

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2024
NAME OF PROVIDER OR SUPPLIER Crossview Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 402 E. Bay St Pineview, GA 31071	

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 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49472</p> <p>Based on resident and staff interviews and record reviews, the facility failed to ensure that three of nine residents (R) (R1, R2, R3) reviewed for ADL (Activities of Daily Living) received care and services according to their needs and preferences. Specifically, the facility failed to ensure shower/baths were given as scheduled for (R1, R2, and R3).</p> <p>Findings include:</p> <p>Record review for R1 revealed resident was admitted to the facility on [DATE], and had diagnoses of but not limited to aphasia, dysphagia, muscle weakness, need for assistance with personal care, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, and contracture of right wrist.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] assessed a Brief Interview for Mental Status (BIMS) score of 15 indicating little to no cognitive impairment.</p> <p>Review of the care plan, with a target date of 11/26/2024, revealed R1 had a self-care deficit r/t (related to) right wrist contracture, history of CVA (cerebral vascular accident-stroke), hemiplegia/hemiparesis (paralysis on one side or partial weakness), and seizures. The care plan also revealed he will refuse baths/showers at times. Interventions on 9/12/2024 included assisting with ADLs as needed and shower or bath per resident preference.</p> <p>A review of the grievances from June 2024 through December 2024 revealed a grievance filed on behalf of R1 on 9/2/2024 revealed resident complains he has only had bed baths, wants showers, and that he would prefer showers on days. Action to resolve documented that resident shower days were changed to Mondays, Wednesdays, and Fridays and he would be taken to the shower.</p> <p>Review of East Wing Baths list revealed that R1 was scheduled for baths on Mondays, Wednesdays, and Fridays.</p> <p>Review of the shower/bath sheets for September 2024 revealed R1 received five baths in September, on 9/2/2024, 9/11/2024, 9/16/2024, 9/18/2024, and 9/20/2024 (bed bath). Continued review revealed R1 refused a bath on 9/9/2024 and on 9/13/2024.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 115541	If continuation sheet Page 1 of 6

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the shower/bath sheets for October 2024 revealed R1 received six shower/baths, on 10/2/2024, 10/11/2024, 10/16/2024, 10/21/2024, 10/27/2024, and 10/30/2024. The bath sheet for 10/7/2024 documented, refused, hip is hurting.</p> <p>Review of the shower/bath sheets for November 2024 revealed R1 received four shower/baths, on 11/8/2024, 11/13/2024, 11/21/2024, and 11/27/2024.</p> <p>Review of the shower/bath sheets for December 2024 revealed R1 received three shower/baths, on 12/6/2024, 12/11/2024, and 12/16/2024.</p> <p>During an interview on 12/19/2024 at 10:51 am, with family member of R1 revealed that she visited around Thanksgiving, R1 had not had a bath and was dirty. Family member stated that she filed a grievance with the facility.</p> <p>Review of the admission record for R2 revealed an admitted [DATE] and had diagnoses of but not limited to chronic obstructive pulmonary disease (COPD), type 2 diabetes with diabetic polyneuropathy, morbid (severe) obesity, hemiplegia/hemiparesis following cerebral infarction, chronic pain, bipolar disorder, and major depressive disorder.</p> <p>Review of the Admission MDS assessment dated [DATE] assessed R2 with a BIMS score of 15 indicating little to no cognitive impairment.</p> <p>Review of the care plan with a target date of 10/22/2024 revealed that R2 had a self-care/mobility deficit r/t COPD, obesity, heart failure, hemiplegia/hemiparesis, muscle weakness, difficulty in walking, chronic pain syndrome, spinal stenosis, and lumbar fractures. Interventions included assisting with ADLs as needed and shower or bath per resident's preference.</p> <p>A review of East Wing Bath list revealed that R2 was scheduled for baths on Tuesdays, Thursdays, and Saturdays.</p> <p>Review of the October 2024 grievances showed a grievance for R2 dated 10/9/2024 reporting he had not received a shower in a week. The resolution included the resident received a shower on 10/10/2024 and his shower days were moved to Tuesdays, Thursdays, and Saturdays.</p> <p>Review of the shower/bath sheets for October 2024 revealed R2 received a shower/bath on 10/10/2024 and 10/17/2024.</p> <p>Review of the shower/bath sheets for November 2024 revealed R2 received a shower/bath on 11/9/2024, 11/13/2024, 11/16/2024. On 11/19/2024 R2 refused, and on 11/23/2024 and 11/28/2024 R2 was out of facility.</p> <p>Review of the shower/bath sheets for December 2024 revealed R2 received a shower/bath on 12/3/2024 and 12/11/2024.</p> <p>An interview was attempted with R2 twice, but he was out of the facility.