STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115541	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crossview Care Center	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)
F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to manage his or her financial affairs. Based on resident and staff interviews, record review, and review of facility policy, the facility failed to ensure the timely availability of personal resident funds for four of four residents reviewed for access to personal funds out of a total sample of 20 residents (Resident (R) 14, R53, R25, and R29) of 20 sampled residents. Specifically, the facility's banking hours were limited to time when business office staff were in the facility and residents did not have access to their money after office hours, weekends, or holidays. If residents requested money for $99.00 or more the resident had to request it from the facility and then the facility had to request it from Central Office and then the resident would have to wait three working days before resident would get a check. The resident then had to find someone to cash their check. There was no bank in the town, and the facility had no transportation to take any residents to the bank. This failure had the potential to affect any resident for whom the facility kept personal funds. Findings include: Review of the facility's policy titled, RFMS (Resident Fund Money Services), most recently revised on 7/1/2025, read, in pertinent part, It is the policy of Residents' can withdrawal no more than $99 from the petty cash box (this allows for numerous residents to get funds daily) - Per tag F567 requests for money $99 or lower must be provided same day - only amount over $100 must be provided to residents within 3 business days. Residents requesting funds of $100 or more must sign a receipt - receipt is sent to CBO [Cash Balance Order] to complete a withdrawal within RFMS once RFMS approved check will be printed out in resident' name or (designated Name resident assigns) and given to resident. Residents/families or responsible for cashing check. Residents can withdrawal no more than $99 from the petty cash box (this allows for numerous residents to get funds daily) - Per tag F567 requests for money $99 or lower must be provided same day - only amount over $100 must be provided to residents within 3 business days. Residents requesting funds of $100 or more must sign a receipt - receipt is sent to CBO to complete a withdrawal within RFMS once RFMS approved check will be printed out in resident' name or (designated Name resident assigns) and given to resident. Residents/families or responsible for cashing check. 1.Review of R14's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 8/18/2024, revealed that the resident was cognitively intact, based on a Brief Interview for Mental Status (BIMS) score of 15 out of 15. During an interview with R14 on 12/3/2025 at 10:55 am, he indicated he had requested money back in November 2025 and had not received any as of this time (12/3/2025). Review of a Check Cashing Authorization note that he had requested money on 11/10/2025 for $200. R14 stated he could not go out of the facility to get his check. He stated that administration takes them to cash the check for him. When asked if he could get money in the evening or on weekends he stated, No just from the office. You have to get money from the office during the day, and I am not sure if they can [office open/money available] on the weekend. (continued on next page)

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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F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2.During an interview on 12/3/2025 at 11:15 am, R53 voiced she had not received the money that she requested on 11/10/2025. She had wanted to take it with her to family for Thanksgiving. R53 expressed that she still had not yet received that money [as of 12/3/2025]. On 12/3/2025 at 3:45 pm, R53 stated that she could only get money during office hours. 3. On 12/3/2025 at 10:52 am, R25 stated she had not received any money that she had requested in November 2025. R25 stated that she had received checks before and her pastor had taken her checks to the bank and cashed them for her. R25 stated she was unable to go out of facility to cash her checks because she was in a wheelchair and the facility had no transportation to take her to get her check cashed. When asked if she could get money in the evening or on weekends she stated, No. 4). R29's quarterly MDS with an ARD of 7/22/2024, revealed that the resident was cognitively intact, based on a BIMS score of 15 out of 15. On 12/03/25 at 4:55 PM, R29 stated she had not received any money that she had requested in November. R29 stated that she had received checks before and the Administrator had taken her checks to the bank and cashed them for her. R29 stated she is unable to go out of facility to cash her checks facility had no transportation to take her to get her check cashed. When asked if she could get money in the evening or on weekends she stated, No. During an interview with the Administrator and the Corporate staff (C1) on 12/3/2025 at 2:33 pm, provided an e-mail that noted (RE: RFMS Issue) from Senior [NAME] President of Revenue (REV1) .@beaconhc.net> To: [C1] at .@altamahanh.com> Body of Email reads,We just located check requests on the following residents that was sent on 11/11/25 and miss filed .[R29] for $100[R14] for $200[R25] requested $300 only has $200All of these are being keyed in today (12-02-2025) and will be sent to facility by Thursday (12-04-2025) PS facility never sent an email following up on the request .Thanks[REV1]Sr [NAME] President of Revenue Cycle Management/Beacon Health Management/15310 [address]. During an interview with the Administrator and the C1 on 12/3/2025 at 2:33 pm, both confirmed the facility's cashier's office was open during office hours and there was no access to money during the evening hours or on weekends or holidays.