STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115555	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50374 Based on observations, staff interviews, record reviews, and the review of the facility's policy titled Resident's Rights, the facility failed to provide care in a manner that maintained or enhanced a resident's dignity for one of 36 sampled residents (R) (R6). Findings included: A review of the facility's policy titled Resident's Rights dated 5/30/2024 documented that the resident has the right to exercise his or her rights in the facility and as a citizen or resident of the United States. All residents have rights guaranteed to them under Federal and State laws and regulations. Each resident has the right to be treated with dignity and respect. All activities and interactions with residents by any staff, temporary agency staff, or volunteers must focus on assisting the resident in maintaining and enhancing his or her self-esteem and self-worth and incorporating the resident's goals, preferences, and choices. A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] documented that R6 had a Brief Minimum Data Set (BIMS) score of 13, indicating that R6 is cognitively intact; has impairment on one side of both upper and lower extremities; and is dependent on staff for toileting, hygiene, and shower/bathing. A review of the care plan dated 12/10/2024 documented R6 has activities of daily living (ADL) self-care deficit related to hemiplegia, limited abilities, and requires extensive to maximal assistance for most ADL care tasks. During an observation on 3/10/2025 at 11:17 am, the door to R6's room was open. The privacy curtain was pulled; however, staff were heard providing care to R6. During an interview on 3/10/2025 at 11:19 am, Certified Nurse Assistant (CNA) CCC confirmed that peri-care was being provided for R6. She further confirmed that the door should always be closed while personal care is being done. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 3/10/2025 at 11:30 am, CNA DDD was observed entering R6 rooms and leaving the door open. As CNA DDD exited R6's room with a bag of soiled linen in her hands, she confirmed R6 was receiving assistance with changing. She stated R6 usually changes herself but needs assistance at times. CNA DDD revealed that the procedure is for the resident's door to remain closed at all times with the privacy curtain pulled during care because she has a roommate, and at any time, her roommate could enter the room. During an interview on 3/11/2025 at 9:43 am, R6 stated that staff were in her room the morning before, providing a bed bath when they left the door open. During an interview with the Director of Nursing (DON) on 3/11/2025 at 10:00 am, she stated the privacy curtain should be pulled and the door should be closed if personal care is being done. Furthermore, she expects the staff to respect the resident's rights to privacy, and if they are receiving a bed bath, the door should remain closed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50272 Based on observations, record review, interviews, and review of the facility's policies titled Cleaning and Disinfecting Residents' Rooms and 5-Steps to Room Cleaning, the facility failed to maintain a clean home-like environment for one of 24 rooms (room [ROOM NUMBER]) located on the East Wing. Findings included: A review of the facility's policy titled Cleaning and Disinfecting Residents' Rooms with the revision date of November 2020 revealed that the walls, blinds, and window curtains in residence areas will be cleaned when these surfaces are visibly contaminated or soiled. The staff will clean curtains, window blinds, and walls when they are visibly soiled or dusty. A review of the facility's policy titled 5-Steps to Room Cleaning revealed that the facility staff will spot clean walls daily using a clean rag, spot clean light switches, door handles, and walls. During observations on 3/10/2025 at 11:25 am, room [ROOM NUMBER] was observed with brown stains on the wall located to the left of the entrance. During an interview conducted on 3/10/2025 at 11:25 am, R19 stated that the brown stains on the wall are feces from his roommate throwing feces against the wall. R19 further stated that the stains have been there for a while. During an observation on 3/11/2025 at 10:02 am, room [ROOM NUMBER] was observed to still have brown stains on the wall located to the left of the entrance During an interview on 3/12/2025 at 11:30 am, Housekeeping Aide EEE revealed she has been working at the facility for a year and that her job responsibilities include cleaning, sweeping, mopping, and cleaning the edges of the rooms and walls. She stated she did not pay attention to the brown stains on the wall, and that is why they were not cleaned. During an interview conducted on 3/13/2025 at 10:09 am, the Housekeeping Director revealed that he has been working in the facility for about three months. He stated that it is expected that if the housekeeping aides find spots on the walls, they are expected to clean them. During an interview conducted on 3/19/2025 at 5:39 pm, the Administrator revealed her expectations to be that the resident's walls are cleaned and maintained in a clean, sanitary environment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50374 Based on observations, interviews, record review, and review of the facility's policies titled Abuse Prevention Policy and Drug Diversion Policy, the facility failed to ensure one of 36 sampled residents (R) (R71) was free from misappropriation of prescribed narcotics. Findings included: A review of the facility's policy titled Abuse Prevention Policy dated [DATE] documented that residents have the right to be free from mistreatment, neglect, and misappropriation of property. The facility has a zero-tolerance Abuse Standard regarding all proven allegations of verbal, sexual, physical, mental, neglect, misappropriation of resident property, and involuntary seclusion. Misappropriation of resident property means the deliberate misplacement, exportation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive, East Point, GA 30344	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's policy titled Drug Diversion Policy dated [DATE], documented that the facility shall comply with state and federal regulations regarding medication handling, storage, disposal, documentation, and security, including but not limited to controlled substances. Drug diversion is a medical and legal concept involving the unlawful sharing, selling, or transferring of any legally prescribed controlled substance from the individual for whom it was prescribed to another person. It was further noted that only authorized licensed nursing and/or pharmacy personnel shall have access to Schedule II controlled drugs maintained on premises. The Director of Nursing (DON) will identify staff members who are authorized to handle controlled substances. Controlled substances must be counted upon delivery. The nurse receiving the medication, along with the person delivering the medication, must count the controlled substance together. Both individuals must sign the designated controlled substance record. A controlled substance record sheet must be attached to the resident-controlled medication, or a resident-controlled substance record sheet must be made for each resident who will be receiving a controlled substance. Do not enter more than one prescription per page. Narcotics sheets need to include the name of the resident, the name and strength of medication, the quality received, the amount on hand, the prescription administration, the signature of the person receiving medication, and the signature of the nurse administering medication. Schedule II-V medications must be stored in a separate locked, permanently affixed compartment, permitting only authorized personnel to have access except when the facility uses a single unit medication distribution system in which the quantity stored is minimal and a missing dose can be readily detected. Unless otherwise instructed by the DON, when a resident refuses a non-unit dose medication (or it is not given), or a resident receives partial tablets or single-dose ampules (or it is not given), the medication shall be destroyed and may not be returned to the container. This practice must be witnessed by another authorized licensed nursing personnel. The DON Services shall investigate any discrepancies in narcotics reconciliation to determine the cause and identify any responsible parties and shall give the Administrator a written report of such findings. Controlled medications remaining in the facility after the order has been discontinued or expired are retained in the facility in a secured locked area with restricted access until destroyed by two licensed clinicians or as otherwise directed by state regulation. Performance of periodic reconciliation (as frequently as needed) by the DON Service of records, receipts, disposition, usage, and inventory for all controlled medications to prevent drug diversion, suspicion, or when loss is identified. The reconciliation loss or potential diversion of controlled medications aims to minimize the time between the actual loss or potential diversion and the time of detection and follow-up to determine the extent of loss. If discrepancies are identified: (a) Gather data, investigate suspicious activities, behaviors, and self-disclosure of drug diversion. (b) Provide safe reporting (protect from retribution or retaliation). (c) Get a statement for all parties involved (confidential). (d) Perform an audit of the controlled medication process. (e) DON Services shall consult with the provider/pharmacy consultant and the Administrator to determine whether any further legal action is indicated. (f) Determine findings; inform the local authorities at the Administrator's discretion. (g) Notify State Regulatory Authorities if applicable. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Felton Drive East Point, GA 30344	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the electronic medical record (EMR) revealed that R71 was admitted to the facility on [DATE] with diagnoses of, but not limited to, encounter for orthopedic aftercare following surgical amputation, acquired absence of right leg below knee, acquired absence of left above knee, type 2 diabetes mellitus with other skin conditions, infection following a procedure, other surgical site subsequent encounter, unspecified complication of procedure subsequent encounter, atherosclerosis of native arteries of extremities with rest pain, right leg, partial traumatic amputation of right foot. A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] documented R71 had a Brief Interview for Mental Status (BIMS) score of 14, indicating that the resident was cognitively intact; had both lower extremity impairment; had a pain medication regimen, including PRN (as needed) for pain, non-medication interventions for pain, was occasionally in pain, with moderate pain intensity, and major orthopedic surgery. A review of the Hospital Discharge Medication Order dated [DATE] revealed oxycodone (narcotic pain reliever) 5 milligrams (mg) immediate release oral tablet every four hours PRN (as needed). Dispense 15 tablets and 0 refills. A review of Physician's Discontinued/Completed Orders for R71 with a print date of [DATE] revealed oxycodone HCI oral tablet 5 mg *Controlled drugs. Give 1 tablet by mouth every four hours as needed for pain. If needed for moderate pain up to three days with a start date on [DATE] and an indefinite date on [DATE]. This order status was documented as discontinued. A review of Physician's Discontinued/Completed Orders for R71 with a print date of [DATE] revealed oxycodone HCI oral tablet 5 milligrams (mg) *Controlled drug. Give 1 tablet by mouth every four hours as needed for pain. If needed for moderate pain up to three days with a start date on [DATE] and an end date on [DATE]. This order status was documented as completed. A review of the Pharmacy Delivery Receipt dated [DATE] revealed oxycodone 5 mg tablets, and 10 each, based on quantities shipped. A review of the Medication Administration Record (MAR) for the month of February revealed R71 was administered two PRN tablets on [DATE], and staff administered one PRN tablet on [DATE]. A review of Licensed Practical Nurse (LPN) BB Written Statement dated [DATE] documented On [DATE], R71 received oxycodone 5 mg per request. It was given with good results. A review of the timecard for LPN BB revealed she did not work on [DATE]. A review of LPN AAA's written statement on [DATE] documented On [DATE], gave (R71) oxycodone 5mg twice and on [DATE], also gave oxycodone 5mg twice with positive results. A review of the February MAR revealed the oxycodone medication was not administered on [DATE]. A review of LPN HH's written statement dated [DATE] documented (R71) received (2) oxycodone ,d+[DATE] mg on [DATE] for complaint of ,d+[DATE] pain in stump area with phantom pain. (R71) pain was relieved , d+[DATE], (R71) is alert and oriented and vocal when in pain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the MAR for the month of February revealed LPN DD was the last nurse to administer R71's oxycodone medication. A review of the Progress Notes dated [DATE] at 5:17 am documented eMAR (electronic MAR)- Orders Administration Note: oxycodone HCl oral tablet 5 mg. Give 1 tablet by mouth every four hours as needed for pain for 3 days, only 15 pills. A review of the Progress Notes dated [DATE] at 5:18 am documented eMAR - Orders Administration Note: oxycodone HCl oral tablet 5 mg. Give 1 tablet by mouth every four hours as needed for pain for 3 days, only 15 pills. On [DATE] at 4:24 pm, a request for the statement of LPN DD from the DON was made. However, this was not provided by the exit of the survey. During a telephone interview on [DATE] at 9:20 am, a family member of R71 revealed that the oxycodone was given to the facility, and by the third day, all 15 pills were gone. She stated the facility informed her the oxycodone pills were taken and does not believe that R71 was given all 15 pills in three days. During an interview on [DATE] at 3:20 pm, the DON stated she does not have the controlled drug sheet for February for R71 and does not have the medication in her locked box. She stated she was told by staff that R71 completed her medication. She further stated that the pharmacist has not been in the facility for a while to discard any medications. During an interview on [DATE] at 3:33 pm, LPN AAA stated R71 came in with 15 tablets and was administered three pills for the three days. She stated that once the medication is over, the protocol is to gather the medication card and narcotic sign-in and sign-out sheets, and turn them in to the DON. Also, if the medication has a discontinued order, they give the leftover medication with the sheet to the DON and stated that they do not keep the narcotics. During an interview with the DON on [DATE] at 10:54 am, she stated that she had not found R71's control drug sheet for her oxycodone medication. During a telephone interview on [DATE] at 11:39 am, the Pharmacy stated they received the hospital discharge order from the facility and changed the order to oxycodone 10 tablets for two days every four hours. The pharmacy stated this order was signed for [DATE] and 5:30 am. During an interview on [DATE] at 9:27 am with R71, she stated that she took three pills of her oxycodone, but the nurses did not inform her how many days she was supposed to be taking the medication and the dose amount. She stated that all she knew was that one day they informed her she did not have any more. An attempt was made on [DATE] at 5:18 pm to interview LPN BB via phone call, but was not successful, and a voicemail was left. An attempt was made on [DATE] at 5:28 pm to interview LPN DD via phone call, but it was not successful, and a voicemail was left. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE] at 5:49 pm, the DON confirmed R71 should be administered one tablet dose of oxycodone. While looking at the MAR, physician's orders, and timecard, the DON confirmed that LPN DD would have been the last nurse to administer R71's medication. She confirmed while looking at the MAR for February, there is no documentation to determine that medication was administered on [DATE], along with LPN HH's written statement stating she had given R71's medication. DON stated LPN HH probably forgot to click on the PRN tab in the MAR when she administered the medication. The DON verified the administered medication count and the amount of pills that should be remaining, and this should be investigated and reported. During an interview on [DATE] at 9:59 am, LPN HH revealed the facility called her on [DATE] and told her she had to return to the facility and write a statement stating she gave R71 oxycodone on [DATE]. She stated that when she returned to the facility, they told her she forgot to sign off on the MAR. LPN HH further asked where the control drug sheet was, stating she gave R71 the medication because that would help her verify if she gave the medication. In return, the facility told LPN HH that the problem is that the control drug sheet is missing. LPN HH continued to express to the facility that she does not recall her giving the medication and told her she still had to write a statement. During an interview on [DATE] at 5:27 pm, the DON revealed that the receiving nurse is responsible for following the orders as they come in. She stated she expects the nurses to count each shift, the manager conducts their audits weekly. During an interview on [DATE] at 5:31 pm, the Administrator revealed that the DON is responsible for ensuring processes are followed. She expects the Nursing Department to follow the diversion policy and ensure the medication is secured, dispensed according to the orders, and documented. [Cross Reference - F609]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Felton Drive East Point, GA 30344	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50374 Based on interview, record review, and review of the facility's policy titled, Incident Report- Documentation, Investigating, and Reporting and Drug Diversion Policy the facility failed to report misappropriation of property related to prescription narcotics for one of 36 sampled residents (R) (R71) to the State Survey Agency (SSA). Findings included: A review of the facility's policy titled Incident Report- Documentation, Investigating, and Reporting with a revision date of February 2025, it was documented that all accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the Administrator. The Administrator/DON will notify the appropriate Regulatory Agency in accordance with reporting guidelines in the event the incident is reportable. A review of the facility's policy titled Drug Diversion Policy dated 5/20/2024 documented that the facility shall comply with state and federal regulations regarding medication handling, storage, disposal, documentation, and security, including but not limited to controlled substances. Performance of periodic reconciliation (as frequently as needed) by the DON Service of records, receipts, disposition, usage, and inventory for all controlled medications to prevent drug diversion, suspicion, or when loss is identified. Determine findings; inform the local authorities at the Administrator's discretion. Notify State Regulatory Authorities if applicable. A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] documented R71 had a Brief Interview for Mental Status (BIMS) score of 14, indicating that the resident was cognitively intact; had both lower extremity impairment; had a pain medication regimen, including PRN (as needed) for pain, non-medication interventions for pain, occasionally in pain, moderate pain intensity, and major orthopedic surgery. A review of the Hospital Discharge Medication Order dated 2/6/2025 revealed oxycodone (narcotic pain reliever) 5 milligrams (mg) immediate release oral tablet every four hours PRN (as needed). Dispense 15 tablets and 0 refills. A review of the Pharmacy Delivery Receipt dated 2/5/2025 revealed oxycodone 5 mg tablets, and 10 each, based on quantities shipped. During a telephone interview on 3/12/2025 at 9:20 am, a family member of R71 revealed that the oxycodone was given to the facility, and by the third day, all 15 pills were gone. She stated the facility informed her the oxycodone pills were taken and does not believe that R71 was given all 15 pills in three days. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/13/2025 at 3:20 pm, the DON stated she does not have the controlled drug sheet for February for R71 and does not have the medication in her locked box. She stated she was told by staff that R71 completed her medication. She further stated that the pharmacist has not been in the facility for a while to discard any medications. During an interview on 3/13/2025 at 3:33 pm, LPN AAA stated R71 came in with 15 tablets and was administered three pills for the three days. She stated that once the medication is over, the protocol is to gather the medication card and narcotic sign-in and sign-out sheets, and turn them in to the DON. Also, if the medication has a discontinued order, they give the leftover medication with the sheet to the DON and state that they do not keep the narcotics. During an interview with the DON on 3/14/2025 at 10:54 am, she stated that she had not found R71's control drug sheet for her oxycodone medication. During a telephone interview on 3/14/2025 at 11:39 am, the Pharmacy stated they received the hospital discharge order from the facility and changed the order to oxycodone 10 tablets for two days every four hours. The pharmacy stated this order was signed for 2/6/2025 and 5:30 am. During an interview on 3/15/2025 at 9:27 am with R71, she stated that she took three pills of her oxycodone, but the nurses did not inform her how many days she was supposed to be taking the medication and the dose amount. She stated that all she knew was that one day they informed her she did not have any more. During an interview on 3/18/2025 at 10:28 am, the Medical Director (MD) revealed she was aware R71 came in from the hospital with 15 tablets of her oxycodone. She stated the facility reached out to her, informing her R71 had finished up her medication and needed to switch her to Tramadol (pain reliever). She revealed the DON did not notify her of R71 narcotic situations. The Medical Director continued to state that the DON is responsible for monitoring narcotics and ensuring audits are conducted weekly. Lastly, if there are any concerns, the DON should report them. During an interview on 3/19/2025 at 5:27 pm, the DON confirmed misappropriation of property related to narcotics is a reasonable offense that should be reported. Any other investigation for missing narcotics would be reported to the SSA immediately. During an interview on 3/19/2025 at 5:31 pm, the Administrator confirmed that misappropriation of property related to narcotics should be reported to the SSA.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Felton Drive East Point, GA 30344	

