

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 04/25/2024
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 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** 36377</p> <p>Based on observations, resident and staff interviews, record review, and review of the facility policy titled, Medication Administration Guidelines, the facility failed to ensure four of 20 residents (R) (R3, R10, R22, and R27) did not have unsecured unauthorized medications stored at the bedside. This deficient practice had the potential to allow unauthorized access of medications to other residents and visitors in the facility.</p> <p>Finding include:</p> <p>Review of the facility policy titled, Medication Administration Guidelines (undated) under Purpose: The purpose of these guidelines is to promote the health and safety of the residents we serve by ensuring the safe assistance and administration of medications and treatments. Self-Administration: There may be occasions where a resident has been assessed to safely self-administer medications. In this case, the licensed nurse will assist the resident in maintaining the medications in a secure area and will be available for resource if the resident has questions regarding medication dosages side effects or effectiveness.</p> <p>1. Record review of R3's clinical record revealed the following diagnoses but not limited to Type 2 diabetes mellitus, schizophrenia, Alzheimer, and hypertension, The Quarterly Minimum Data Set (MDS) assessment dated [DATE] assessed a Brief Interview for Mental Status Score (BIMS) of 12 indicating resident had little to no cognitive impairment.</p> <p>Observation on 4/23/2024 at 9:01 am of R3's room revealed the following medicated cream Remedy Phyloplex (Antifungal and treatment ointment) and Remedy (Prevent Silicone Cream with zinc oxide) positioned on the bedside table within view. At the time of observation, R3 reported using the medicated cream (Remedy Prevent Silicone Cream with zinc oxide) daily on her sacral area. She stated that the nurse left the cream in the room.</p> <p>Review of R3's Self-Administration assessment dated [DATE] revealed that resident was not assessed to self-administer medications.</p> <p>2. Record review of R10 's clinical record revealed the following diagnoses but not limited to gastro-esophageal reflux disease, mild cognitive impairment, and hypertension, The Annual MDS assessment dated [DATE] assessed a BIMS of 15 indicating resident had little to no cognitive impairment.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 4/23/2024 at 10:56 am of R10's bathroom revealed peroxide and mupirocin 2% ointment cream in bathroom positioned on the sink. Resident stated that her wound nurse gave her the mupirocin ointment cream medication for her to self-apply to her vaginal area daily.</p> <p>Record review of R10's Physician Orders revealed an order for Mupirocin External Ointment 2 % (Mupirocin) Apply to skin boil on labia topically two times a day for skin boil start date 4/14/2024.</p> <p>Review of R10's Self-Administration assessment dated [DATE] revealed that resident was not assessed to self-administer medications.</p> <p>3. Record review of R22 's clinical record revealed the following diagnoses but not limited to chronic obstructive pulmonary disease, mild cognitive impairment, and hypertension, The Annual MDS assessment dated [DATE] assessed a BIMS of 15 indicating resident had little to no cognitive impairment.</p> <p>Observation of R22 's room on 4/23/2024 at 10:51 am revealed a small bottle of oral tooth gel on resident 's bedside nightstand within view. Interview at the time of the observation, R22 reported that he uses tooth gel for pain in his mouth every now and then. He reported that his family helped him purchase the gel.</p> <p>Review of R22's Self Administration assessment dated [DATE] revealed that resident has not been assessed to self-administer medications.</p> <p>4. Record review of R27 's clinical record revealed the following diagnoses but not limited to heart disease of native coronary artery, type 2 diabetes, hypertension, The Quarterly MDS assessment dated [DATE] assessed a BIMS of 15 indicating resident had little to no cognitive impairment.</p> <p>Observation on 4/2320/24 at 11:22 AM revealed the following items on the sink in R27 's bathroom a bottle of mouthwash with alcohol and a bottle of rubbing alcohol bottle within view. Resident shares the bathroom with two other residents in an adjoining room. Also, on the resident rolling bedside table was a small bottle of artificial tears within view. R27 reported that she uses the items alcohol and mouthwash without supervision for her own personal use but that the nurse will assist her with the artificial tears' meds. She stated that nurse left artificial tears in her room for her use.