

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115544	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Pine View Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 411 Pine Street Sylvania, GA 30467	

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** 50272</p> <p>Based on observations, resident and staff interviews, record review, and review of the facility's policy titled, Bedside Medication Storage, the facility failed to ensure unauthorized medications were not stored at the bedside for one of 40 sampled residents (R) (R10). This deficient practice had the potential to place R10 at risk of the use of unauthorized medications in an unsafe manner.</p> <p>Findings Include:</p> <p>A review of the facility's policy titled, Bedside Medication Storage, revision date 8/2020, revealed the Policy section stated, Bedside medication storage is permitted for residents who wish to self-administer medications, upon the written order of the prescriber and once self-administration skills have been assessed and deemed appropriate in the judgment of the facility's interdisciplinary resident assessment team (or equivalent). The Procedures section included 1. A written order for the bedside storage of medication is present in the resident's medical record. 2. Bedside storage of medications is indicated on the resident Medication Administration Record (MAR) and in the care plan for the appropriate medications. 6. All nurses and aides are required to report to the charge nurse on duty any medications found at the bedside not authorized for bedside storage and to give unauthorized medications to the charge nurse for return to the family or responsible party. Families or responsible parties are reminded of this procedure and related policy when necessary.</p> <p>A review of R10's electronic medical record (EMR) revealed an admitted [DATE] with diagnoses including, but not limited to, hypo-osmolality and hyponatremia, cardiomegaly, essential (primary) hypertension, and muscle weakness.</p> <p>A review of R10's Admission Minimum Data Set (MDS) assessment dated [DATE] revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 14 (indicating little to no cognitive impairment) and Section GG (Functional Abilities and Goals) documented R10 required assistance with activities of daily living (ADLs).</p> <p>A review of R10's care plan revealed no care plan area for self-administration of medication.</p> <p>A review of R10's Physician Orders revealed no order for self-administration of medications.</p> <p>Further review revealed there was no physician's order for Gold Multi + Vita -Lea with Vitamin K.</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>An observation and interview on 12/3/2024 at 11:05 am with R10 revealed a bottle labeled Gold Multi + Vita -Lea with Vitamin K 120 capsules on her bedside table. R10 revealed she had been taking the vitamins before she was admitted to the facility and had continued to take them at the facility. R10 stated the staff knew she had the vitamins.</p> <p>An observation on 12/4/2024 at 10:01 am revealed one bottle of Gold Multi + Vita -Lea with Vitamin K 120 capsules was seen on her bedside table.</p> <p>In an interview on 12/4/2024 at 12:02 pm, Certified Nursing Assistant (CNA) BB confirmed R10 was not allowed to have any medications at the bedside.</p> <p>In an interview on 12/4/2024 at 12:21 pm, Licensed Practical Nurse (LPN) CC confirmed that medications are not allowed at the bedside unless specifically authorized by the physician. LPN CC confirmed the medications at R10's bedside and removed the medications. LPN CC stated staff members should be vigilant about medications at the bedside and notify the charge nurse immediately if any were found.</p> <p>In an interview on 12/4/2024 at 11:50 am, the Director of Nursing (DON) revealed there should never be any medications at the bedside. The DON stated there was a risk of overdose if medications were left at the bedside. The DON further stated if a resident wished to take vitamins or other supplements, the physician should be contacted, and the appropriate protocol should be followed.</p> <p>In an interview on 12/4/2024 at 12:36 pm, the Administrator confirmed residents were not allowed to have medications at the bedside table. The Administrator stated allowing medications at the bedside posed a risk, and various negative outcomes could occur. The Administrator stated staff members were expected to remove medications they observed at the bedside to ensure the safety of the residents.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>49673</p> <p>Based on observations, staff interviews, and review of the facility policy titled, Environment, the facility failed to provide a safe, functional, sanitary, and comfortable environment on three of five halls and one of two shower rooms. These deficient practices had the potential to place residents at risk of living in an unsanitary living environment and a potential for diminished quality of life. The facility census was 97 residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Environment, dated 12/5/2018, revealed the Policy section stated, In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. The Policy Explanation and Compliance Guidelines section included . 