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50272 Based on observations, staff and resident interviews, record review, and review of the facility's policy titled Preadmission Screening and Annual Resident Review (PASARR) Policy, the facility failed to obtain a level II PASARR screening for two of 36 sampled residents (R) (R55 and R76). Findings included: A review of the facility's policy titled Preadmission Screening and Annual Resident Review (PASARR) Policy, revised 3/19/2024, section titled Policy Statement revealed that the facility will not admit an individual with a mental disorder or intellectual disability until the Level II screening process has been completed and the recommendations allow for a nursing facility admission and the facility's ability to provide the specialized services determined in the Level II screen. 1. A review of R55's electronic medical record (EMR) revealed R55 was admitted to the facility on [DATE], and pertinent diagnoses included but were not limited to other sequelae of cerebrovascular disease, mental disorder, and schizoaffective disorder, bipolar type. A review of R55's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that a Brief Interview for Mental Status (BIMS) was not considered, which indicates R55 is rarely or never understood; that R55 displayed verbal behavioral symptoms directed toward others, such as threatening, screaming at others, and cursing at others, which occurred one to three days; and that R55 was dependent on staff for all activities of daily living (ADL) care. A review of R55's care plan dated 5/17/2024 indicated a focus on a screen related to cognitive impairment. Goals included reducing the frequency and duration of screaming behavior. Interventions included, but were not limited to, documenting a summary of episodes, removing the resident from the public area where behavior is disruptive or unacceptable, and praising or rewarding the resident for demonstrating consistent desired and acceptable behavior. A review of R55's Physician's Orders included, but was not limited to, an order dated 1/29/2024 for quetiapine fumarate 50mg via G-tube two times a day and an order dated 1/29/2024 for Klonopin one 0.5mg tablet via G-tube two times a day. 2. A review of the EMR for R76 revealed R76 was admitted to the facility on [DATE], and pertinent diagnoses included, but were not limited to, other sequelae of other cerebrovascular disease, mood disorder due to a known physiological condition with mixed features, and post-traumatic stress disorder (PTSD). A review of R76's MDS assessment dated [DATE] revealed that a BIMS was not considered, which indicates R76 is rarely or never understood, and that R76 displayed delusions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of R76's care plan dated 2/26/2025 indicated a focus on negative feelings regarding self and social relationships characterized by: low self-esteem, anxiety, mistrust, conflict/anger, depressive tendencies, ineffective coping related to display of disturbing behavior, yells out at staff when assistance is offered. Often states, I am a man, I don't need help, signs of PTSD and cognitive decline. Additionally, the problematic manner in which the resident acts is characterized by inappropriate behavior; use of profanity with staff, and resistance to treatment/care related to refusing showers/baths, possibly related to PTSD. During an interview conducted on 3/12/2025 at 10:00 am, the SW stated she has been working in the facility for [AGE] years. SW states residents are generally admitted into the facility with a PASARR Level II from the hospital, and rarely convert when they are admitted . SW stated that if residents have entered the facility without a PASARR Level II, then they would submit one. SW states generally she would collaborate with the DON to submit the PASARR Level II. SW verified R76's diagnosis and stated she was not aware that PTSD was an eligible diagnosis for a PASARR Level II. SW confirmed R76 does not have a PASARR Level II. During an interview conducted on 3/18/25 at 10:25 am, DON stated PASARR Level II is determined on admission and as needed, and residents are referred over to psychiatric services if they have any mental disorder or intellectual disability. The DON revealed the inter-disciplinary team (IDT) is responsible for determining who is eligible for PASSAR Level II and stated the SW has the sole responsibility for determining which residents are eligible for PASSAR Level II. She stated she was not aware that PTSD was a mental disorder. The DON stated her expectations are that the SW follows the facilities policy regarding PASARR Level II, and a possible negative outcome could be that residents don't receive the correct services. During an interview on 3/19/2025 at 5:34 pm, the Administrator stated that the process for conducting the PASARR for new residents includes that a PASARR Level I is completed on the resident prior to admission. If the resident triggers based on mental health or intellectual disabilities, with the caveats of a diagnosis of Alzheimer's or dementia, that could cancel out the need for a PASARR Level II. She further stated that this should be done prior to admission because the purpose is to identify proper placement related to the conditions of the residents. The Administrator further stated that if the resident does not have Alzheimer's or dementia, he or she certainly should have PASARR Level II. She further stated that potential negative outcomes include that the facility may not be an appropriate placement and might not receive services that could benefit the residents. 50803

