STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115543	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cartersville Crossing of Journey LLC	22 Maple Ridge Drive S.E. Cartersville, GA 30120

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, record review, and review of the facility's policy, the facility failed to ensure residents were served food that was palatable to seven of seven residents (Resident (R) 10, R24, R39, R7, R58, R46, and R29) reviewed for food palatability out of 28 sampled residents. This failure had the potential to affect 71 residents who consumed food prepared from the facility's kitchen and could result in residents skipping meals and experiencing weight loss. Findings include: Review of facility's undated policy titled, Menus and Adequate Nutrition,. item five indicated the menus shall reflect input from residents and resident groups. 1. Review of R10's quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 12/09/25 and located in the resident's electronic medical record (EMR) under the MDS tab revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact. During an interview on 01/05/26 at 1:05 PM, R10 stated the food served at the facility did not taste good. R10 stated she preferred having chicken noodle soup, but it was always cold and tasteless. R10 stated that all meals needed to be improved, not just the chicken noodle soup. 2. Review of R24's quarterly MDS with an ARD of 08/18/25 and located in the EMR under the MDS tab revealed a BIMS score of 15 out of 15, which indicated the resident was cognitively intact. During an interview on 01/05/26 at 1:35 PM, R24 stated the food served at the facility was not consistent. R24 stated that some meals tasted good and other meals did not taste good at all. 3. Review of R39's admission MDS with an ARD of 12/10/25 and located in the EMR under the MDS tab revealed a BIMS score of 15 out of 15, which indicated the resident was cognitively intact. During an interview on 01/05/26 at 1:55 PM, R39 stated the meals were tasteless and bland. 4. Review of R7's quarterly MDS with an ARD of 12/23/25 located in the resident's EMR under the MDS tab indicated R7's BIMS score was 15 out of 15 which indicated R7 was cognitively intact. Interview on 01/05/26 at 12:49 PM, R7 stated that the vegetables on the lunch meal tray tasted bland and the mashed potatoes tasted watery. 5. Review of R58's quarterly MDS with an ARD of 12/23/25 in the EMR under the MDS tab indicated R58's BIMS score was eight out of 15 which indicated R58 was moderately cognitively impaired. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115543	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cartersville Crossing of Journey LLC	22 Maple Ridge Drive S.E. Cartersville, GA 30120

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview on 01/05/26 at 12:51 PM, R58 stated the vegetables on the lunch meal tasted bland. 6. Review of R46's admission MDS with an ARD of 12/15/25 in the EMR under the MDS tab indicated R46's BIMS score was 15 out of 15 which indicated R46 was cognitively intact. Interview on 01/05/26 at 12:54 PM, R46 stated that the hot foods on the lunch tray tasted warm. 7. Review of R29's quarterly MDS with an ARD of 12/19/25 in the EMR under the MDS tab revealed R29's BIMS score was 15 out of 15 which indicated R29 was cognitively intact. Interview on 01/05/26 at 12:56, R29 stated that the meat and vegetables on the lunch tray tasted bland and that she had to use her salt and pepper to season them. On 01/07/26 a test tray was requested in response to R6, R10, R24, R36 and R39's complaints about the facility's food palatability. Observation on 01/07/26 at 1:15 PM revealed the 200 Hallway meal cart which contained the requested test tray left the kitchen. The last resident was served their meal tray at 1:35 PM and the test tray was removed from the meal cart. Present were the Registered Dietitian (RD), the Dietary Director (DD) and the Dietary Manager (DM). The RD utilized a calibrated facility thermometer to obtain temperatures of the food and beverages served on the test tray. The RD, DD, and DM tasted the food served on the requested test tray. Temperature checks and tasting of the food served on the test tray revealed the following: a. The RD, DD, and the DM tasted the meatloaf, and all agreed that it lacked flavor and taste. b. The RD, DD, and the DM tasted the carrots and confirmed they were soggy, watery, and lacked flavor and taste. c. The RD, DD, and the DM tasted the green beans, and all agreed the green beans were mushy and tasteless. d. The RD, DD, and the DM also tasted the chicken noodle soup and agreed that it lacked flavor and taste. During an interview on 01/07/26 at 1:45 PM, the RD stated the kitchen followed the [NAME] (the name of the food distribution company) Cycle Menu recipes and food preparation instructions. The RD stated the [NAME] Cycle Menus were heart healthy and restricted salt, butter, and oils in the recipes. The RD also stated that the facility required the menus to be followed to provide the residents with a heart healthy diet.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115543	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cartersville Crossing of Journey LLC	22 Maple Ridge Drive S.E. Cartersville, GA 30120