9. General considerations: a. Minimize orders by disposing of soil linens properly and reporting lingering orders at bathrooms needing cleaning to housekeeping department.</p> <p>Observations on 12/3/2024 at 1:00 pm revealed patched walls at the end of A Hall and stained ceiling tiles on A Hall.</p> <p>Observations on 12/5/2024 at 3:31 pm revealed the Shower Room on C Hall had missing floor tiles, scuffed walls, and a foul odor. Further observation revealed stained ceiling tiles on C Hall.</p> <p>During a concurrent interview and observations on 12/6/2024 at 1:44 pm, the Administrator and Maintenance Director confirmed the patched walls at the end of A Hall and the missing floor tiles and scuffed walls in the C Hall Shower Room. They further confirmed stained ceiling tiles on A Hall and C Hall.</p> <p>50524</p> <p>Observation on 12/3/2024 at 10:00 am revealed an unpleasant odor on the D Hall.</p> <p>Observation on 12/4/2024 at 11:00 am and 5:20 pm revealed an odor of urine on the D Hall. The odor was strongest close to room D2 and between rooms D9 and D10.</p> <p>In an interview on 12/4/2024 at 5:34 pm, Certified Nursing Assistant (CNA) JJ confirmed the odor of urine on the D Hall and confirmed the odor was strongest close to room D2 and between rooms D9 and D10. She stated the D Hall usually had an unpleasant odor. She further stated there were bins in the hallway between rooms D9 and D10 which contained linen and incontinence pads, and they were usually emptied by the CNAs on the units. She confirmed the bins needed to be emptied.</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 - Some</p>	<p>In an interview on 12/4/2024 at 5:43 pm, the Director of Nursing (DON) confirmed the D Hall had an unpleasant odor. She stated her expectations were for the hallways to be odor-free. She stated the outcome of unpleasant odors could negatively affect the residents.</p> <p>In an interview on 12/5/2024 at 11:20 am, Environmental Services Lead TT stated one of the two large black garbage bins in the D Hall contained incontinence trash of urine and feces, and the other one had dirty resident laundry. She stated she did not know why the D Hall was the only hall with those bins, but they had always been there. She further stated the CNAs would change the residents and often leave the soiled undergarments in the bins. She stated she believed the bins were the reason for the D Hall smelling bad.</p> <p>In an interview on 12/6/2024 at 11:00 am, the Administrator stated she expected the facility to not have unpleasant odors. She confirmed the D Hall had unpleasant odors and stated she expected unpleasant odors to be addressed quickly.</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50374</p> <p>Based on staff interviews, record review, and review of the facility's policy titled, Bed Hold Policy, the facility failed to provide written bed hold notices for one of three residents (R) (R201) reviewed for hospitalization . This failure had the potential to place R201 at risk of possible denial of re-admission and loss of their room following a transfer to the hospital.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled, Bed Hold Policy revealed, There will be times that the resident is out of the facility overnight, whether due to a hospital stay. Should any events occur there are clear guidelines regarding payment source to maintain, or hold the resident's bed in the facility.</p> <p>Review of R201's Admission Record revealed R201 was admitted to the facility on [DATE].</p> <p>Review of the Discharge Minimum Data Set (MDS) assessment dated [DATE] revealed Section A (Identification Information) documented R201 was discharged to a short-term hospital with an anticipated return.</p> <p>Review of the Discharge Minimum Data Set (MDS) assessment dated [DATE] revealed Section A (Identification Information) documented R201 was discharged to a short-term hospital with an anticipated return.</p> <p>Review of the Nurse's Notes revealed an entry dated 7/24/2024 at 12:21 pm of Resident was transferred Hospital. [sic] The reason for transfer is an immediate transfer or discharge is required by the resident's urgent medical needs . At the time of transfer, the resident was Alert, disoriented, but can follow simple instructions.</p> <p>Review of the Nurse's Notes revealed an entry dated 8/4/2024 at 12:37 am of .Resident had abnormal breathing . SN [Skilled Nurse] called PCP [Primary Care Physician]. PCP stated sent to the ER [emergency room]. SN called EMS [emergency medical services]. They arrived around 0020. SN gave report to ER nurse and updated resident brother.</p> <p>In an interview on 12/5/2024 at 3:30 pm, the Business Office Manager (BOM) and Administrator verified there was not a bed hold notice provided for R210 for 7/23/2024 and 8/4/2024. The Administrator stated the families were made aware of the bed hold policy at admission, and it is a part of their admission packet. The BOM confirmed she does not provide a bed hold policy when a resident is transferred to the hospital.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50272</p> <p>Based on staff interviews and record review, the facility failed to ensure Minimum Data Set (MDS) assessments were accurately coded to reflect the resident's status at the time of the assessment for one of 40 sampled residents (R) (R42). This deficient practice had the potential to affect the assessment of R42's care needs.