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51853 Based on record reviews, staff interviews, and a review of the facility's policy titled Care Plan Policy, the facility failed to implement the care plan for one of 26 sampled residents (R) (R165) related to nutrition. Specifically, the facility provided R165 a sandwich which resulted in him being sent out to the local emergency room (ER) and admitted to a hospice facility where he expired on [DATE]. On [DATE] a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation caused or had the likelihood to cause serious injury, harm, impairment, or death to residents. The facility's Administrator and Director of Nursing (DON) were informed of the Immediate Jeopardy (IJ) for F656, F684, and F835 on [DATE] at 12:48 pm. The noncompliance related to the IJ was identified to have existed on [DATE]. An Acceptable IJ Removal Plan was received on [DATE] related to Comprehensive Care Plans, C.F.R. 483. 21; Quality of Care, C.F.R. 483.25; and Administration, C.F.R. 483.70. Findings included: A review of the policy titled Care Plan Policy with the last revised date of [DATE] stated each resident will have a person-centered plan of care to identify problems, needs, and strengths that will identify how the facility staff will provide service to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. A review of the Electronic Medical Record (EMR) revealed that R165 was admitted to the facility on [DATE] with diagnoses including, but not limited to, dysphagia following cerebral infraction, dysphagia, oropharyngeal phase, cerebrovascular disease affecting the right dominant side, adult failure to thrive, seizures, and other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease. A review of the annual Minimum Data Set (MDS) assessment dated [DATE] revealed that R165 presented with a Brief Interview for Mental Status (BIMS) score of three, indicating severe cognitive impairment and that R165 required supervision/touching while eating. A review of the care plan initiated on [DATE] and updated on [DATE] revealed that R165 has the potential for nutritional deficit problems related to receiving a mechanically altered diet. Interventions indicate NAS (no added salt) pureed /dysphagia puree texture, thin liquids consistency diet as ordered [DATE]. A review of the physician orders for R165 dated [DATE] revealed R165 had an order for NAS diet pureed/dysphagia puree texture with thin liquids consistency. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Felton Drive East Point, GA 30344	

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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A review of the nursing note written by the Licensed Practical Nurse (LPN) OO revealed that R165 was sitting in a wheelchair at the nursing station when she noted that the resident choking on undigested food. It was documented that Food was falling out of his mouth, and he was choking for air. The Heimlich maneuver was started, and a mouth sweep was done but was unsuccessful. She documented that Cardiopulmonary Resuscitation (CPR) started and at that 911 was called; R165 started breathing again; the Medical Doctor (MD) was called; and R165's family member was called, informed of the resident choking, and that he was sent out by 911 to closet hospital. At 3:45 pm, R165 departed the facility breathing on his own with Emergency Medical Services (EMS). An interview on [DATE] at 9:30 am with the facility Administrator revealed that Certified Nursing Assistant (CNA) AA was viewed on facility camera handing R165 a sandwich prior to the event. She revealed that she expected R165 to return to the facility but when the facility contacted the local hospital, R165 was discharged from the hospital and sent to a local hospice on [DATE] and expired on [DATE]. An interview was conducted on [DATE] at 8:43 am with MDS Coordinator PP and MDS Coordinator QQ revealed they are responsible for putting information into the care plan. They stated diets were entered into the care plan by reviewing the physician's orders and that staff members and residents were interviewed to obtain interventions for nutrition for their abilities to eat. The facility implemented the following corrective action in response to the deficient practice which occurred on [DATE]: 1. The facility's Modified Texture of Food Policy, Care Plan Policy, and Resident Food Preferences Policy were reviewed on [DATE]; staff in-service education was initiated on [DATE]. As of [DATE], all policies were reviewed with 100% staff with the exception of those on Leave of Absence (LOA) and Family Medical Leave Act (FMLA). On [DATE], R165's care plan was reviewed to reflect the appropriate diet; no changes were made. As of [DATE], the facility census was 107. A review of the facility's policy titled, Modified Textures of Foods, revealed a revision date of [DATE]. A review of the facility's policy titled, Resident Food Preferences, revealed a revision date of [DATE]. A review of the facility's policy titled Care Plan Policy, revealed a revision date of [DATE]. An interview with the Administrator on [DATE] at 1:28 pm revealed that they do not add a new reviewed date unless there are changes to be made. A review of R165's care plan revealed a focus related to his mechanically altered diet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Felton Drive East Point, GA 30344	

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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	2. On [DATE], an Ad Hoc QAPI meeting was held with the Medical Director, Corporate Operations Consultant, Administrator, DON, Social Services Director, Staff Development Coordinator, Food Services Director, MDS staff, and Nurse Managers to review the IJ Removal Plan. The Care Plan policy was reviewed with no changes. The Daily Diet Verification Audit was performed for 100% of current residents and was completed on [DATE], by the DON. The audit concluded that 100% of the meal tray cards matched 100% of the residents' diet orders, Kardex, and care plans. See the attached audit of the Daily Diet Verification Audit. The specific number of staff that received the in-service included: Administrative nine out of nine; Registered Nurses (RNs) six out of six; LPNs 15 out of 15; Certified Medication Aides (CMAs) 10 out of 10; CNAs 44 out of 44; Housekeeping/Laundry 14 out of 14; Maintenance two out of two; Dietary nine out of nine; and Activities two of two. Interviews were conducted on [DATE] and all staff were found to be knowledgeable and able to verbalize the information shared during the education. LPN UUU at 1:59 pm; LPN EE at 1:28 pm; CMA RR at 1:50 pm; CNA PPP at 1:31 pm; CNA QQQ at 1:35 pm; CNA RRR at 1:40 pm; CNA LL at 1:47 pm; CNA BBB at 1:52 pm; CNA VVV at 2:06 pm; Laundry Aide (LA) AAA at 1:53 pm; LA XXX at 2:11 pm; Director of Housekeeping at 2:18 pm; Maintenance Director interviewed at 2:20 pm; Physical Therapy Assistant (PTA) TTT at 1:56 pm; Housekeeping WWW at 2:09 pm; Floor Tech YYY at 2:26 pm; CNA YY at 1:28 pm; CNA CCC at 1:32 pm; CMA SS at 1:55 pm; LPN AAA at 1:26 pm; Dietary Aide (DA) LLL 1:44 pm; DA MMM at 1:48 pm; DA NNN at 1:50 pm; DA OOO at 1:52 pm; ADON ZZ at 1:30 pm; LPN AA at 1:35 pm; CNA YY at 1:25 pm; CMA MM at 1:29 pm; CNA JJJ at 2:10 pm; Dietary Manager VV at 1:46; DA KK at 1:48 pm; DA HHH at 1:50 pm; DA TT at 1:53 pm; MDS PP at 2:00 pm, Rehab Director III at 2:05 pm; CMA FFFF at 3:27 pm; CNA GGGG3:32 pm; RN Supervisor HHHH at 3:35 pm; LA IIII at 3:40 pm; CMA/CNA JJJJ at 3:49 pm; CNA KKKK at 3:52 pm; and LPN DDDD at 3:55 pm. 3. No staff worked until they had completed the in-service education. There were 14 staff that were part-time; 15 staff PRN (as needed); and 12 staff contracted. These staff will be in-serviced and educated on the Modified Texture of Food Policy, Care Plan Policy, and Resident Food Preferences Policy by the DON or Staff Development Coordinator before being allowed to work. The target date for completion of all education was [DATE]. A review of the agency training binder revealed one undated in-service log titled, Care Plan Policy. Signatures of eight agency staff documented attendance dated [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]. A review of the agency in-services titled, Plan of Correction, Dietary Trays, Snack, Care Plan, dated [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE] revealed documented in-service of agency care staff who have worked in the facility since [DATE]. An interview with the Staff Development Coordinator on [DATE] at 12:37 pm revealed that she documents training for the agency in a separate binder and housekeeping in a separate binder. She stated that her process on how she educates agency staff involves putting the in-service in the book, and then they read the book and sign an acknowledgment of understanding. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	4. Effective [DATE], all newly hired staff will be in-serviced on their first day of hire by the Staff Development Coordinator, DON, or Nursing Administration. She will be providing the in-service/training during orientation upon hire, annually, and quarterly. Individuals will not work until they have received this in-service/training. A total of 107 out of 107 residents were identified as having correct diet orders. All residents' care plans were reviewed and updated to reflect appropriate diet orders. A review of the Plan of Correction revealed that the following would be discussed: Process of passing out snacks to the residents, Different types of meals given, Where to locate the snacks and what snacks can be given to the residents, Passing trays and checking the Diet Sheet to ensure that the resident gets the correct meal, and what to do if dietary send an incorrect meal. A review of the General Orientation Record revealed new hires received the education in orientation. The staff was re-educated related to the Dietary, Verifying snacks, Correct Diet, Heimlich maneuver, and tray verification. A review of 107 residents' diet orders and care plans, all were updated and correct. A review of the newly hired orientation and in-service training related to the Plan of Correction revealed they were completed. During an interview on [DATE] at 11:12 am, the Administrator stated depending on the staff start date, they would have training before going on the floor training or at orientation. The orientation agenda was revamped to gear towards the IJ. The DON is responsible for letting Human Resources (HR) know if an employee is no longer active. For the new employees, there is an agenda that is presented for the IJ Plan of Correction. There is a summary for Passing Tray and Snacks. It is a general orientation when they have something going on, it is specifically for training that is included in the orientation process. There is an addendum to the orientation regarding policy, summary, and orientation list attached to the sign-in sheets. 5. The facility implemented interventions on [DATE], to minimize the environmental risks and hazards. Interventions include: A Daily Diet Verification Audit was performed for 100% of current residents and was completed on [DATE] by the DON to ensure 100% of residents' meal trays matched 100% of residents' diet orders, Kardex, and care plans. A Snack Distribution Audit was performed for 100% of current residents and was completed on [DATE] by the DON and Nursing Administration to ensure that all residents received an accurate diet including snacks. A Meal Tray Observation Audit was performed for 100% of current residents and was completed on [DATE] by the DON and Nurse Managers to ensure that all residents received their appropriate meal trays. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115555	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provided education to all staff regarding Modified Texture of Food Policy, Care Plan Policy, and Resident Food Preferences Policy to include reporting any unmatched meal trays and diet orders to the Food Services Director and Director of Nursing. The initial incident was reported to the state on [DATE]. The facility reported all audit findings to the Quality Assurance Process Improvement (QAPI) Committee and conducted an Ad Hoc QAPI meeting on [DATE]. A review on [DATE] revealed that the Daily Diet Verification Audit was completed at 100% for resident diet orders, Kardex, and care plans. A review on [DATE] revealed that the Meal Tray Observation Aduit was completed at 100% for all residents who received appropriate meal trays. A review on [DATE] revealed that the Snack Distribution Aduit was completed at 100% for all residents who received appropriate meal trays. A review of the all-staff education documented Modified Texture of Food Policy, Care Plan Policy, and Resident Food Preferences Policy were reviewed and completed by the Food Service Director and Director of Nursing. A review of the QAPI Committee minutes revealed all audit findings were discussed and in place. A review of the sign-in sheet revealed that the Ad Hoc QAPI meeting was held on ,d+[DATE] 2024. 6. New interventions will be monitored by the DON daily for six months for effectiveness using the audit tools Daily Diet Verification Audit, and Snack Distribution Audit to ensure this deficient practice does not reoccur. If a problem is identified, it will be addressed by the Food Service Director, Administrator, DON, and Medical Director. All parties including the resident, the resident's responsible party, the Medical Director, the Administrator, the DON, and the Food Service Director will meet to discuss the policy's violation. If there is a problem and all parties cannot agree, there will be an Ad Hoc QAPI meeting with the Consultant Operations Consultant and possible corrective action. An interview was conducted on [DATE] at 1:15 pm with the administrator revealed the DON is responsible for overseeing the daily audits. Interview on [DATE] at 2:53 pm with DON, she stated there were no errors. She said no one received the incorrect tray during the audits. 7. All dates of corrective action for staff will be completed on [DATE]. The facility alleged that the IJ was removed on [DATE]. All dates of corrective actions were completed on [DATE]. The facility's IJ was determined to be Past Noncompliance, removed on [DATE].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50374 Based on observations, staff and resident interviews, record review, and review of the facility policy titled ADL Care-Bath (Shower) Hygiene Care, the facility failed to ensure Activities of Daily Living (ADL) care was provided for one of 36 sampled residents (R) (R47) relating to nail care. Findings included: A review of the facility's policy titled, ADL Care-Bath (Shower) Hygiene Care with a revised date of April 2024, documented under the section action (8), encourages residents to do as much of his/her own care as possible, supervise and assist residents as necessary. Clean and trim nails as needed. A review of the electronic medical record (EMR) revealed that R47 was admitted to the facility on [DATE] with a diagnosis of non-ST-elevation myocardial infarction (heart attack) and metabolic encephalopathy (impaired brain functioning). A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] documented that R47 presented with a Brief Interview for Mental Status (BIMS) score of eight, indicating moderate cognitive impairment and was dependent on staff for personal hygiene care. A review of the care plan dated 1/19/2025 revealed R47 had a preference of refusing activities of daily living (ADL) care, bathing, and changing clothes as follows: R47 will change clothes once a week. Prefers not to shave or trim beard, refuses podiatry care. He has long fingernails and toenails. Refuses showers also. During an observation on 3/10/2025 at 12:06 pm with R47 in his room, revealed that his fingernails were observed to be long and curled with a dark substance underneath. He states his fingernails have been long for a while, and he has expressed to staff he would like them to cut. He stated that the staff would tell him, Oh, your nails are really long, but they do not do anything about it. During an observation on 3/11/2025 at 9:49 am with R47 revealed his fingernails were long with dark substance underneath. R47 confirmed that he does not refuse to get his fingernails cut or refuse nail care. He stated someone came into his room that morning and attempted to cut the tips of his nails, but did not cut them all the way down, and did not clean underneath the nails. The nails were observed to still be long with dark substance underneath. During an interview on 3/12/2024 at 12:05 pm, Certified Nurse Assistant (CNA) BBB stated that ADL care consists of nail care, hair care, and bathing. CNA BBB stated nails should be cut every two weeks, and depending on the resident, nail care is carried out by podiatry, or if the resident is diabetic, then the nurses have to cut their fingernails. CNA BBB continued to state she is familiar with R47 and has noticed his nails are long with dark substance underneath. She revealed she is not sure what the dark substance underneath his nails is, it could possibly be food. Furthermore, CNA BBB confirmed R47's nails did not look like they were cut within two weeks, and they were still long with a dark substance underneath. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/19/2025 at 5:20 pm, the Director of Nursing (DON) revealed R47 was care planned for refusals and stated he won't allow the staff to get them down. She further stated ADLs should be done daily, and staff should attempt to conduct fingernail care if the resident allows.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0684