</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 an observation of rounds of R3, R10, R22, and R27's rooms on 4/23/2024 beginning at 1:11 pm and ending at 1:30 pm with the Director of Nursing (DON) and Licensed Practical Nurse (LPN) BB all medications and antiseptic products were confirmed in the residents' room. Both staff reported being unaware of the medications and products. LPN BB reported that resident was not assigned to them but assigned to LPN AA who was at lunch. The DON reported that none of the residents were care planned or assessed to self-administered medications or antiseptic products. The DON removed the medication from the resident 's room. She reported that the R22 was receiving antibiotics for his gums. She thinks that the R22 's family brought the medication to him. R27 eyedrops should be kept at the nurse station. R3 using the antibiotic vaginal cream could be an infection control issue if the resident were applying it. She confirmed the muciprion was an on the residents' Electronic Medical record (EMR) but could not confirmed if the nurse left or gave the med to the resident. R10 's zinc ointment should have been placed in the bedside drawer and not in the opening. She stated that zinc ointment was okay to leave in the room as long as secured in the drawer. She reported that the facility has Angels Guardian Rounds, and this is to monitor and inspect rooms for any identified concerns and this should include unauthorized items in the resident 's room. DON reported that she had not been in the resident room lately and that she has other guardian angels monitoring these rooms, every day.</p> <p>Interview on 4/23/2024 at 1: 30 am, with LPN AA confirmed that the eyedrops were in R27 's room. She denied leaving eye drops in the room. She reported that R3 's zinc ointment should have been placed in a secure place and not left at the bedside. She stated that she and certified nursing assistant were educated to place the zinc ointment or any incontinent cream items in a secure place. She stated that her expectation is for the CNA to bring the zinc ointment to her after use so she can place it in a cabinet near the nurse station. She reported being unaware of R27 using the vaginal cream independently without supervision from a nurse. She stated that nurses would apply the vaginal cream with a Q-Tip for infection control and wash the perineal area before applying. She reported being unaware of R10 's oral gel.</p>		

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<p>F 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>49138</p> <p>Based on observations and staff interviews, the facility failed to ensure a safe/clean/comfortable/homelike environment for one of three hallways (100 Hall), four of 34 bedrooms and two of 17 bathrooms on the 100 Hall. Specifically, the hallways had a loose handrail along the interior corridor, the frame on the exit door was jagged with rough edges at the bottom of the door, an old rusty inoperable heater was attached to the wall there were chips and scratches on the floor as residents entered the dining area. Additionally, residents' rooms and bathrooms contained black and sticky substances on the floors, basins uncovered, scraped and jagged closet doors, broken tiles, tiles pulled away from the wall, tiles with stains and dark brown sticky substance covering the floor and peeling paint. The facility census was 67 residents.</p> <p>Findings included:</p> <p>1. Observation on 4/23/2024 at 8:49 am revealed a loose handrail along the interior corridor on unit 100 hallway.</p> <p>Observation on 4/24/2024 at 9:49 am revealed a loose handrail along interior corridor on unit 100 hallway.</p> <p>Observation dated 4/25/2024 at 11:00 am revealed a loose handrail along interior corridor on unit 100 hallway.</p> <p>Interview walking rounds on 4/25/2024 at 11:13 am with Administrator and the Maintenance Director (MD) confirmed that the handrail along interior corridor on 100 hallway needed repair. MD stated that the handrail was a quick fix.</p> <p>Observation dated 4/23/2024 at 11:45 am revealed the flooring on unit 100 by the dining room was noted to have chips and scratches.</p> <p>Observation dated 4/24/2024 at 10:10 am flooring on unit 100 by the dining room was noted to have chips and scratches.