</p> <p>Findings Include:</p> <p>A review of R42's electronic medical record (EMR) revealed she was admitted to the facility on [DATE] with diagnoses including, but not limited to, schizophrenia, bipolar disorder, major depressive disorder, and anxiety disorder.</p> <p>A review of R42's Annual MDS dated [DATE] revealed Section A (Identification Information) documented the resident had not been evaluated by Level II PASRR [Preadmission Screening and Resident Review] and determined to have a serious mental illness and/or mental retardation or a related condition.</p> <p>Review of R42's EMR revealed a PASRR Level II dated 9/21/2023.</p> <p>In an interview on 12/5/2204 at 10:42 am, the MDS Coordinator verified R42 had a PASRR Level II dated 9/21/2023, and it was not coded accurately on the MDS assessment dated [DATE].</p> <p>In an interview on 12/05/24 at 2:05 pm, Registered Nurse (RN) GG stated she signed the MDS assessments confirming completion by the required date. She further stated she does not check the MDS for accuracy.</p> <p>In an interview on 12/5/2024 at 2:21 pm, the Administrator stated RN GG's role in the MDS process was to sign off to confirm the MDS was complete. The Administrator further stated her expectation was for the MDS assessment information to be accurate. She acknowledged that a possible negative outcome of inaccurate MDS information could be that the facility could be submitting inaccurate assessments and compromise resident care.</p> <p>In an interview on 12/6/2024 at 11:55 am, the Administrator confirmed that the facility did not have a specific MDS policy but followed the Resident Assessment Instrument (RAI) guidelines.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50374</p> <p>Based on observations, staff and resident interviews, record review, and review of the facility policy titled, Activities of Daily Living (ADLs), the facility failed to ensure activities of daily living care, specifically fingernail care and oral hygiene, were provided for two of 40 sampled residents (R) (R11 and R2). The deficient practice had the potential to place R11 and R2 at risk for unmet needs and a diminished quality of life.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Activities of Daily Living, dated 10/17/2022, revealed the Policy section stated, The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate. The Policy Explanation and Compliance Guidelines section included .3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal hygiene.</p> <p>1. Review of R11's Admission Record revealed diagnoses including, but not limited to, cerebrovascular disease, Parkinson's disease, vascular dementia, age-related nuclear cataract, and type 2 diabetes.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 3 (indicating severe cognitive impairment), Section GG (Functional Abilities and Goals) documented R11 required substantial to maximal assistance with ADLs.</p> <p>Review of R11's care plan dated 1/2/2024 included a Focus of total care for dressing/grooming. Interventions included staff to provide ADL care daily to make sure all his daily needs are met.</p> <p>During observation and interview on 12/4/2024 at 12:45 pm with R11 in his room, observation revealed his fingernails were long and had a dark substance underneath them. R11 stated he did not like his nails long. He stated it had been a month since they were cut.</p> <p>Observation on 12/5/2024 at 8:35 am revealed R11 was sitting in the day room watching television. Further observation revealed his fingernails were long with a dark substance underneath.</p> <p>In an interview on 12/5/2024 at 8:45 am, Certified Nurse Assistant (CNA) BB stated R11 required total assistance with ADL care. She stated she did not cut fingernails often, but if they were dirty or needed clipping, she would. She confirmed R11's nails were long with a dark substance underneath them and needed cleaning and trimming.</p> <p>In an interview on 12/5/2024 at 4:57 pm, the Director of Nursing (DON) stated she expected staff to check residents' nails and attend to them when providing care. She stated nail care was included in ADL care.</p> <p>50803</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of R2's Admission Record revealed diagnoses including, but not limited to, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, adult failure to thrive, muscle weakness, and contracture of muscle in the left forearm, left hand, right forearm, right hand, and right upper arm.</p> <p>Review of R2's Annual MDS assessment dated [DATE] revealed Section C (Cognitive Patterns) documented a BIMS of 15 (indicating no cognitive deficit), and Section GG (Functional Abilities and Goals) documented R2 had an impairment on both upper extremities and was dependent on a helper for assistance with all ADLs.</p> <p>Review of R2's care plan dated 3/28/2023 revealed a Focus of total assistance for bathing, dressing, and grooming. Interventions include R11 is total care for oral care every shift and as needed, and staff to provide ADL care daily to make sure his daily needs are met.