Level of Harm - Immediate jeopardy to resident health or safety

Residents Affected - Few

Provide appropriate treatment and care according to orders, resident's preferences and goals.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 51853

Based on observations, record reviews, staff interviews, and review of the facility's policies Modified Texture of Food and Resident Food Preferences, the facility failed to provide a pureed snack to one of 26 sampled residents (R) (R165) ordered to receive a mechanically altered diet. Specifically, the facility provided R165 a sandwich which resulted in him being sent out to the local emergency room (ER) and admitted to a hospice facility where he expired on [DATE].

On [DATE] a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation caused or had the likelihood to cause serious injury, harm, impairment, or death to residents.

The facility's Administrator and Director of Nursing (DON) were informed of the Immediate Jeopardy (IJ) for F656, F684, and F835 on [DATE] at 12:48 pm. The noncompliance related to the IJ was identified to have existed on [DATE].

An Acceptable IJ Removal Plan was received on [DATE] related to Comprehensive Care Plans, C.F.R. 483. 21; Quality of Care, C.F.R. 483.25; and Administration, C.F.R. 483.70.

Findings included:

A review of the Facility policy titled Modified Texture of Food Policy revealed that the facility offers Puree diets. The considerations were to read each tray card carefully to ensure all food textures were served to the residents accurately. Failure to do so may place the resident in a harmful situation.

A review of the facility policy titled Resident Food Preferences revealed the Physician and Dietician will communicate the risks and benefits of specialized therapeutic versus liberalized diets.

A review of the Electronic Medical Record (EMR) revealed that R165 was admitted to the facility on [DATE] with diagnoses including, but not limited to, dysphagia following cerebral infraction, dysphagia, oropharyngeal phase, cerebrovascular disease affecting the right dominant side, adult failure to thrive, seizures, and signs involving cognitive functions following unspecified cerebrovascular disease.

A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that R165 presented with a Brief Interview for Mental Status (BIMS) score of three, which indicates severe cognitive impairment. Further review revealed that R165 required supervision or touching assistance with eating and was ordered a mechanically altered diet.

A review of the care plan initiated on [DATE] and updated on [DATE] revealed that R165 has the potential for nutritional deficit problems related to receiving a mechanically altered diet. Further interventions indicate NAS (No added salt) pureed /dysphagia puree texture, thin liquids consistency diet as ordered ([DATE]).

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A review of the Physician Orders for R165 dated [DATE] revealed an order NAS (No Added Salt) diet, pureed / dysphagia puree texture, and thin liquids consistency. A review of a facility document dated [DATE] revealed that the Director of Nursing (DON) found that the allegation of neglect was substantiated and that the Certified Nursing Assistant (CNA) AA had been terminated. It was noted that the camera footage obtained on [DATE] revealed R165 pointing to the snack tray behind the nurse's station and CNA AA then proceeded to walk behind the nurse's station. Footage then showed CNA AA walking over to R165 and handing him an item that appeared to be a sandwich. A review of the nurse note dated [DATE] at (3:35 pm) by a Licensed Practical Nurse (LPN) OO documented that R165 was sitting in a wheelchair at the nursing station when he was noted the resident choking on undigested food. The nurse documented, Food was falling out of his mouth, and he was choking for air. The Heimlich maneuver was started, and a mouth sweep was done, but was unsuccessful. Cardiopulmonary Resuscitation (CPR) started the emergency services number was called. It was documented that R165 started breathing, the Medical Doctor called, and R165's family member was called and informed of the resident choking. He was sent out to an acute care hospital, and he was breathing on his own when he left the facility with emergency medical transport (EMT) personnel. During an interview on [DATE] at 8:38 am, CNA KK stated that she was present on [DATE] and witnessed the event related to R165. She stated she was sitting at the desk when another resident told her that he thought R165 was choking. She stated she observed LPN OO go to the resident and begin to pat him on the back. CNA KK stated that LPN OO took R165 to his room. She stated that she notified the DON and witnessed the DON enter R165's room. CNA KK stated she then called the emergency services number. During an interview on [DATE] at 8:52 am with Certified Medication Technician (CMT) RR she stated she was present on [DATE] and witnessed the event related to R165. She stated that she had started talking to R165 and she realized something was wrong. She stated that she took him to his room. She stated she thought LPN OO was present. CMT RR stated that she tried getting R165 out of the wheelchair to perform the Heimlich Maneuver, but he required a Hoyer Lift for transfer, and she was not able to get him up. She stated that the DON came into the room and went out to ensure that the emergency services number was called. She further stated that she and LPN OO got R165 out of the chair and onto the floor and performed a finger sweep in R165's mouth and removed what appeared to her to be a bread-like substance. She stated that CPR was started until the EMT service personnel arrived, took over CPR, and transported R165 to the local ER. During an interview on [DATE] at 9:30 am, the facility Administrator revealed employee CNA AA was viewed on the facility camera handing R165 a sandwich before the event. During an interview conducted on [DATE] at 3:25 pm, the Administrator revealed she expected the resident to return but when the facility checked with the local hospital and was informed that R165 had been transferred out to a hospice facility on [DATE] and that he expired on [DATE]. An attempt was made but CNA AA was unavailable for an interview. The facility implemented the following corrective action in response to the deficient practice which occurred on [DATE]: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Felton Drive East Point, GA 30344	