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 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly Based on staff interview, record review, and review of the facility's policy, the Quality Assurance and Performance Improvement (QAPI) committee failed to ensure the required members of the committee attended the quarterly meetings. This failure had the potential to affect all 71 residents who currently live in the facility.Findings include: Review of the facility's policy titled, Quality Assurance and Performance Improvement (QAPI), dated 03/20/25 revealed, Policy: It is the policy of this facility to develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life and addresses all the care and unique services the facility provides. Policy Explanation and Compliance Guidelines: l. The QAPI program includes the establishment of a Quality Assessment and Assurance (QAA) Committee and a written QAPI Plan. 2. The QAA Committee shall be interdisciplinary and shall: a. Consist at a minimum of:i. The Director of Nursing Services; ii. The Medical Director or his/her designee; iii. At least three other members of the facility's staff, at least one of which must be the Administrator, owner, a board member or other individual in a leadership role; and iv. The Infection Preventionist. A review of the sign-in sheet for the first quarter 2025 (January, February, March) QAPI meeting dated 02/19/25 and provided by the facility revealed the Administrator and Medical Director were not present at the meeting. During the QAPI interview on 01/08/26 at 3:20 PM, the Administrator stated, The Interim Administrator at that time and the Medical Director were not available to be at the meeting; however, we went ahead with the meeting anyway. Neither was present either physically or via phone and that is why there are no signatures for them on the sign-in sheet.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115543	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cartersville Crossing of Journey LLC	22 Maple Ridge Drive S.E. Cartersville, GA 30120

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on staff interviews, record review, and review of the facility's policy, the facility failed to ensure the resident and/or their Resident Representative (RR) received the required written notice of transfer and a bed hold notice which included all the required information upon their emergent transfer to the hospital for four of 47 sampled residents (R) (R6, R7, R38, and R3). This failure had the potential to affect all residents and their RRs of the facility by not having the knowledge of how to appeal the transfer, if desired, and the mailing address of the Ombudsman which could contribute to the possibility of denial of re-admission and loss of the resident's home following hospitalization for any resident transferred to the hospital from the facility.Findings include: Review of the facility's policy titled, Transfer and Discharge (including Against Medical Advice (AMA) dated 03/20/25 indicated, Policy Explanation and Compliance Guidelines.3. The facility's transfer/discharge notice will be provided to the resident and resident's representatives in a language and manner in which they can understand. The notice will include all of the following.3. d. An explanation of the right to appeal the transfer or discharge to the State. f. Information on how to obtain an appeal form. g. Information on obtaining assistance in completing and submitting the appeal hearing request. h. The.mailing address of the representative of the Office of the State Long-Term Care Ombudsman.10. Emergency Transfer to Acute Care.g. Provide a notice of transfer and the facility's bed hold notice policy to the resident and representative. Review of the facility's undated policy titled, Bed Hold indicated, .The resident and a family member or legal representative of the resident will be notified of the Center's Bed Hold policy.upon transfer from the Center. 1. Review of R6's Progress Notes dated 01/02/26 at 7:15 PM, located in the resident's electronic medical record (EMR) under the Progress Notes tab revealed Resident complaints of chest pain with pressure and tightness all over body, shortness of breath and nausea.NP [Nurse Practitioner] orders to send resident to ER [Emergency Room] . Review of Progress Note dated 01/02/26 at 7:50PM, revealed, EMS [emergency medical services] here to pick up resident. Review of R6's SNF/NF [Skilled Nursing Facility/Nursing Facility] to Hospital Transfer Form dated 01/02/26 and provided by the facility revealed the transfer notice failed to include how to appeal the transfer and the mailing address of the Ombudsman. The facility's Administrator did not provide evidence for the 01/02/26 transfer to the ER, the resident and RR received the Bed-Hold Notice document. 2. Review of R7's Progress Note dated 09/27/25 at 2:18 AM and located in the resident's EMR under the Progress Notes tab revealed, Resident observed sitting on the floor.nurse noted resident's right wrist to be misshapen and swollen, resident was unable to move her fingers and was in a great deal of pain.NP gave an order to send resident to hospital for further evaluation. Review of R7's SNF/NF to Hospital Transfer Form dated 09/27/25 and provided by the facility revealed the transfer notice failed to include how to appeal the transfer and the mailing address of the Ombudsman. Review of the Bed-Hold Notice dated 09/27/25 failed to document whether the resident or RR received the bed-hold notice. 3. Review of R38's Progress Note dated 12/08/25 at 12:40 PM located in the resident's EMR under (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115543	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cartersville Crossing of Journey LLC	22 Maple Ridge Drive S.E. Cartersville, GA 30120