</p> <p>An observation and interview on 12/4/2024 at 9:15 am in R2's room revealed that R2 had a foul odor from his mouth. In an interview, R2 stated that it had been over two weeks since he had assistance with brushing his teeth.</p> <p>In an interview on 12/6/2024 at 10:15 am, R2 revealed staff had not assisted him with oral care this week. He stated that the staff did not help him with brushing his teeth. He further stated staff helps with using mouthwash, but he would like help brushing his teeth.</p> <p>In an interview on 12/6/2024 at 1:06 pm, CNA RR revealed that R2 needed total assistance with ADL care, including oral care. She further stated that she provided R2 with mouthwash but had not offered to help with brushing his teeth.</p> <p>In an interview on 12/6/2024 at 12:01 pm, the DON stated she expected staff to provide ADL care for dependent residents as often and as needed, including brushing their teeth daily in the morning and anytime it is needed.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>50524</p> <p>Based on observations, staff interviews, and review of the facility's policy titled, Controlled Substance Prescriptions, the facility failed to ensure controlled medication shift counts were documented with nurse signatures on one of four medication carts (D Hall Medication Cart). This deficient practice had the potential to affect the availability of residents' controlled medications.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Controlled Substance Prescriptions, revised 8/2020, revealed the Policy section stated, Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances and medications classified as controlled substances by state law are subject to special ordering, receipt, and record-keeping requirements in the facility, in accordance with federal and state laws and regulations.</p> <p>Observation on 12/4/2024 at 10:25 am of the controlled-substance document titled Narcotic Sign Off Form on the D Hall Medication Cart revealed 28 missing signatures of 112 opportunities for controlled-substance shift counts for incoming and outgoing nurses between 9/29/2024 through 10/27/2024. The dates of missing nurses' signatures were 9/29/2024 (two missing signatures), 10/5/2024 (two missing signatures), 10/6/2024 (two missing signatures), 10/7/2024 (two missing signatures), 10/12/2024 (one missing signature), 10/13/2024 (two missing signatures), 10/14/2024 (one missing signature), 10/15/2024 (two missing signatures), 10/16/2024 (one missing signature), 10/19/2024 (two missing signatures), 10/20/2024 (two missing signatures), 10/21/2024 (two missing signatures), 10/22/2024 (two missing signatures), 10/24/2024 (two missing signatures), 10/26/2024 (one missing signature), and 10/27/2024 (two missing signatures).</p> <p>In an interview on 12/4/2024 at 4:14 pm, Nursing Supervisor (NS) EE stated her expectations were for the nurses to count the narcotics and document the count by signing the controlled substance sheet at the change of each shift. She stated if there was a discrepancy in the controlled medications counts, the residents may not receive their medications if the medications were missing.</p> <p>In an interview on 12/5/2024 at 5:50 pm, the Director of Nursing (DON) stated the controlled medications should be counted by the nurses at shift change and the controlled substance sheet shift change form should be signed by the oncoming and off-going nurse at each shift change to verify the accuracy of the controlled substance count.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>50524</p> <p>Based on observations, staff interviews, and review of the facility's policy titled, Storage of Medications, the facility failed to ensure expired medications were removed from one of two medication storage rooms. The deficient practice placed residents at risk of receiving expired medications. The facility census was 97 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Storage of Medications, revised 8/2020, revealed the Policy stated, Medications and biologicals are stored safely, securely and properly following manufacturer's recommendations or those of the supplier. The Procedures section included Expiration Dating (Beyond-Use Dating) . 8. All expired medications will be removed from the active supply and destroyed in accordance with facility policy, regardless of amount remaining.</p> <p>Observation on 12/4/2024 at 3:07 pm of the Front Hall Medication Storage Room with Licensed Practical Nurse (LPN) DD revealed 14 blister-pack medications dated 7/2024 on the counter. Further observation revealed one bottle of vitamin D 250 microgram (mcg) with an expiration date of 10/2024 and one bottle of vitamin D 400 international units (IUs) with an expiration date of 11/2024 on the counter. LPN DD verified the expired medications and stated they should have been discarded.</p> <p>In an interview on 12/4/2024 at 3:15 pm, Nursing Supervisor (NS) EE confirmed there were 14 blister packs of three residents' medications dated 7/2024 on the counter in the Front Hall Medication Storage Room and stated they should not be on the counter but should be placed in a sealed bag and labeled for the pharmacy to pick up. NS EE stated her expectations were for the expired medications to be removed from the medication room and sent to the pharmacy.