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	1. The facility's Modified Texture of Food Policy, Care Plan Policy, and Resident Food Preferences Policy were reviewed on [DATE]; staff in-service education was initiated on [DATE]. As of [DATE], all policies were reviewed with 100 percent (%) staff except for those on Leave of Absence (LOA) and Family Medical Leave Act (FMLA). On [DATE], R165's care plan was reviewed to reflect the appropriate diet; no changes were made. As of [DATE], our census was 107. A review of the facility's policies titled Modified Textures of Foods, Resident Food Preferences, and Care Plan Policy were reviewed with no concerns. An interview with the Administrator on [DATE] at 1:28 pm stated that these policy reviews are mentioned in the QAPI meetings. A review of in-services in the removal plan binder revealed training specific to the Modified Texture of Food Policy, Care Plan Policy, and Resident Food Preferences Policy initiated on [DATE]. 2. On [DATE], an AdHoc Quality Assurance Process Improvement (QAPI) meeting was held with the Medical Director (MD), Corporate Operations Consultant (COC), Administrator, DON, Social Services Director (SSD), Staff Development Coordinator (SDC), Food Services Director (FSD), MDS staff, and Nurse Managers to review the self-imposed IJ Removal Plan. The Care Plan policy was reviewed with no changes. The Daily Diet Verification Audit was performed for 100% of current residents and was completed on [DATE] by the DON. The audit concluded that 100% of meal tray cards matched 100% of the residents' diet orders, Kardex, and care plans. See the attached audit of the Daily Diet Verification Audit. The specific number of staff that received the in-service included: nine of nine Administrative Staff; six of six Registered Nurses (RNs);15 of 15 LPNs; 10 of 10 CMAs; 44 of 44 CNAs; 14 of 14 Housekeeping and Laundry staff; two of two Maintenance staff; nine of nine Dietary staff; and two of two Activities staff. A review on [DATE] of the Plan of Correction (PoC) Binder revealed that a QAPI meeting was held on [DATE] and revealed a copy of the Care Plan policy. A review on [DATE] of PoC Binder revealed the Daily Diet Verification Audit was performed for 100% of current residents and completed on [DATE]. The audit concluded that 100% of the meal tray cards matched 100% of the residents' diet orders, Kardex, and care plans. Interviews were conducted on [DATE] and all staff were found to be knowledgeable and able to verbalize the information shared during the education. LPN UUU at 1:59 pm; LPN EE at 1:28 pm; CMA RR at 1:50 pm; CNA PPP at 1:31 pm; CNA QQQ at 1:35 pm; CNA RRR at 1:40 pm; CNA LL at 1:47 pm; CNA BBB at 1:52 pm; CNA VVV at 2:06 pm; Laundry Aide (LA) AAA at 1:53 pm; LA XXX at 2:11 pm; Director of Housekeeping at 2:18 pm; Maintenance Director interviewed at 2:20 pm; Physical Therapy Assistant (PTA) TTT at 1:56 pm; Housekeeping WWW at 2:09 pm; Floor Tech YYY at 2:26 pm; CNA YY at 1:28 pm; CNA CCC at 1:32 pm; CMA SS at 1:55 pm; LPN AAA at 1:26 pm; Dietary Aide (DA) LLL 1:44 pm; DA MMM at 1:48 pm; DA NNN at 1:50 pm; DA OOO at 1:52 pm; ADON ZZ at 1:30 pm; LPN AA at 1:35 pm; CNA YY at 1:25 pm; CMA MM at 1:29 pm; CNA JJJ at 2:10 pm; Dietary Manager VV at 1:46; DA KK at 1:48 pm; DA HHH at 1:50 pm; DA TT at 1:53 pm; MDS PP at 2:00 pm, Rehab Director III at 2:05 pm; CMA FFFF at 3:27 pm; CNA GGGG3:32 pm; RN Supervisor HHHH at 3:35 pm; LA IIII at 3:40 pm; CMA/CNA JJJJ at 3:49 pm; CNA KKKK at 3:52 pm; and LPN DDDD at 3:55 pm. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	3. No staff shall work until they have completed the in-service education. There are 14 staff that are part-time, 15 staff that are PRN (as needed), and 12 staff that are contracted. These staff will be in-serviced and educated on the Modified Texture of Food Policy, Care Plan Policy, and Resident Food Preferences Policy by DON or Nursing Administration before being allowed to work. The target date for completion of all education is [DATE]. A review of the agency training binder revealed one undated in-service log titled, Care Plan Policy. Signatures of eight agency staff documented attendance dated [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]. A review of the agency in-services titled, Plan of Correction, Dietary Trays, Snack, Care Plan, dated [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE] revealed 40 names of agency care staff have documented in-service attendance since [DATE]. An interview with the SDC on [DATE] at 12:37 pm revealed that she documents training for the agency staff in a binder and housekeeping in a separate binder. She stated that her process on how she educates agency staff involves putting the in-service in the book and then they are required to read the in-service and sign for understanding. 4. Effective [DATE], all newly hired staff will be in-serviced on their first day of hire by the SDC or Infection Preventionist (IP) Nurse. They will be providing the in-service/training during orientation upon hire, annually, and quarterly. Individuals will not work until they have received this in-service/training. A total of 107 out of 107 residents were identified as having correct diet orders. All residents' care plans were reviewed and updated to reflect appropriate diet orders. A review of the PoC stated the following will be discussed (1) Resident Food Preference Policy, (2) Frequency of Meals Policy, (3) Process of passing out snacks to the residents, (4) Different types of meals given at (the facility), (5) Where to locate the snacks and what snacks can be given to the residents, (6) Passing trays and checking the Diet Sheet to ensuring that the resident get the correct meal, (7) What to do if dietary send an incorrect meal, (8) Offering the resident an alternative meal if they dislike the meal, and (9) Hand hygiene. A review of the General Orientation Record revealed new hires received orientation accordingly. Dietary (PoC) Verifying snacks, Correct Diet, Heimlich maneuver, and Abuse all verified. * A review of 107 of 107 residents' diet orders and care plans were updated and all correct. * A review of the new hire orientation and in-service training related to the PoC revealed they were completed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on [DATE] at 11:12 am, the Administrator stated depending on the staff start date, they would have training before going on the floor training or at orientation. The orientation agenda was revamped to gear towards the IJ. The DON was responsible for letting Human Resources know if an employee was no longer active. For the new employee, there is an agenda that is presented for the IJ PoC. There was a summary for Passing Tray and Snacks. It was a general orientation when they have something going on, it is specifically for training that is included in the orientation process. There is an addendum to the orientation regarding policy, summary, orientation list, and sign-in sheets. The in-service sheets dated [DATE] through [DATE] were reviewed and verified that staff were re-educated. The Kardex was updated. 5. The facility implemented interventions on [DATE] to minimize environmental risks and hazards. Interventions include: * A Daily Diet Verification Audit was performed for 100% of current residents and was completed on [DATE], by the Director of Nursing to ensure 100% of residents' meal trays matched 100% of residents' diet orders, Kardex, and care plans. * A Snack Distribution Audit was performed for 100% of current residents and was completed on [DATE] by the DON to ensure that all residents received the accurate diet including snacks. * A Meal Tray Observation Audit was performed for 100% of current residents and was completed on [DATE] by the DON and Nurse Managers to ensure that all residents received their appropriate meal trays. * Provided education to all staff regarding Modified Texture of Food Policy, Care Plan Policy, and Resident Food Preferences Policy including reporting any unmatched meal trays and diet orders to the FSD and DON. It was verified that the initial incident was reported to the state on [DATE]. The facility reported all audit findings to the QAPI Committee. Conducted an Ad Hoc QAPI meeting on [DATE]. * A review on [DATE] revealed the Daily Diet Verification Audit was completed at 100% for resident diet orders, Kardex, and care plans. * A review on [DATE] revealed the Meal Tray Observation Aduit was completed at 100% for all residents who received appropriate meal trays. * A review on [DATE] revealed the Snack Distribution Aduit was completed at 100% for all residents who received appropriate meal trays. A review of the all-staff education documented Modified Texture of Food Policy, Care Plan Policy, and Resident Food Preferences Policy were reviewed and completed by the FSD and DON. A review of the QAPI Committee minutes revealed all audit findings were discussed and in place. The Ad Hoc QAPI meeting was determined to be held on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	6. New interventions were monitored by the DON for effectiveness using the audit tools Daily Diet Verification Audit, Snack Distribution Audit, and Meal Tray Observation Audit to ensure the deficient practice did not reoccur. If a problem is identified, it will be addressed by the FSD, Administrator, DON, and Medical Director. All parties including the resident, the resident's responsible party, the Medical Director, the Administrator, the DON, and the FSD will meet to discuss the policy's violation. If there is a problem and all parties cannot agree, there will be an Ad Hoc QAPI meeting with the COC and possible corrective action. A review of the audits dated [DATE], [DATE], and [DATE] revealed the Food Service Director Audit and Meal Tray Observation Aduit were completed. During an interview on [DATE] at 2:42 pm, DON stated they have a meeting every day related to diets, and all the issues found were discussed in the QAPI meeting. She stated the audits were discussed at QAPI. 7. All dates of corrective action for staff were alleged by the facility to be completed on [DATE]. The facility alleged that the IJ was removed on [DATE]. All dates of corrective actions were validated as completed on [DATE]. The facility's IJ was determined to be Past Noncompliance, removed on [DATE].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0689

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 50272

Based on observations, record review, and interviews, the facility failed to make handrails accessible on two of two wings (East Wing and [NAME] Wing); and failed to adequately assess one of 36 sampled residents (R) (R20) for self-administration of medication.

Findings included:

1. During observations conducted on 3/10/2025 at 10:24 am, 3/11/2025 at 11:01 am, 3/12/2025 at 3:11 am, 3/13/2025 at 10:47 am, 3/14/2025 at 11:21 am, 3/15/2025 at 9:30 am, 3/16/2025 at 10:21 am, 3/17/2025 at 1:32 pm and 3/18/2025 at 9:37 am on East Wing, the following was revealed:

* One dresser was observed between rooms [ROOM NUMBERS], blocking the handrail.

* One dresser was observed between rooms [ROOM NUMBERS], blocking the handrail.

* Four dressers were observed between rooms [ROOM NUMBERS], blocking the handrail.

* Three dressers were observed between rooms [ROOM NUMBERS], blocking the handrail.

* Six dressers were observed between rooms [ROOM NUMBERS], blocking the handrail.

* One dresser was observed between rooms [ROOM NUMBERS], blocking the handrail.

* Four dressers were observed between rooms [ROOM NUMBERS], blocking the handrail.

* One dresser was observed on the right side of room [ROOM NUMBER], blocking the handrail.

* Three dressers were observed on the left side of room [ROOM NUMBER], blocking the handrail.

* Four dressers were observed between rooms [ROOM NUMBERS], blocking the handrail.

* One dresser was observed between rooms [ROOM NUMBERS], blocking the handrail.

During observations conducted on 3/13/2025 at 12:08 pm, 3/14/2025 at 11:21 am, 3/15/2025 at 9:30 am, 3/16/2025 at 10:21 am, 3/17/2025 at 1:32 pm, and 3/18/2025 at 9:37 am on the [NAME] Wing, the following was revealed:

* Three dressers were observed between rooms [ROOM NUMBERS], blocking the handrail.

