review of the quarterly MDS assessment dated [DATE] for R44 revealed that the resident presented with a BIMS score of 10, indicating moderate cognitive impairment.</p> <p>A review of the Pneumococcal Vaccine Consent Form dated 10/23/2023 revealed that the family representative signed consent for the Pneumococcal vaccination.</p> <p>A review of the progress notes for R44 dated 10/23/2023 revealed no documentation of the Pneumococcal vaccination being administered. Further review of the progress notes dated September 2022 through March 2023 revealed no documentation of Pneumococcal vaccination being administered.</p> <p>A review of the Immunization Audit Report for R44 revealed that the resident refused to give consent to receive the Pneumococcal vaccination on 5/11/2017. There was no other documentation that the Pneumococcal vaccination was offered or refused after 5/11/2017.</p> <p>A review of the MAR for R44 dated September 2022 through March 2023 revealed no documentation that the Pneumococcal vaccination was administered.</p> <p>A review of the MAR for R44 dated September 2023 through March 2024 revealed no documentation that the Pneumococcal vaccination was administered.</p> <p>3. A review of the clinical record revealed that R46 was admitted to the facility on [DATE] with diagnoses of cerebral infarction due to embolism of unspecified cerebral artery, acquired absence of right leg above knee, complete traumatic amputation at knee level, left lower leg, hyperlipidemia, essential (primary) hypertension, polyneuropathy, specified peripheral vascular diseases, atherosclerosis of native arteries of extremities with gangrene left leg, seizures, retention of urine, muscle weakness, and abnormal posture.</p> <p>A review of the quarterly MDS assessment dated [DATE] revealed that R46 presented with a BIMS score of 13, indicating that resident was cognitively intact.</p> <p>A review of the immunization records for R46 revealed that the Pneumococcal vaccination was refused. There was no refusal date documented.</p> <p>A review of the Immunization Audit Report for R46 revealed that the resident's family refused the Pneumococcal vaccination on 6/7/2018. There was no documentation if the vaccine was offered or refused after 6/7/2018.</p> <p>A review of the MAR for R46 dated September 2022 through March 2023 revealed no documentation that the Pneumococcal vaccination was administered.</p> <p>A review of the MAR for R46 dated September 2023 through March 2024 revealed no documentation that the Pneumococcal vaccination was administered.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of the progress notes for R46 dated September 2022 through March 2024 revealed no vaccination of the Pneumococcal vaccination.</p> <p>During an interview on 4/3/24 at 2:33 pm, the Director of Nursing (DON) stated that the primary care doctor or the DON/Infection Preventionist (IPC) is responsible for making sure the vaccinations are offered and/or provided. She stated that Influenza and Pneumococcal vaccinations are offered to the residents every five years, and this should be documented in the clinical record.</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49687</p> <p>Based on observations, interviews, and record review, the facility failed to ensure that the nursing call system was functional for one of three sampled residents (R) (R37).</p> <p>Findings included:</p> <p>1. A review of the Electronic Medical Record (EMR) for R37 revealed the resident was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis of, but not limited to, multiple fractures of ribs, end stage renal disease, dependence on renal dialysis, muscle weakness, anemia, and diplopia.</p> <p>A review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed R37 had a Brief Interview for Mental Status (BIMS) score of 15; indicating that R37 was cognitively intact.</p> <p>2. A review of the EMR for R30 revealed the resident was originally admitted to the facility on [DATE] with diagnosis of, but not limited to, end stage renal disease, type 1 diabetes, dependence on renal dialysis, morbid obesity, hyperlipidemia, hypertension, hypoxia, acquired absence of the right [NAME] below the knee, and visual loss.</p> <p>A review of the admission MDS assessment dated [DATE] revealed R30 had a BIMS score of 14; indicating that R30 was cognitively intact.</p> <p>During an interview on 3/18/2024 at 3:48 pm, R30 stated that her roommate's (R37) call light was not working. R30 stated that R37 moved into her room in March 2024 and the call light was not working then. R30 stated when R37 would attempt to use the call light to call for staff assistance, they could not hear that sound to alert staff that the resident needed assistance. R30 stated she was blind, but her hearing was more sensitive due to the loss of vision. At this time, R37's call light was tested and was found to not be functioning when pressed. R30's was observed to press her call light, which was functional and Certified Nursing Assistant (CNA) GGGG entered the room. CNA GGGG was asked if she knew that R37's call light wasn't working. CNA GGGG stated, Oh, I don't normally work this side of the unit. CNA GGGG was observed to press the call light on R37's side of the room and noted there was no audible sound. She further confirmed that the light outside the resident's room did not turn on. R37 was out of the building at an appointment during these interviews and observations.</p> <p>During an interview on 3/18/2024 at 4:05 pm, the Administrator revealed that when a new resident is admitted, the room readiness steps are initiated by the Housekeeping Department, Nursing Department, and Maintenance Department. She stated that each department has a working checklist to complete prior to a resident being admitted to the facility and subsequently, placed in that room. The Administrator provided a blank checklist that each department was responsible for completing. When asked for a copy of R37's completed checklist, the Administrator stated the checklists are not kept once they are completed. The Administrator stated the checklists are merely a guide to complete the room check. A review of the black check list revealed that it is the responsibility of the Maintenance Department to ensure that the call light is attached and functioning.</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 3/18/2024 at 5:22 pm, the Director of Nursing (DON) tested R37's call light and confirmed that it was not working.</p> <p>During an interview on 3/20/2024 at 3:25 pm, the Maintenance Assistant RRR revealed that s/he did not recall any issues with R37's call light while performing the room readiness checklist.</p> <p>During an interview on 3/21/2024 at 10:39 am, Licensed Practical Nurse (LPN) LL confirmed that CNA GGGG did not report to her that the call light was not working. She stated that overheard the conversation and notified Maintenance that the call light was not functioning.</p> <p>During an interview on 3/26/2024 at 9:01 am, the DON stated it was the expectation that the staff notify someone and/or put the work order if the call light is found to not be functional. She stated that all staff have access to put in a work order and that in the interim, the facility had bells that can be used until maintenance can fix the call light.</p>