</p> <p>Observation dated 4/25/2024 at 1:30 pm revealed the flooring on unit 100 by the dining room was noted to have chips and scratches.</p> <p>An Interview walking rounds on 4/25/2024 at 1:45 pm with Maintenance Director confirmed that the flooring needs repairs. He stated that a rug was covering that area but when the rug was pulled up the repairs needed were noticed. He stated that this could be a quick fix, but approval needs to go through the corporate office.</p> <p>36377</p> <p>2. Observations were conducted daily on 100 Hall during the survey time period of 4/23/2024 through 4/25/2024 during hours of 8:00 AM through 5:00PM.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The following environmental concerns were identified, confirmed, and addressed with the Administrator, Housekeeping Supervisor, and Maintenance Director on 4/25/2024 at 11:00 AM.</p> <ol style="list-style-type: none"> 1. Observation of Room-13 missing peeling paint on floor exposing dirty tiles, scraped closet door and bathroom doors. 2. Observation of Room-10 's bathroom floor tiles stained with a dark brown sticky substance at the base of the toilet and bathroom door damaged that prevented closure. 3. Observation of Room-4 scraped closet doors and frame edge of one closet door with protruding sharp jagged edges. 4. Observation of Exit door frame edge damage with missing frame at the bottom causing jagged sharp edges. 5. Observation of a wall mounted heater near the exit door covered with brown rust-colored substances. The Maintenance Director identified substances as rust. 6. Observation of Room-8 bathroom revealed two basins on the floor uncovered with dirt and debris. Dark wet coffee colored stain substances observed coating the tiles near the commode. <p>Interview on 4/25/2024 at 11:15 am, the Maintenance Director, Administrator, and Housekeeping Supervisor confirmed the environmental issues identified with each room. The Housekeeping Supervisor reported that her staff cleans the rooms daily and was unaware of the floor tile conditions in the bathrooms. The Administrator confirmed that the basin should not be on the floor and that the certified nursing assistant is responsible for sanitation of the basin. The Administrator reported that she was aware of the issues and the plan was to fix the identified items. She reported that the wall heater was not operable and can be removed.</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** 44959</p> <p>Based on observations, staff interviews, record review, and review of the facility policy titled, RAI/Care Planning Management, the facility failed to implement the care plan for one of five residents (R) R17. Specifically, the facility failed to ensure the plan of care was followed for R17 related to oxygen administration.</p> <p>Findings:</p> <p>Review of the facilities policy titled, RAI/ Care Planning Management, dated October 2023 revealed in the section Process for completing the MDS, CAAs, and Care plans, under Standard: It is the practice of this facility to conduct a comprehensive, accurate, state standardized, reproducible assessment of each resident's functional capacity. Under Objective number 1. To identify residents' individual needs and care requirements. Under section titled The Care Plan revealed care plans are to be accessible for clinical staff in order to facilitate care plan interventions or to update as indicated due to resident condition change.</p> <p>Review of the medical record for R17 revealed resident was admitted to the facility with a diagnosis of but not limited to chronic obstructive pulmonary disease (COPD) and shortness of breath. Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed under section O (Special Treatments and Programs) indicated oxygen use for the assessment look back period.</p> <p>Review of R17 care plan revealed under focus: resident has COPD and requires supplemental oxygen, Goal: Resident will be free of signs and symptoms of respiratory infections through review date, Interventions: oxygen settings as ordered.</p> <p>During initial screening on 4/23/2024 at 9:50 am, Surveyor observed resident in bed with the oxygen on and the oxygen was set at 4.5 L/M.</p> <p>Second Observation on 4/23/2024 at 11:30 am revealed R17 oxygen level was still set at 4.5 L/M.</p> <p>Interview on 4/24/2024 at 4:15 pm with Director of Nursing (DON) revealed her expectations for nurses was to monitor and make sure the oxygen is set at the correct level per physician order for residents receiving oxygen therapy and for the staff to follow the residents plan of care.