* Two dressers were observed between rooms [ROOM NUMBERS], blocking the handrail.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115555	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview conducted on 3/13/2025 at 10:42 am, the Maintenance Director revealed that he has been employed at the facility for two years. He stated that over the last two weeks, there was ongoing construction on the East Wing, where the facility was remodeling the closets. He stated that the space only had basic closets before the remodeling, but they are now adding individual wardrobes. He stated that the wardrobes were delivered around two weeks ago and that he could not provide an exact completion date because the external contractor is occasionally short-staffed. During an interview conducted on 3/19/2025 at 5:03 pm, the Director of Nursing (DON) revealed that the purpose that the handrails is to help residents who ambulate. The DON stated that a possible negative outcome from handrails not being accessible would be that it can interfere with the resident's ability to use the handrail, and confirmed that the dressers are blocking the handrails from resident use. During an interview conducted on 3/19/2025 at 5:37 pm, the Administrator revealed that the purpose of the handrails is to assist residents with mobility and that a possible negative outcome from handrails not being accessible could be residents requiring more assistance from staff. The Administrator confirmed that the dressers were obstructing the use of the handrails. 2. A review of the policy titled Self-Administration of Medications dated October 2024 documented that residents in the facility who wish to self-administer their own medications may do so, if it is determined that they are capable . Bedside medications will be stored in a uniform fashion. The Director of Nursing (DON) is responsible for instructing all licensed and non-licensed nursing personnel that drugs discovered at the bedside must be reported to the charge nurse on duty. These drugs will be removed unless they have been specifically ordered to be stored at the bedside by a physician. The charge nurse will report to the DON the removal at the earliest reasonable time. Medications will be ordered for bedside use only for residents who are alert and can follow instructions for use. When not in use, beside medications will be stored in a locked cabinet or a drawer in the resident's room. A review of the facility's policy titled Resident's Rights dated 5/30/2024 documented that the resident has the right to exercise his or her rights in the facility and as a citizen or resident of the United States. All residents have rights guaranteed to them under Federal and State laws and regulations. Each resident has the right to be treated with dignity and respect. All activities and interactions with residents by any staff, temporary agency staff, or volunteers must focus on assisting the resident in maintaining and enhancing his or her self-esteem and self-worth and incorporating the resident's goals, preferences, and choices. An individual resident may self-administer drugs if the interdisciplinary (IDT) team has determined that this practice is safe. During an observation on 3/10/2025 at 10:58 am, R20 was observed in his room. On the nightstand, the following was observed: triamcinolone acetonide ointment ups 0.1 percent, nystop top powder, and milk of magnesia. During an interview with R20, he stated he received the medication from the hospital. During observations on 3/11/2025 at 9:32 am and on 3/12/2025 at 11:18 am, the same above medications were observed on R20's nightstand. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Felton Drive East Point, GA 30344	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the electronic medical record revealed that R20 was admitted to the facility on [DATE] with a diagnosis of unspecified dementia, psychoactive substance abuse, opioid dependency, alcohol abuse, major depressive disorder, and candidiasis of skin and nails. A review of the annual Minimum Data Set (MDS) assessment dated [DATE] revealed that R20 presented with a Brief Interview for Mental Status (BIMS) score of 15, indicating that R20 was cognitively intact. A review of the care plan dated 2/18/2025 revealed that R20 was observed with over-the-counter medication in his possession and refuses to surrender to staff when requested. Staff explained the importance of compliance and the potential for harm if medications are contraindicated. A review of consolidated physician orders for R20 with print date of 3/11/2025 revealed no orders were found for Triamcinolone Acetonide Ointment USP, 0.1 percent (Skin Cream); for Nystop Top Powder 100,000 60 gram (GM) (Topical Antifungal for skin); or for Milk of Magnesia (Laxative for constipation). A review of R20 EMR revealed no self-administration of medication assessment. During an interview on 3/12/2025 at 11:41 am, R20 stated he could not remember when he went to the hospital and stated that the medications are cream for his feet, hands, and arms. He states they occasionally feel raw, and he uses it daily and nightly on his rashes. He continued to state that the staff have never assessed him for being able to administer the cream on himself. During an interview on 3/12/2025 at 4:09 pm, the DON stated that the facility has a policy for self-administration of medications in the event a resident would like to administer their own medication. She stated that the process would involve that an assessment would be conducted for the residents to ensure they can safely administer or apply it correctly, an order from the Medical Director (MD) for self-administration, and discussion with the IDT team before approval. Further, the DON reviewed R20's EHR and confirmed he does not have an assessment for self-administration of medication. During an observation with the DON of R20's room, it was confirmed that there was prescribed medication on his nightstand. The DON informed that R20 would need to be assessed to self-administer the medications. She further confirmed that all staff are responsible for making rounds to ensure medications are not in the residents' rooms, and she expects her staff to inform her of these concerns. 50374

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Felton Drive East Point, GA 30344	

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51853 Based on observations, staff interviews, record review, and review of the facility's policy Oxygen Therapy Policy, the facility failed to administer oxygen therapy according to the physician's orders for two of 13 residents (R) (R75 and R99) receiving oxygen therapy. Findings included: A review of the facility policy titled Oxygen Therapy Policy, issued 11/28/2017, and last reviewed in April 2024, documented that oxygen therapy is to be used with a written order by a physician. 1. A review of the electronic medical record (EMR) revealed R75 was admitted to the facility on [DATE] with diagnoses of, but not limited to, chronic obstructive pulmonary disease (COPD), atelectasis, and respiratory failure with hypoxia. A review of the admission Minimum Data Set (MDS) assessment dated [DATE] documented that R75 had a Brief Interview for Mental Status (BIMS) score of 13, indicating the resident was cognitively intact and was receiving oxygen therapy. A review of the care plan dated 2/20/2025 revealed that R75 required continuous oxygen related to the disease process, with interventions that included oxygen therapy as ordered by the physician. A review of the physician order dated 2/25/2025 revealed R75 had an order for oxygen at 3 liters (L) per Nasal Cannula (NC) continuously every shift. During an observation on 3/10/2025 at 12:32 pm, the oxygen concentrator for R75 revealed it was set at 4.5L and was being delivered via NC. During an observation on 3/11/2025 at 10:15 am, the oxygen concentrator for R75 was observed set at 5L via NC. During an interview at this time, Medication Technician (MT) SS confirmed the oxygen concentrator was set at 5L. During an interview on 3/12/2025 at 11:15 am, the Director of Nursing (DON) stated that orders were written for R75 to be sent for evaluation due to incorrect delivery rate, but the resident refused to go out and refused to use his BiPAP, which was ordered at night. 2. A review of the EMR revealed that R99 was admitted to the facility on [DATE] with diagnoses of, but not limited to, pulmonary embolism without acute cor pulmonale and emphysema. A review of the quarterly MDS assessment dated [DATE] revealed that R99 presented with a BIMS score of six, indicating the resident had severe cognitive impairment and was receiving oxygen therapy. A review of the care plan dated 1/4/2025 revealed R99 was receiving oxygen therapy related to ineffective gas exchange. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115555	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the physician order dated 2/25/2025 revealed that R99 had an order for oxygen at 3L per mask or cannula continuously. During an observation on 3/10/2025 at 12:33 pm, the oxygen concentrator for R99 revealed a rate of delivery of 5L. During an interview on 3/11/2025 at 8:49 am, Licensed Practical Nurse (LPN) HH revealed that the nursing staff are to check the oxygen rate, resident oxygen saturation, and the date entered on the tubing and the humidification bottle for residents receiving oxygen therapy. She revealed that the physician's orders inform the nursing staff of the rate ordered, and they are to ensure that the rates are set accurately on the concentrators. During an interview on 3/11/2025 at 9:08 am, LPN LL revealed that the nursing staff are supposed to check physician orders for oxygen rate and then check the concentrator when they go into the resident's room to ensure it is set at the correct rate. During an interview on 3/11/2025 at 9:26 am, LPN JJ revealed that the nursing staff checks the physician's order to confirm that the oxygen concentrator is set to the correct rate per the physician's order. She stated they ensure that the oxygen tubing and the humidification bottle are connected properly. During an interview on 3/12/2025 at 11:15 am, the DON confirmed that the nursing staff are responsible for checking oxygen rates. She stated that all residents on oxygen should be checked daily by the nurse on the unit in which they reside.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50374 Based on observations, resident and staff interviews, record review, and the facility's policy titled Pain Management - Acute, Chronic, and Subacute, the facility failed to ensure that pain management was provided for one of 36 sampled residents (R) (R71) who require such services consistent with professional standards of practice and the comprehensive person-centered care plan. Actual Harm was identified on 3/13/2025, when staples became embedded in R71's amputation surgical site after the facility failed to provide transportation for post-operation (post-op) appointments. Findings included: A review of the facility's policy titled, Pain Management- Acute, Chronic, and Subacute dated February 2025 documented the facility will have an effective pain recognition and management that is ongoing and committed to resident's comfort, identifying and addressing barriers to managing pain and addressing any misconceptions that resident, families, and staff have about managing pain. Recognition and Management of Pain - In order to help a resident attain or maintain his or her highest practicable level of well-being and prevent or manage pain, to the extent possible: Recognize when the resident is experiencing pain and identify circumstances when pain can be anticipated. Manage or prevent pain consistently with the comprehensive assessment and plan of care, the current clinical standard of practice, and the resident's goals and preferences. A review of the electronic medical record (EMR) revealed that R71 was admitted to the facility on [DATE] with a diagnoses of encounter for orthopedic aftercare following surgical amputation, acquired absence of right leg below the knee, acquired absence of left above the knee, type 2 diabetes mellitus with other skin conditions, infection following a procedure, other surgical site subsequent encounter, unspecified complication of a procedure subsequent encounter, atherosclerosis of native arteries of extremities with rest pain, right leg, and partial traumatic amputation of right foot. A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that R71 had a Brief Interview for Mental Status (BIMS) score of 14, indicating that R71 was cognitively intact; had lower extremity impairments; and had a pain medication regimen, PRN (as needed) for pain, non-medication interventions for pain, occasionally in pain, moderate pain intensity, and major orthopedic surgery. A review of the care plan dated 2/12/2015 documented that R71 has the potential for pain related to a recent surgical/medical procedure. A review of the care plan dated 2/12/2015 revealed that R71 had a left above-knee amputation and right transmetatarsal (foot between toes and arch removed) amputation, with interventions that included monitor/document pain management; document frequency, duration, intensity of pain, and phantom pain; and report to physicians if medications are not effective. A review of the care plan dated 2/12/2015 documented R71 had wound management for post-surgical general. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Felton Drive East Point, GA 30344	

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 0697 Level of Harm - Actual harm Residents Affected - Few	A review of physicians' orders for R71 revealed an order for Tramadol HCI (relieves pain) oral 50 milligrams (MG), give one tablet by mouth every six hours PRN for pain and Tylenol extra strength oral tablet (Acetaminophen) (relieves pain), give 100 mg by mouth every 8 hours PRN for right leg stump pain. A review of the Pain assessment dated [DATE] indicated that R71 had frequent pain daily, with pain management to administer Tylenol 500 mg PRN. A review of the nurse note dated 3/11/2025 documented that R71 requested the wound care nurse remove staples to below-knee amputation (BKA) due to an appointment cancellation. The vascular office gave a verbal order to remove staples and for R71 to follow up in their office. R71 was educated . and 28 staples were successfully removed, with six staples left in place due to resident discomfort. During a telephone interview on 3/12/2025 at 9:20 am, the family member of R71 stated R71 had an appointment on 3/11/2025 to remove her staples from her recent surgery, and the facility canceled her appointment. The family member stated she went to the clinic to meet R71 for her appointment, but R71 never arrived. She further revealed that R71 stated the facility never scheduled transportation, and that she was concerned because R71 expressed to her the pain from the staples, and her skin was starting to grow around the staples. During an observation on 3/13/2025 at 1:28 pm, R71 was observed in her room and revealed that the six staples that were not removed were embedded into the skin of her right leg on her surgical wound that appeared to have crust build up in between the staples and skin. She revealed the facility did not schedule transportation for the post-op appointment. R71 stated that she told the facility she wanted the staples out in fear of a possible infection, and she had had enough of taking Tylenol to deal with the pain. She stated that they told her that they had called the clinic to receive an oral order for the wound care nurse to remove the staples at the facility, but she could not go through with the last remaining six staples because of the discomfort and pain. During an interview on 3/13/2025 at 1:41 pm, the wound care nurse revealed that she was alerted by R71 that she did not have an opportunity to make it to her appointment. She stated the East Wing Unit Clerk should have reached out to the vascular clinic to get an oral order from the physician for the wound care nurse to remove the staples from R71's surgical site. The wound care nurse confirmed there was a possibility of infection with the staples being embedded in R71's skin due to the length of time. She further revealed she had removed all the staples except for six, and she would have to get those removed at the vascular clinic. During a telephone interview on 3/14/2025 at 9:53 am, the vascular clinic representative stated R71 had a post-op appointment originally scheduled on 3/4/2025 to remove the staples after the amputation surgery, but that the appointment was cancelled due to the provider's request and was rescheduled for 3/11/2025. She continued to state that the facility called and cancelled R71's appointment for 3/11/2025 due to transportation issues, and the facility rescheduled for 3/18/2025. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Felton Drive East Point, GA 30344	