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the Progress Notes tab revealed, Lab result hgb [hemoglobin] 3.8.NP notified and gave order to send to ER .911 here to transport resident to.ER. Review of R38's SNF/NF to Hospital Transfer Form dated 12/08/25 and provided by the facility revealed the transfer notice failed to include how to appeal the transfer and the mailing address of the Ombudsman. Review of the Bed-Hold Notice dated 12/08/25 failed to document whether the resident or RR received the bed-hold notice. 4. Review of R3's Progress Note dated 12/24/25 at 10:33 AM and located in the resident's EMR under the Progress Notes tab revealed, Dr. made rounds and requested resident to be send to ER for eval [evaluation] due to shortness of breath. Progress note dated 12/24/25 at 2:37PM indicated, sent to.ER. Review of R3's SNF/NF to Hospital Transfer Form, dated 12/24/25 and provided by the facility revealed the transfer notice failed to include how to appeal the transfer and the mailing address of the Ombudsman. Review of the Bed-Hold Notice dated 12/24/25 failed to document whether the resident or RR received the bed-hold notice. Record review and interview on 01/08/26 at 10:30 AM, revealed after the review of the transfer notice, the Administrator could not find any evidence on the transfer notice of the appeal rights, the State's LTC Ombudsman's mailing address, or evidence the resident or the RR received the bed hold notice. Interview on 01/09/26 at 11:19 AM, the Administrator confirmed that she had no evidence that the bed hold notice policy was provided to the residents or RRs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115543	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cartersville Crossing of Journey LLC	22 Maple Ridge Drive S.E. Cartersville, GA 30120

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 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 record review and staff interview, the facility failed to ensure resident assessments were accurately completed for one of 47 sampled residents (Resident (R) 80). R80's Minimum Data Set (MDS) assessment did not reflect the resident's hospice status. This deficient practice had the potential to lead to inaccurate reimbursements and unmet care needs for the resident. Findings include: Review of R80's undated admission Record located in R80's electronic medical record (EMR) under the Profile tab revealed R80 was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses which included metabolic encephalopathy, senile degeneration of brain. Review of R80's quarterly MDS, located in the EMR under the MDS tab with an Assessment Reference Date (ARD) of 12/23/25, failed to document that R80 was receiving hospice services. Review of R80's Physician Order located in the EMR under the Orders tab revealed R80 was admitted to hospice care effective 03/19/26. During an interview on 01/07/26 at 12:50 PM, the Administrator stated, The MDS with an ARD of 12/23/25 was improperly coded and did not reflect [R80] as receiving hospice services.