</p> <p>Interview on 4/25/2024 at 9:10 am with MDS Coordinator revealed that the care plan for R17 indicates her oxygen should be administered as ordered by the physician. Further interview also revealed that she expects the nurses to follow the physicians' orders and the residents plan of care.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44959</p> <p>Based on observations, resident and staff interviews, record review, and review of the facility policy titled, Oxygen, Administration-Delivery Device , the facility failed to ensure oxygen was administered as ordered by the physician for one of five residents (R), R17.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Oxygen, Administration-Delivery Device, dated August 2021 revealed under Purpose: To provide oxygen support when indicated via appropriate delivery device to achieve or maintain adequate oxygenation to the respiratory compromised resident. Further review under Guidelines number 3(a) Excessive levels of oxygen over a period may result in disorders associated with hyper-oxygenation.</p> <p>Review of the clinical record revealed R17 was admitted to the facility with the diagnoses of but not limited to chronic obstructive pulmonary disease, and shortness of breath.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed R17 had a Brief Interview for Mental Status (BIMS) score of 13, indicating little to no cognitive impairment. Review of Section O (Special Treatments and Programs) indicated oxygen use.</p> <p>Review of the Physician's Orders dated 4/11/2024 revealed O2 (oxygen) at 2 liters per minute (L/M) continuously via nasal canula every shift, change O2 tubing and water bottle weekly every night shift every Sun.</p> <p>During initial screening on 4/23/2024 at 9:50 am, Surveyor observed resident in bed with the oxygen on and the oxygen was set at 4.5 L/M.</p> <p>Second Observation on 4/23/2024 at 11:30 am revealed R17 oxygen level was still set at 4.5 L/M.</p> <p>Interview on 4/23/2024 at 11:39 with Licensed Practical Nurse (LPN) AA confirmed that the oxygen was set at 4.5 L/M. Surveyor asked what the ordered amount of oxygen for R17 was, she stated that she was not sure but will look at the physician order. After reviewing the physicians' orders for R17, LPN AA confirmed that the order is for oxygen at 2 L/M.</p> <p>Interview on 4/23/2024 at 11:50 am with LPN BB regarding residents' oxygen that is set at 4.5 L/M revealed that physician order was for oxygen at 2 L/M. She stated that she continues to check on R17 and did not know whether the resident changed the oxygen or not.</p> <p>Interview on 4/24/2024 at 11:30 am R17 stated that she is not a nurse and did not touch the oxygen tank to change the setting, and that she only puts the nasal canula in her nose.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 4/24/2024 at 4:15 pm with Director of Nursing (DON) revealed her expectations for nurses was to monitor and make sure the oxygen is set at the correct level per physician order for residents receiving oxygen therapy. The surveyor asked if a resident will be at risk of adverse reaction when the oxygen level is higher than what the order says. DON revealed that the resident would be at risk of adverse reaction especially if the resident has COPD.</p> <p>Interview on 4/25/2024 at 9:10 am with MDS Coordinator revealed that the care plan for R17 indicates her oxygen should be administered as ordered by the physician. Further interview also revealed that she expects the nurses to follow the physicians' orders and the residents plan of care.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>36377</p> <p>Based on staff interviews, record review, and review of the PBJ (Payroll Based Journal) [NAME] Report for the First Quarter (Q1) of Fiscal Year 2024, the facility failed to accurately report direct care staffing data to the Centers for Medicare and Medicaid (CMS). The facility census was 67 residents.</p> <p>Findings include:</p> <p>A review of the PBJ [NAME] Report for Q1 2024, October 1 through December 31, revealed the Staffing Data Report triggered for excessively low weekend staffing and a one-star staffing rating (Failure to submit PBJ data by the deadline, more than 4 days in the quarter without RN (Registered Nurse) Staffing hours, failure to respond to, submit documentation for, or failure to pass a CMS audit designed to discover discrepancies in PBJ data).</p> <p>A review of the facility's documents titled Daily Staff Posting, and PBJ Time, from October 2023 through December 2023, revealed discrepancies between the total number of hours nursing staff worked on the weekends and the total number of nursing hours worked reported to CMS.