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the admission record revealed that R3 admitted to the facility on [DATE] with diagnoses of but not limited to cerebral infarction, muscle weakness, need for assistance with personal care, schizophrenia, bipolar disorder, chronic pain, fusion of spine, and repeated falls.</p> <p>Review of the Admission MDS assessment dated [DATE] for R3 assessed a BIMS score of 15 indicating little to no cognitive impairment.</p> <p>Review of the care plan with a target date of 10/23/2024 revealed R3 had a self-care/mobility deficit r/t CVA, weakness, and pain. She will refuse baths/showers. Interventions included assist with ADL's as needed and shower or bath per R3's preference.</p> <p>Review of the October 2024 grievances revealed that a grievance was filed by R3 on 10/29/2024 reporting a concern that she did not receive her shower/bath on the assigned days. The resolution was that residents' showers were moved to days from nights as it was her preference to receive her shower/bath during the day.</p> <p>A review of East Wing Bath list revealed R3 was scheduled for baths on Mondays, Wednesdays, and Fridays.</p> <p>Review of the shower/bath sheets for October 2024 for R3 revealed R3 received a shower/bath on 10/14/2024, 10/29/2024. On 10/24/2024 no shower/bath given due to no towels or rags, and on 10/31/2024, resident refused.</p> <p>Review of the shower/bath sheets for November 2024 revealed R3 received a shower/bath on 11/8/2024, 11/13/2024, and 11/18/2024. On 11/4/2024 and 11/27/2024 the resident refused.</p> <p>Review of the shower/bath sheets for December 2024 revealed R3 received a shower/bath on 12/11/2024 and 12/16/2024. On 12/6/2024 the resident refused.</p> <p>During an interview on 12/19/2024 at 1:33 pm with R3 revealed that staff would document that she refused her baths, but they could not give her a bath because they did not have towels, and she had not had a shower since Monday.</p> <p>During an interview on 12/19/2024 at 2:45 pm with Certified Nursing Assistant (CNA) AA revealed that there are times that baths cannot be given due to not having linens, sometimes we do not get linen until 3:00 pm, but we still try to get them done that shift. CNA AA stated that baths are not being able to be given because of linens happened as recent as last week or week before.</p> <p>During an interview 12/23/2024 at 3:23 pm with the Administrator revealed that if a resident wanted more showers than what was scheduled, then staff were expected to honor that. If resident wanted a shower at a different time than scheduled, staff were expected to update preference. Administrator revealed that there had not been any grievances for residents not receiving their baths due to no cloths available, and there was one complaint when she first started, and it was addressed right away with the family.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/26/2024 at 2:10 pm with the Director of Nursing (DON) revealed that staff were aware of how shower/baths were scheduled/preferences for residents by a list of the residents for the rooms, at the nurse's stations. She revealed that if the residents wanted something else, they could have it. The showers are listed in Point-Click -Care (PCC) and on the shower sheets. DON revealed that the shower sheets were accurate. She revealed that if showers were not documented, then they did not occur. The DON revealed that there had been an issue with no cloths for baths, and the last time was three weeks ago, which was the first week she worked at the facility. DON stated that housekeeping was responsible for ordering new linens and they have made a purchase for linens in the past month.</p> <p>During an interview on 12/26/2024 at 2:25 pm with the District Manager (DM), revealed that he was not aware of an issue with the facility not having clean linens, and there was an emergency supply in a nearby city. He revealed that he did not have any knowledge of laundry not being done timely. DM further revealed that wash cloths were ordered last month, linens are ordered once a month, and a stock load was put out on Christmas Eve.</p> <p>During an interview on 12/26/2024 at 4:39 pm with CNA KK revealed that sometimes residents were not able to be given a bath due to not having clean linens. CNA KK also revealed that clean linens come from laundry once a day.</p> <p>During a follow up interview on 12/26/2024 at 4:56 pm R3 revealed that it was three weeks before she received a shower after she was admitted to the facility. Resident revealed that the issue was still occurring and that she only gets a shower once a week and she has told staff that she would like a bath daily.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>49472</p> <p>Based on observations, Staff interviews, record review, and review of the facility policy titled, Freedom of Abuse, Neglect and Exploitation; Abuse Prevention: Fast Alerts, the facility failed to report an injury of unknown origin for one of six residents (R) (R6) to the State Agency within the allotted time frame.