

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 02/16/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49675</p> <p>Based on observations, staff interviews, and review of the facility policy titled Food Preparation and Service, the facility failed to discard food by the expiration date, label and date leftovers, and store dishwasher crates off of the floor. These deficient practices had the potential to promote foodborne illnesses associated with bacterial growth and cross-contamination for 67 of 73 residents receiving an oral diet.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled Food Preparation and Service revealed, Food service employees shall prepare and serve food in a manner that complies with safe food handling practices. The Leftover Food section included . 4. Leftover food must be covered, labeled, and dated. 5. Leftover food must be used within 7 days (refrigerated) or 30 days (frozen). 9. Disposal-Expired or unsafe food must be thrown away.</p> <p>During a tour of the kitchen on [DATE], beginning at 7:53 am with the Assistant Dietary Manager (ADM), the following concerns were identified:</p> <p>One 5.5-ounce container of leaf basil with an expiration date of [DATE].</p> <p>One 5.5-ounce container of jerk seasoning with an expiration date of [DATE].</p> <p>One 16-ounce container of ground nutmeg with an expiration date of 2023.</p> <p>One 16-ounce container of seasoning with an expiration date of [DATE].</p> <p>One 26-ounce container of fajita seasoning with an expiration date of [DATE].</p> <p>One 12-ounce container of ground oregano with an expiration date of [DATE].</p> <p>Observations in the walk-in cooler revealed the following:</p> <p>One container of ham with an open date of [DATE].</p> <p>One container of strained broccoli soup with an open date of [DATE].</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>One bag of biscuits with an open date of [DATE].</p> <p>One container of leftovers, identified by the ADM as baked ziti, with a date of [DATE].</p> <p>Observations in the main kitchen dry pantry storage room revealed three boxes of oatmeal cream pies with an expiration date of [DATE].</p> <p>Observation in the kitchen revealed four dish crates were stored on the floor.</p> <p>Observation of the 400 Hall Resident Pantry revealed three boxes of oatmeal cream pies with an expiration date of [DATE]. Observation of the refrigerator revealed one container of milk with an open date of [DATE] and an expiration date of [DATE] and a container of unidentified, unlabeled leftovers.</p> <p>Observation of the 200 Hall Resident Pantry revealed two boxes of oatmeal cream pies with an expiration date of [DATE].</p> <p>In an interview on [DATE] at 8:30 am, the ADM confirmed all findings. She confirmed that the dish storage crates should not be on the floor but on a rack.</p> <p>In a concurrent interview and observation on [DATE] at 8:30 am, the Dietary Manager (DM) confirmed that the four dish storage crates lying on the floor underneath a food prep table should not be stored on the floor. The DM stated food items should be dated when opened and expire seven days from that date. He further stated the ADM had informed him of the findings and that he was unaware of the identified concerns before being informed. He stated that dietary staff was responsible for daily monitoring of the dry pantry, cooler, freezer in the main kitchen, and resident pantries. He stated his expectations were for dietary staff to follow policy and ensure items were labeled, dated, and discarded by the expiration date. He further stated there was a potential for resident illness if staff did not follow the policies.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579</p> <p>Based on observations, staff interviews, record review, and review of the facility policies titled Cleaning and Disinfection of Resident-Care Items and Equipment, Personal Protective Equipment (PPE), and Administration of IV (intravenous) Medications, the facility failed to properly cover resident personal care items when not in use on two of four halls (Hall 200 and Hall 300) and ensure infection control processes were followed during medication administration for three of five residents (R) (R183, R187, and R188) observed for medication administration. The deficient practices had the potential to place R183, R187, and R188 at risk of avoidable spread of infections and had the potential to increase the risks for cross-contamination and spread of infection on two of four halls.</p> <p>Findings include:</p> <p>Review of the facility policy titled Cleaning and Disinfection of Resident -Care Items and Equipment, revised August 2009, revealed the Policy Statement stated, Resident care equipment, including reusable items and durable medical equipment, will be cleaned and disinfected according to current CDC (Centers for Disease Control and Prevention) recommendations for disinfection and the OSHA (Occupational Safety and Health Administration) Bloodborne Pathogens Standard. The Policy Interpretation and Implementation sections included 1. c. Non-critical items are those that come in contact with intact skin but not mucus membranes. (1) Non-critical resident-care items include bedpans, blood pressure cuffs, crutches, and computers. (2) Most non-critical reusable items can be decontaminated where they are used (as opposed to being transported to a central processing location).