

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115552	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/24/2024
NAME OF PROVIDER OR SUPPLIER  Lodge, The		STREET ADDRESS, CITY, STATE, ZIP CODE 200 South Kimberly Road Warner Robins, GA 31088	

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 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>15650</p> <p>Based on staff interview, record review, and review of the facility's policy titled Abuse Policy and Procedure, the facility failed to report an injury of unknown origin, specifically left acute distal tibial and fibular fractures, within the required time frame for one of three sampled residents (R) (R3).</p> <p>Findings include:</p> <p>Review of the facility's policy titled Abuse Policy and Procedure, with a revision date of 2020, revealed all allegations of abuse involving abuse along with injuries of unknown origin are reported immediately to the charge nurse and/or administrator of the facility along with other officials in accordance with State law through established guidelines. The Investigation section of the policy documented all allegations of abuse will be investigated and reported to the appropriate agencies.</p> <p>Review of the Nurse's Notes for R3, dated 6/13/2024, revealed physical therapy reported the resident had pain and was unable to bear any weight. The physician was notified and ordered an x-ray of the left ankle.</p> <p>The Radiology Results Report, dated 6/14/2024, documented the left ankle noted acute distal tibial and fibular diaphyseal fractures.</p> <p>The Orthopedic Progress Notes, dated 6/20/2024, documented the resident had a new fracture of her tibial fibula.</p> <p>Review of the Facility Incident Report Form revealed the State Survey Agency was not notified of the injury of unknown origin and fractures until 6/21/2024. The report also documented the incident occurred on 6/20/2024, although the radiology results on 6/14/2024 were positive for fractures.</p> <p>During an interview with the Administrator on 10/24/2024 at 12:20 pm, she stated there was a delay in the reporting of the fracture from the 6/14/2024 x-ray report because they wanted to get the results from the orthopedic physician to make sure it was a new fracture since the resident had been having ongoing problems with a nonhealing fracture to that leg.</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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