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Freedom of Abuse, Neglect and Exploitation; Abuse Prevention: Fast Alerts, dated October 2023, under section labeled, Reporting revealed, - All employees are required to immediately notify the administrative or nursing supervisory staff that is on duty of any complaint, allegation, observation of suspicion of resident abuse, mistreatment, or neglect so that the resident's needs can be attended to immediately and investigation can be undertaken promptly, - Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment including injuries of unknown source and misappropriation of resident property are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</p> <p>Record review revealed R6 was admitted to the facility with diagnoses of but not limited to intellectual disabilities, Alzheimer's disease, dementia moderate with agitation, generalized anxiety disorder, major depressive disorder, dysphagia, and need for assistance with personal care.</p> <p>Review of R6's progress notes revealed that on 12/11/2024 and 12/18/2024 a bruise to the left eye of R6 was identified and it had not been evaluated.</p> <p>Observation on 12/19/2024 at 1:05 pm in the dining room, R6 was observed to have a bruise that was circular in shape that was on the top and bottom of her left eye. The bruise was at least three inches in diameter and was black.</p> <p>During an interview on 12/19/2024 at 1:06 pm with Certified Nursing Assistant (CNA) AA revealed that she was unsure of what happened to R6. Interview further revealed that R6's eye was like that when she came back off her cycle of days off.</p> <p>During an interview on 12/19/2024 at 1:07 pm with Licensed Practical Nurse (LPN) LL revealed she believed R6 had fallen. LPN LL looked in the computer to confirm statement but revealed that she could not find any information to confirm.</p> <p>During an interview on 12/23/2024 at 3:23 pm with the Administrator revealed she completed a report to the state the same day (12/19/2024) that writer inquired about R6. Administrator revealed that she was not sure of how the bruising happened and confirmed that no report of the injury had been completed.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>49472</p> <p>Based on resident and staff interviews, record review, and review of the facility's policy titled, Freedom of Abuse, Neglect and Exploitation; Abuse Prevention: Fast Alerts, the facility failed to investigate an injury of unknown origin for one of six residents (R) (R6).</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Freedom of Abuse, Neglect and Exploitation; Abuse Prevention: Fast Alerts, dated October 2023, under section labeled Reporting revealed, All employees are required to immediately notify the administrative or nursing supervisory staff that is on duty of any complaint, allegation, observation of suspicion of resident abuse, mistreatment, or neglect so that the resident's needs can be attended to immediately and investigation can be undertaken promptly, - While it may be necessary for a facility to make an initial evaluation as to whether on incident potentially meets one or more of the reporting criteria, a thorough investigation should be completed after reporting the allegation. For example, upon discovery of an injury, the facility must immediately take steps to evaluate whether the injury is an injury of unknown source, and if the injury meets the defined criteria, an immediate report is required.</p> <p>Record review revealed R6 was admitted to the facility with diagnoses of but not limited to intellectual disabilities, Alzheimer's disease, dementia moderate with agitation, generalized anxiety disorder, major depressive disorder, dysphagia, and need for assistance with personal care.</p> <p>Review of R6's progress notes revealed that on 12/11/2024 and 12/18/2024 a bruise to the left eye of R6 was identified and it had not been evaluated</p> <p>Review of the Facility Reported Incidents revealed no reports for the left eye bruising of R6.</p> <p>A request was made for incident report on 12/19/2024 for the incident involving the injury observed on R6, but none was given.</p> <p>During an interview on 12/19/2024 at 1:07 pm with Licensed Practical Nurse (LPN) LL revealed she believed R6 had fallen. LPN LL looked in the computer to confirm statement but revealed that she could not find any information to confirm.</p> <p>During an interview on 12/23/2024 at 3:23 pm with the Administrator revealed she was not sure of how the bruising happened and confirmed that no report of the injury had been completed. Administrator further stated that her expectations for when residents fall, nursing staff's reports are done and are completed according to procedures. Staff should have put everything in the incident report.</p>		