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 0697 Level of Harm - Actual harm Residents Affected - Few	During a telephone interview on 3/18/2025 at 10:20 am, the Medical Director (MD) revealed she was not aware that R71 missed the post-op appointment to get the staples removed from her surgical site. She stated she was unaware of R71's pain because it was not expressed directly to her. The MD stated that she had a video appointment a few days ago with R71 and had noticed then that the staples were embedded in her skin. She stated that she informed the staff that R71 needed to make it to her rescheduled appointment to remove the remaining staples. During an interview on 3/19/2025 at 8:31 am, Certified Nurse Assistant (CNA) MM revealed R71 would tell them about her pain with the staples in her leg, and she couldn't wait to get them taken out because they hurt. During an interview on 3/19/2025 at 9:53 am, CNA XX stated R71 would tell staff that she had pain related to her leg hurting. During an interview on 3/19/2025 at 5:39 pm, the Director of Nursing (DON) stated that all residents are assessed for pain via the pain scale every shift, and if there are any changes in condition, they proceed with a pain assessment. She stated R71 has several interventions and medications in place related to her pain post-surgery. She stated that if a resident's pain is unmanageable, they will be sent to the emergency department. During an interview on 3/19/2025 at 5:39 pm, the Administrator confirmed that if pain is not properly managed, it can result in potential harm to a resident. She stated that she expects staff to conduct pain assessments, notify the physician, follow the physician's recommendations, speak with the resident, and monitor the effectiveness of the pain management. [Cross Reference F774]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49673 Based on observations, staff interviews, and a review of the facility policy titled Administration of Medications, the facility failed to properly lock and secure three of four medication carts (Medication Carts A and B on the East Wing and Medication Cart C on the [NAME] Wing). Findings included: A review of the facility policy titled Administration of Medications with a review date of October 2024 revealed that staff will maintain the medication cart locked at all times when unattended. 1. During an observation and interview on 3/14/2025 at 5:18 am, Licensed Practical Nurse (LPN) LPN BB was observed on the East Wing using Medication Cart A. She unlocked the medication cart (Medication Cart A) outside the nurse station with the outward side facing accessibility to three male residents sitting within distance. LPN BB left the cart and was observed sitting behind the nurse station on a computer. LPN BB confirmed she had just come from a resident's room, that a staff member stopped her, and she sat down to do something in a resident's charts. The LPN BB confirmed that she had all medication types on medication cart A, such as psychotropic, diuretic, and narcotics. LPN BB explained that the possible negative outcome when leaving a medication cart unlocked with residents present is that the residents could take medication off the cart. LPN BB mentioned she had in-service on maintaining the medication carts a couple of weeks ago. 2. During an observation and interview on 3/14/2025 at 5:25 am, Medication Cart B was observed on the East Wing, left unlocked outside of the nurse station, with the outward side facing three male residents sitting within distance. A Certified Medical Assistant (CMA) CC was observed sitting behind the nursing station, working on the computer. During an interview, CMA CC confirmed she was away from Medication Cart B for roughly 10-15 minutes. She stated that she does not see how the medication on cart B could have any possible negative outcome or any effects on the resident because she does not pass narcotics. CMA CC confirmed that she had training five months ago on Medication Storage and Administration, and it mentioned to make sure all medications are dated, the medication cart is locked at all times, and nothing is left on top of the medication cart. 3. During an observation and interview on 3/15/2025 at 9:49 am, Medication Cart C on the [NAME] Wing was observed unlocked and unattended. LPN FF confirmed she was trying to get into the computer, but she was not able to get in, so she went into the back of the nurse's station to get into the computer, and she walked away from the medication cart, leaving it unlocked and unattended. LPN FF confirmed she left the medication cart unlocked. During this observation, the Unit Manager/ LPN EE was observed locking Medication Cart C. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. During an observation and interview on 3/16/2025 at 11:08 am, Medication Cart C on the [NAME] Wing was observed unlocked, and no nurse was observed in the hallway. After a few minutes, LPN GG came out of a resident's room and confirmed the cart was unlocked and was left unattended. LPN GG stated that it was her first day on the floor, and she had been in the resident's room for two minutes, but she thought she had locked the medication cart. LPN GG stated that she has been a nurse for [AGE] years, and she received in-service training on ensuring that the medication carts are locked when the cart is not within view. LPN GG mentioned that the possible negative outcome is that a patient, staff member, or family member can get into the medication cart. During an interview on 3/14/2025 at 5:33 am, the supervisor, Registered Nurse (RN) DD, revealed that the medication cart should be locked if staff are away. RN DD confirmed that it does not matter how long the staff was away; they should have ensured that the medication cart was locked. RN DD mentioned the procedure was to have the carts locked, but if he finds a cart unlocked, he will lock it and ask the staff why it was unlocked. RN DD explained, We have completed in-service on medication carts and will continually educate and always monitor. RN DD shared that all medications could potentially cause adverse reactions to residents if they were to access the unlocked cart. During an interview on 3/14/2025 at 11:39 am, the Director of Nursing (DON) revealed that the medication carts should be locked at all times when staff are away from the cart unless they are stocking the cart. The DON explained that residents should not go into a cart, and staff should be present to ensure that. The DON revealed that she expected the medication carts to be locked and secured when out of the eyesight of the nurses and CMAs, and that medications should not be left unsecured. The DON emphasized that the procedure was to keep the medication cart secure, and that she and the Staff Development Nurse had completed in-service.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Felton Drive East Point, GA 30344	

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 0774 Level of Harm - Actual harm Residents Affected - Few	Help the resident with transportation to and from laboratory services outside of the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50374 Based on interviews and record review, the facility failed to schedule transportation arrangements for a medical appointment for one of 36 sampled residents (R) (R71), resulting in a missed post-operation (post-op) appointment after a surgical procedure. Actual Harm was identified on 3/13/2025, when staples became embedded in R71's amputation surgical site after the facility failed to provide transportation for post-operation (post-op) appointments. Findings included: A review of the electronic medical record (EMR) revealed that R71 was admitted to the facility on [DATE] with a diagnoses of encounter for orthopedic aftercare following surgical amputation, acquired absence of right leg below knee, acquired absence of left above knee, type 2 diabetes mellitus with other skin conditions, infection following a procedure, other surgical site subsequent encounter, unspecified complication of procedure subsequent encounter, atherosclerosis of native arteries of extremities with rest pain, right leg, partial traumatic amputation of right foot, level unspecified subsequent encounter. A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] documented R71 had a Brief Interview for Mental Status (BIMS) score of 14, indicating little to no cognitive impairment; both lower extremity impairment; and that R71 had pain a medication regimen, PRN (as needed) for pain, non-medication interventions for pain, occasionally in pain, moderate pain intensity, and major orthopedic surgery. A review of the care plan dated 2/12/2015 documented R71 has potential for pain related to a recent surgical/medical procedure. A review of the Grievance Letter dated 1/21/2025 by a family member of R71 stated, On 1/13/2025, it came to my attention that R71's appointment with her vascular doctor, scheduled for 10:30 am, had been changed without informing me or any family member. The appointment was moved to a different doctor on 1/16/2025, and we were not notified of this change. The appointment was canceled due to a late/no-show arriving an hour after the scheduled appointment. A review of the Patient Appointment Reminder dated 1/2/2025 documented that this is a reminder. You have an appointment at 10:00 am on Monday, 1/13/2025. All appointment and transportation forms for January 2025 were requested on 3/14/2025 at 12:49 pm from the [NAME] Wing Unit Clerk. As of the exit date of the survey, this information was not provided. During a telephone interview on 3/12/2025 at 9:20 am with a family member of R71, it was revealed that R71 had an appointment on 3/11/2025 to remove her staples from her recent surgery, and the facility canceled her appointment. She stated she went to the clinic to meet R71 for her appointment, and she never arrived. She further revealed R71 stated the facility never scheduled transportation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0774 Level of Harm - Actual harm Residents Affected - Few	During a telephone interview on 3/14/2025 at 9:53 am with the vascular clinic representative stated R71 had a post-operation (post-op) appointment originally scheduled on 3/4/2025 to remove the staples from her amputation surgery, but was cancelled due to the provider's request and was rescheduled for 3/11/2025. She continued to state that the facility called and cancelled R71's appointment for 3/11/2025 due to transportation issues, and the facility rescheduled the appointment for 3/18/2025. During an interview on 3/14/2025 at 1:55 pm, the East Wing Unit Clerk stated she coordinates the transportation for appointments on the East Wing and was aware R71 had an appointment that was rescheduled for 3/11/2025. The East Wing Unit Clerk assumed the clinic called R71 regarding her missed appointment. She further stated she was aware that R71 was supposed to have her staples removed and that R71 informed the staff that she was in pain and complained that her skin was tight around her staples. During an interview on 3/19/2025 at 5:25 pm, the Director of Nursing (DON) stated that if appointments are missed, a grievance should be filed. They will contact the center to reschedule any missed appointments, but a lot of their residents make their own appointments, and the transportation company needs a 72-hour advanced notice. She further revealed that the Unit Clerks should have a log on the unit that is provided to the Unit Manager to ensure appointments are made and are accurate. [Cross Reference - F697]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Felton Drive East Point, GA 30344	