</p> <p>Review of the facility policy titled Personal Protective Equipment, dated 1/17/2017, revealed the Purpose section stated, The purpose of this procedure is to appropriately don and doff (put on and take off) personal protective equipment. The Guidelines Section stated, The facility follows CDC sequencing PPE for safe work practices to protect yourself and limit the spread of contamination. The How to Safely Remove PPE guidelines included removing all PPE before exiting the patient room except a respirator if worn.</p> <p>Review of the facility's undated policy titled Administration of IV Medications revealed the Purpose section stated, The purpose of this procedure is to provide guidelines for IV medication administration. The Infusion section included . 6. Vigorously wipe the hub of the needleless connector on the IV device with an antiseptic swab for 5 - 15 seconds and allow it to dry. 7. Attach a prefilled saline syringe, check for blood return, then flush to check patency. Detach the syringe and discard. 8. Vigorously wipe the hub of the needleless connector on the IV device with an antiseptic swab for 5 - 15 seconds and allow it to dry.</p> <p>1. Observation on 2/14/2025 at 9:45 am revealed an unbagged and unlabeled urinal in the bathroom sink of resident room [ROOM NUMBER].</p> <p>Observation on 2/14/2025 at 9:55 am revealed an unbagged and unlabeled bath basin on the floor in the bathroom of resident room [ROOM NUMBER].</p> <p>Observation on 02/14/2025 at 10:17 am revealed an unbagged and unlabeled bath basin on the floor in the bathroom of resident room [ROOM NUMBER].</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 - Some</p>	<p>Observation on 2/14/2025 at 12:04 pm revealed an unbagged and unlabeled bath basin on the floor in the bathroom of resident room [ROOM NUMBER].</p> <p>In an interview on 2/14/2025 at 12:31 pm, Certified Nurse Assistant (CNA) CC stated urinals should not be in the sink and should be bagged and labeled.</p> <p>In a concurrent observation and interview on 2/14/2025 at 12:43 pm, Unit Manager (UM)/Licensed Practical Nurse (LPN) AA verified that the bath basins in the bathrooms of resident rooms [ROOM NUMBER] were not bagged or labeled. She stated that personal care items should be labeled, bagged, and stored off the floor.</p> <p>In an interview on 2/16/2024 at 11:15 am, the Director of Nursing (DON) stated it was her expectation for personal care items to be bagged separately, labeled, off of the floor and that urinals should never be left in a sink.</p> <p>2. During observation of a medication pass on 2/15/2025 at 8:35 am, LPN BB was observed taking R183's blood pressure using an electronic blood pressure machine. She did not disinfect the blood pressure cuff before or after taking the resident's blood pressure. Continued observation revealed LPN BB used the same blood pressure cuff to check R187's blood pressure. She did not disinfect the blood pressure cuff before or after checking the resident's blood pressure.</p> <p>In an interview on 2/15/2025 at 9:20 am, LPN BB verified she did not disinfect the blood pressure cuff between residents and stated she should disinfect it between each resident.</p> <p>In an interview on 2/15/2025 at 12:43 pm, UM/LPN AA stated the blood pressure cuffs should be disinfected between each resident use.</p> <p>In an interview on 2/16/2025 at 11:15 am, the DON stated it was ideal for the electronic blood pressure cuffs to be cleaned between each resident.</p> <p>3. During observation of a medication pass on 2/15/2025 at 9:03 am, LPN BB was observed administering medication to R187, and observation revealed R187 was on Enhanced Barrier Precautions (EBP). LPN BB was observed putting on PPE before entering the room, administering the medication, exiting the room, removing the PPE in the hallway, and discarding it in the trash can on the medication cart.</p> <p>In an interview on 2/15/2025 at 9:20 am, LPN BB stated she removed the PPE in the hallway because she couldn't find a trash can in the resident's room.</p> <p>In an interview on 2/15/2025 at 12:43 pm, UM/LPN AA stated that PPE should be removed in the resident's room before exit and not in the hallway.</p> <p>In an interview on 2/16/2025 at 11:15 am, the DON stated the expectation was for PPE to be removed in the resident rooms, not in the hallways.</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 - Some</p>	<p>4. During observation of a medication pass on 2/15/2025 at 12:20 pm, LPN BB was observed administering an IV medication to R188. Observation revealed LPN BB wiped the hub of the needleless connector on the peripherally inserted central catheter (PICC) [a flexible tube inserted in the upper arm and threaded into a large vein above the heart] with an alcohol wipe for two to three seconds before administering the saline flush and again before administering the medication.</p> <p>In an interview on 2/15/2025 at 12:48 pm, LPN BB confirmed she wiped the hub of the needleless connector on the PICC line with an alcohol wipe for two to three seconds and stated she should have wiped it for five to 15 seconds.</p> <p>In an interview on 2/15/2025 at 4:15 pm, UM/LPN AA confirmed the PICC line needleless hubs should be cleaned with an antiseptic wipe for five to 15 seconds before each use and stated two to three seconds was not long enough.</p> <p>In an interview on 2/16/2025 at 11:58 am. The DON stated her expectation was for the PICC line needleless hub to be cleaned with alcohol vigorously for five to 15 seconds before administering saline flush and medications via the PICC line.</p>		