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on record review, staff interviews, and facility policy review, the facility failed to enter a Do Not Resuscitate (DNR) status in the electronic medical record (EMR) and failed to obtain a corresponding physician's order for one of two residents (Resident (R) 30) reviewed for Advance Directives (AD) from a sample size of 20 residents. This failure had the potential to have R30's end-of-life wishes not honored. Findings include: Review of the facility's policy titled, Advanced Directives, dated January 2025, revealed: Policy: The facility must inform and provide written information to all residents concerning the right to accept or refuse medical or surgical treatment. Process: upon admission/readmission, the facility will upload a copy to the residents chart. the social worker, and or nursing will determine the residents decision making process capacity quarterly.during the care plan review to ensure the residents wishes. further review of the policy revealed Practitioner Orders for Life-Sustaining Treatment (POLST). Review of the facility's policy titled, Physician Service, dated January 2025, revealed, Physicians Services: .other orders to meet the specific needs of the resident.8. No medications, treatments, diet orders, therapy procedures of any kind. are to be administered to any resident without a physicians order. Procedure: the nurse who notes the order will transcribe the order onto the appropriate Medication Administration Record (MAR), .Treatment Administration (TAR) or any other records. Review of R30's Face Sheet, undated, revealed an admission date of 9/15/2025. Further review of the Face Sheet revealed code status was blank. Further review of the EMR Profile page revealed code status also was blank. Review of R30's EMR under the Orders, tab revealed no code status order was written on or around R30's admission date of 9/15/2025. However, an order for DNR was written on 12/2/2025 after the facility was made aware of the concern. Review of R30's Practitioners Orders for Life-Sustaining Treatment (POLST) dated 9/24/2025 located in the EMR under the tab Documents indicated allow natural death and do not attempt resuscitation. Interview with the Licensed Practical Nurse (LPN) 2 on 12/2/2025 at 1:29 pm, verified code status was to be documented in the EMR, Care Plan, the POLST and in the Red Book. LPN2 stated the Red Book was located at the nursing station and contained all the residents Advance Directives and code statuses. Review of the Red Book verified it contained the residents' face sheet, a POLST form and a purple or green sticker. The purple sticker indicated DNR and the green sticker full code. During this same interview LPN 2 verified R30 did not have a care plan that indicated the resident's code status. LPN2 also stated that a doctor's order should have been written the day of or shortly after the resident's admission of 9/15/2025. LPN2 verified that the Red Book was one of the first and most convenient places for the nursing staff to look in a time of emergency. Review of the Red Book verified that R30's POLST and purple sticker were included to indicate her DNR code status. Interview with the facility Administrator on 12/3/2025 at 10:07 am revealed the facility staff were to ensure there was a written doctor's order identifying all residents' end-of-life wishes upon admission to the facility.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, record review, and review of the Resident Assessment Instrument (RAI) manual, the facility failed to ensure the accuracy of the Minimum Data Set (MDS) assessments for one resident (Resident (R) 74) out of a total sample of 20 residents. This failure placed the residents at risk of having unmet care needs and services.Findings include:Review of the RAI Manual 3.0, dated 10/2019, revealed .If a Minimum Data Set (MDS) assessment is found to have errors that incorrectly reflect the resident's status, then that assessment must be corrected . Review of R74's medical face sheet found under the Clinical, tab of the electronic medical record (EMR), revealed R74 had diagnoses which included; candidal sepsis, anemia, hypertension, seizure disorder, anxiety disorder, depression, schizophrenia, anorexia, malignant neoplasm of overlapping colon, personal history of malignant neoplasm of the breast, and malignant neoplasm of bronchus.Review of R74's hospital notes located under the Document Manager tab revealed that R74 was hospitalized on [DATE] for surgical procedure to have an open hemicolectomy to remove a portion of the colon due to cancer, resident was then admitted due to complications and remained in the hospital until 10/22/2025.Review of R74's quarterly MDS assessment, located in the EMR under the MDS tab and with an Assessment Reference Date (ARD) of 11/3/2025, indicated R47 had an active diagnosis of candidal sepsis, anemia, hypertension, seizure disorder, anxiety disorder, depression, schizophrenia, anorexia. The MDS did not indicate cancer.During an interview on 12/3/2025 at 9:10 am, the facility's Director of Nurses (DON) reviewed R74's EMR and stated R74 was previously in the hospital for colon cancer on 7/21/2025. The DON stated that a diagnosis should be on the MDS. During an interview on 12/3/2025 at 9:25 am, the MDS Coordinator (MDSC) stated she completed the diagnosis section on R74's 11/3/2025 quarterly MDS. The MDSC reviewed R74's EMR and confirmed R74's quarterly MDS of 11/3/2025 was inaccurately coded for the diagnosis of cancer.