</p> <p>Interview with the Director of Nursing (DON) on 4/24/2024 at 2:30 pm, she reported being unable to explain the discrepancy. She has had to work weekends to ensure coverage and during the weekdays as a nurse on the floor to ensure coverage. She also reported her nursing staff and certified nursing assistant have worked hours over to ensure coverage. The discrepancy would have to have come from the prior DON and Administrator.</p> <p>Interview with the Administrator and Regional [NAME] President on 4/24/2024 at 10:42 am, the Administrator could not offer any explanation. She reported her hire date was after that period.</p> <p>Interview on 4/23/2024 at 3:00 pm, the Regional [NAME] President reported that the current Administrator is newly hired, and the former leadership (Administrator and DON) are no longer working. This would be hard to determine what happened in reference to the low staffing, and the accuracy of the PBJ reports submitted. It would be hard to determine the baseline and to determine the shortage of staff. She stated that the facility was currently in compliance with RN coverage and staffing. She acknowledged the one-star staffing rating and said that everyone was working hard to get staff into 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>49673</p> <p>Based on observations, staff interviews, and review of a job description titled, Laundry Worker, the facility failed to follow infection control practices by not having a clean and sanitary environment in the laundry department and a heavy buildup of dust, dirt, and grime to prevent cross contamination of dirty and clean laundry. The census was 67 residents.</p> <p>Findings Include:</p> <p>Review of undated job description titled, Laundry Worker revealed, Work Area Maintenance: cleans and sanitizes the work area including machines, worktables, and sorting area.</p> <p>Observation during tour of the laundry department on 4/25/2024 beginning at 9:42 am revealed the following:</p> <ol style="list-style-type: none"> Spider webs and a buildup of dust noted on walls, ceiling tiles and pipes, and behind the washing machines and dryers. A heavy buildup of dust, dirt, and grime on the pipes, electrical cords, and floor behind the washing machines and dryers. Heavily soiled and dusty cloths used as a filler surrounding the air condition unit in the clean sorting and folding area. A pink bath pan under the handwashing sink filled with dark colored liquid (water). Water was leaking from under the sink into the pan and had been there long enough it had run over onto the floor, and unidentifiable black spots on the rim of the pan. <p>Interview on 4/25/2024 at 9:20 am, Licensed Practical Nurse (LPN) KK revealed the facility was currently using agency staff for housekeeping and laundry.</p> <p>Interview on 4/25/2024 at 9:55 am with the Housekeeping Manager (HM) revealed she had been employed with the company for seven years. HM reported staff were to clean the laundry every day at the end of shift; staff were to sweep, clean lint traps, and make sure nothing was on the floor. She confirmed dust was on pipes, ceiling, on cloth/fabric filler around air conditioner (AC), around an old air unit that was sealed off with cardboard and blue tape, and the handwashing sink had been leaking. HM stated maintenance performed deep cleaning and it had been a while since deep cleaning was done.</p> <p>Interview on 4/25/2024 at 10:20 pm with the Maintenance Director (MD), and Corporate Maintenance (CM) revealed that housekeeping staff were responsible for cleaning in the laundry department. He was not aware of any cleaning or maintenance issues in the laundry department. CM and MD reviewed pictures, and confirmed the laundry department were unclean, unsanitary, and they would make immediate corrections as indicated.</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>Interview on 4/25/24 at 12:57 pm the with Administrator revealed that her expectations were for the laundry department to be clean and sanitary. She stated that the folding/sorting room needed a new AC /heat unit and that she had to complete a capital expenditure request to corporate because the expense is over \$500. She stated staff, she assumed, put towels and other materials under the window unit in the folding/sorting room, to block cold air from getting in since there have been cool temperatures in the mornings. She revealed her expectations were that staff clean daily and that maintenance clean the high, out of reach ceilings.</p>