</p> <p>In an interview on 12/5/2024 at 5:50 pm, the Director of Nursing (DON) stated she expected the nurses to remove expired medications from the medication room because the residents could be adversely affected if they received expired medications.</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>50524</p> <p>Based on observations, staff interviews, record reviews, and review of the facility's policies titled, Hand Hygiene and Legionella Surveillance, the facility failed to ensure staff performed proper infection control practices while serving meals to the residents on two of five halls (D Hall and E Hall). In addition, the facility failed to ensure an effective water management program to prevent the growth of Legionella and other opportunistic waterborne pathogens in the building's water system. The deficient practices had the potential to spread infection by cross-contamination and placed the residents at risk of waterborne illnesses, including Legionnaires disease. The facility census was 97 residents.</p> <p>Findings include:</p> <p>1. Review of the facility's policy titled, Hand Hygiene, reviewed 6/25/2020, revealed the Policy section stated, Staff involved in direct resident contact will perform proper hygiene procedure to prevent the spread of infection to other personnel, residents, and visitors. The Hand Hygiene Table section included Either Antimicrobial Soap and Water or Alcohol Based Hand Rub is to be used between resident contacts.</p> <p>Observation on 12/3/2024 at 12:50 pm, on D Hall revealed Certified Nursing Assistant (CNA) BB did not sanitize her hands after leaving a resident's room. Further observation revealed her to take a food tray into another resident's room and exited the room without sanitizing her hands upon entry or exit of the room. CNA BB was observed to place a meal tray on the meal cart, and did not sanitize her hands after handling the dirty tray.</p> <p>Observation on 12/3/2024 at 12:56 pm on E Hall revealed CNA HH serving meals to the residents. Observation revealed that she took the meal tray from the meal cart, went into the resident's room, exited the resident's room, returned to the meal cart for another resident's meal tray, and took it to the other resident's room. CNA HH did not sanitize her hands between serving the residents their meal trays.</p> <p>In an interview on 12/3/2024 at 12:54 pm, CNA BB confirmed she did not sanitize her hands after exiting the resident's room on the D Hall. She stated she should have sanitized her hands after exiting the resident's room, but she forgot. She further stated not sanitizing her hands between residents could expose residents to germs and infections.</p> <p>In an interview on 12/3/2024 at 1:00 pm, CNA HH confirmed she did not sanitize her hands while serving the residents' meals. She stated she should have sanitized her hands between serving meals to the residents, but she did not. She stated she was trying to get the residents' lunches to them as quickly as possible, so she did not sanitize her hands in between serving the residents. She further stated not sanitizing her hands between residents could cause germs to spread between residents and cause illness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115544	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Pine View Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 411 Pine Street Sylvania, GA 30467	

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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>In an interview on 12/5/2024 at 5:50 pm, the Director of Nursing (DON) stated her expectations were for all staff to sanitize their hands between contact with residents and before and after attending to a resident. She stated if staff didn't sanitize their hands between residents, infections could be spread to residents.</p> <p>50803</p> <p>2. Review of the facility's policy titled, Legionella Surveillance, revised 11/20/2022, revealed the Policy section stated, It is the policy of this facility to establish primary and secondary strategies for the prevention and control of Legionella infections. The Policy Explanation and Compliance Guidelines section included 1. Legionella surveillance is one component of the facility's water management plans for reducing the risk of Legionella and other opportunistic pathogens in the facility's water systems.</p> <p>A water management program policy was requested and not provided.</p> <p>In an interview on 12/5/2024 at 3:11 pm, the Maintenance Director and Environmental Services Director (ESD) revealed that both the Maintenance Director and ESD share the responsibility of overseeing the water management program for the facility. They stated the current Maintenance Director had been in his position for almost three months. They further stated the previous Maintenance Director had full responsibility for maintaining the water management program and took all the water management program documentation and information with him at the end of his employment. They stated that they were in the process of developing the water management program and confirmed there was no current water management program for the facility.</p>