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50803 Based on observations, staff and resident interviews, record review, and review of the facility's policy titled Dental Services Policy, the facility failed to provide dental services for one of 36 sampled residents (R) (R77). Findings included: A review of the facility's policy titled Dental Services Policy, revised 3/18/2024, revealed that routine and emergency dental services are available to meet the resident's oral health needs in accordance with the resident's assessment and plan of care and that dental assessments are conducted on an annual basis and as needed. The assessing nurse will notify social services of dental concerns and the resident's need for dental services. A review of R77's electronic medical record (EMR) revealed that R77 was admitted to the facility on [DATE] with diagnoses of, but not limited to, hemiplegia and hemiparesis, following cerebral infarction affecting the right dominant side. A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed R77 presented with a Brief Interview for Mental Status (BIMS) of 10, which indicated the resident had moderate cognitive impairment and required partial to moderate assistance for oral hygiene. A review of the care plan dated 4/2/2024 indicated that R77 had an Activities of Daily Living (ADL) deficit. Interventions included that staff would provide extensive assistance in personal hygiene and oral care for R77. A review of R77's Physician's Orders included, but was not limited to, an order dated 4/2/2024 for a dental consultant for evaluation and treatment as indicated. A review of R77's EMR revealed a document titled Oral Dental assessment dated [DATE] with the indicator loose teeth marked yes. Further review revealed the assessment prompt, Referral needed to dentist: Yes or No (if yes, give copy to social worker), was left blank. A review of R77's EMR revealed a document titled Oral Dental assessment dated [DATE] with the indicator loose teeth marked yes. Further review revealed the assessment prompt, Referral needed to the dentist: Yes or No (if yes, give a copy to the social worker), was left blank. During an observation and interview on 3/10/2025 at 11:09 am, R77 stated that a tooth needs to come out, that he has told a nurse about this every day, and that the pain from the tooth is ten on a scale of ten. He further stated that he has not seen a dentist since he has been at the facility. During an interview on 3/12/2025 at 12:25 pm, R77 stated that his tooth had been loose for about one month. An observation at this time revealed R77 demonstrated the loose tooth by pressing his tongue against it, and the tooth easily moved. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/13/2025 at 1:20 pm, R77 stated that his oral pain is a ten out of ten and demonstrated his tooth moving with the push of his tongue. He further stated he told a staff member about it again on the night of 3/12/2025, but still nothing is being done. During an interview on 3/13/2025 at 2:13 pm, the Social Services Director (SSD) stated that in order for a resident to obtain dental services, she would need the nurse assessment to determine if a referral is needed for a dentist consultation. During an interview on 3/18/2025 at 9:57 am, Certified Nursing Assistant (CNA) BBB revealed that CNAs do not perform oral assessments; only the nurses do assessments. She further stated that CNAs assist with brushing residents' teeth and report any broken, loose, or damaged teeth and oral pain to the nurse. She stated she was not aware that R77 had any loose teeth. During an interview on 3/18/2025 at 10:05 am, Licensed Practical Nurse (LPN) DDDD revealed that nurses conduct oral assessments for residents and should check daily for bad breath, lesions, missing teeth, loose teeth, rotten teeth, and any oral pain, which could lead to discomfort. She further stated that if a resident has any of these, it should be charted to make a referral to the dentist. During an observation at this time, LPN DDDD confirmed that R77 had one loose tooth and was missing all upper teeth. R77 told LPN DDDD that he was experiencing pain at this time. LPN DDDD confirmed this would indicate a referral to the dentist. During an interview on 3/18/2025 at 10:17 am, Unit Manager LPN EE confirmed that R77 has not had a referral to the dentist. She confirmed that R77 had physician orders that state a dental consultation and treatment as indicated and clarified that these indications include oral pain, cavities, and loose teeth. LPN EE stated that nurses are responsible for oral assessments, and this should be done quarterly. She further confirmed the documented dental assessment dated [DATE], where the nurse marked yes, indicating R77 had a loose tooth. LPN EE confirmed that this should have been completed fully, indicating if a referral is needed. She further stated that if there was a loose tooth indicated in the assessment, this oral assessment should have been given to the Social Services Director (SSD)for a dental referral. During an interview on 3/18/2025 at 10:25 am, the SSD revealed that a resident must qualify to be a part of the in-house Medicaid dental program, otherwise, the facility would need to refer to an out-of-house dentist or the emergency room , depending on the urgency of need. She stated the Medicaid program is the only in-house dental program, and this dentist comes in quarterly. The SSD confirmed she was not aware of any referral to the dentist for R77 or of any loose teeth for R77. She further confirmed that R77 qualifies for Medicaid dental benefits. During an interview on 3/19/2025 at 5:00 pm, the Director of Nursing (DON) revealed oral assessments are done annually, but the facility conducts these more often than annually. She stated that in the oral assessments, nurses look for any new missing teeth, oral pain, or loose teeth. She further stated that potential negative outcomes for not having a dentist referral made timely manner for a resident could lead to pain or weight loss. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/19/2025 at 5:32 pm, the Administrator revealed the facility offers a dental program funded by the resident's Medicaid. If a resident qualifies for this program, the dentist comes on-site. If a resident does not qualify for this program, appointments would be made with an outside dentist to serve the resident. The Administrator further stated that potential negative outcomes for not having a dentist referral made for a resident include potential weight loss, pain, or not being able to eat or chew.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Felton Drive East Point, GA 30344	

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 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. 50272 Based on observation, record review, staff interviews, and review of facilities policy titled Therapeutic Diets, the facility failed to use a recipe when preparing pureed food. This deficient practice has the potential to affect six residents on a pureed diet. Findings included: A review of the facility's policy titled Therapeutic Diets with a revision date of September 2017, it was documented that a mechanically altered diet means one in which the texture of the diet is altered. When the texture is modified, the type of texture must be specific and part of the physician's or delegated registered or licensed dietician's order. Diets are prepared in accordance with the guidelines in the approved diet manual and the individualized plan of care. During an observation on 3/11/2025 at 1:54 pm, [NAME] FF was observed prepping for the puree observation and the Dietary Kitchen Manager (DKM) was observing KC FF. The DKM revealed [NAME] FF was pureeing boiled carrots. [NAME] FF stated she was pureeing carrots for 10 servings, and she was going to use 15 scoops. No formal recipe for guidance was noticed. When asked how she was measuring the scoops she stated she was using a 4 oz ladle scoop. As [NAME] FF was scooping the carrots it was observed there was not enough carrots and she changed her serving size to 7 servings and 9 scoops of boiled carrots. [NAME] FF stated that the carrots were cooked in chicken base broth, and it was observed that there was jug of yellow broth. [NAME] FF proceeded to puree the carrots, and she was seeing pouring some of the chicken base broth without measuring and proceeded to puree again. When asked what consistency she was pureeing she stated, mashed potatoes consistency, then DKM manager proceeded to say it is supposed to be mousse-like consistency. When asked how she measured the broth to know how much to add She indicated that, based on her experience working in the kitchen for a long time, she simply knows how much to add. [NAME] FF acknowledged she is supposed to measure the broth and stated she will measure it in the future. When asked what recipe she was using she pulled a binder from underneath the table and showed the recipe she stated she was following. However, the recipe provided did not coincide with the number of servings pureed or ingredients. During an interview conducted on 3/18/2025 at 9:37 am, the DKM stated that they are in the process of changing their menu system from one system to another. DKM confirmed that there was no recipe followed, and the recipe provided was no longer used since they don't use thickeners. DKM stated a possible negative outcome for not following a recipe is not getting the right consistency of food and that it may cause harm to the residents During an interview conducted on 3/19/2025 at 5:40 pm, the Administrator revealed the kitchen staff should follow a recipe to get the right consistency when preparing pureed food.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 50272 Based on observations, staff interviews, record review, and a review of the facility's policies titled Receiving, Food Storage: Dry Goods, Food Storage: Cold Foods, and Ice, the facility failed to properly label food items with expiration dates, properly cover opened food items, and keep the ice machine free of debris. This deficient practice had the potential to affect 112 residents who received food orally. Findings included: A review of facility policy titled Receiving with a revision date of February 2023 documented that all food items will be appropriately labeled and dated either through manufacturer packaging or staff notation. A review of the facility policy titled Food Storage: Dry Goods with a revision date of February 2023 documented that the storage areas will be neat, arranged for easy identification, and the date marked as appropriate. A review of the facility policy titled Food Storage: Cold Foods with a revision date of February 2023 documented that all food will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross-contamination. A review of facility policy titled Ice with a revision date of October 2022 documented that the dining services director will coordinate with the maintenance director to ensure that the ice machine will be disconnected, cleaned, and sanitized quarterly and as needed, or according to manufacturer guidelines. 3. The exterior of the ice machine will be cleaned weekly. An observation on 3/10/2025 at 9:30 am with the Dietary Manager (DM) revealed the following items in the pantry: * 1 bottle of vinegar was opened and not labeled with an expiration date. * 1 jar of creamy peanut butter was opened and not labeled with an expiration date. * 1 container of quick oats was opened and not labeled with an expiration date. * 1 container of quick creamy wheat was opened and not labeled with an expiration date. A continuous observation was conducted on 3/10/2025 at 9:30 am with the Dietary Manager and revealed the following items in the cooler: * 2 bags of cut cabbage with no expiration date. * 1 bag of cut and peeled carrots with no expiration date. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	* 1 bag of spinach that was wilted and with no expiration date. * 1 bag of hot dogs was opened and not labeled. A continuous observation was conducted on 3/10/2025 at 9:30 am with the DM and revealed the following items in the freezer: * 1 bag of Sysco green peas was not properly sealed An observation and interview conducted on 3/11/2025 at 9:45 am revealed debris inside the ice machine. An interview with DM stated she doesn't know how it was missed, and it is normally cleaned once a month. During an interview conducted on 3/18/2025 at 9:37 am, DM revealed that the expectation is that the staff members date and label items in the pantry, cooler, and freezer. The DM stated that some possible negative outcomes from food items not being properly labeled could be that staff members don't know when to use the product they have and how long it's been in-house. During an interview conducted on 3/18/2025 at 3:03 pm, the Maintenance Director stated he is responsible for cleaning the ice machine twice a month and that it is the facility's policy to do it at a minimum once a month. After being shown a photo of the debris found in the ice machine, the Maintenance Director confirmed it was debris. During an interview conducted on 3/19/2025 at 5:42 pm, the Administrator revealed that staff members should be properly labeling food items with an open date and expiration date according to the policy. Further interview also revealed the Maintenance Director is responsible for cleaning the ice machine and stated she expected that the ice machine to be cleaned according to the cleaning schedule, which was at least monthly or as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47947 Based on interviews, record reviews, and a review of the documents Administrator and Director of Nursing, the Administration failed to effectively and efficiently manage facility compliance with federal regulatory requirements related to Quality of Care for one of 26 sampled residents (R) (R165) receiving an altered diet. Specifically, the facility provided R165 a sandwich, which resulted in him being sent out to the local emergency room (ER) and admitted to a hospice facility where he expired on [DATE]. On [DATE], a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation caused or had the likelihood to cause serious injury, harm, impairment, or death to residents. The facility's Administrator and Director of Nursing (DON) were informed of the Immediate Jeopardy (IJ) for F656, F684, and F835 on [DATE] at 12:48 pm. The noncompliance related to the IJ was identified to have existed on [DATE]. An Acceptable IJ Removal Plan was received on [DATE] related to Comprehensive Care Plans, C.F.R. 483. 21; Quality of Care, C.F.R. 483.25; and Administration, C.F.R. 483.70. Findings included: A review of the document titled Administrator Job Description revealed under Duties and Responsibilities: Assume the administrative authority, responsibility, and accountability for all programs in the facility. The document is noted to be signed by the Administrator and dated [DATE]. A review of the document titled Director of Nursing revealed the primary purpose of this position is to plan, organize, develop, and direct the overall operation of the nursing services department in accordance with current federal, state, and local standards, guidelines and regulations that govern the facility and as directed by the Administrator and the Medical Director to ensure the highest degree of quality care is always maintained. * The facility failed to implement the care plan for R165 related to nutrition. * The facility failed to provide a pureed snack to R165, ordered to receive a mechanically altered diet. An interview on [DATE] at 9:30 am with the Administrator revealed she was aware of the incident on [DATE] related to R165. She stated that she viewed the facility camera and saw Certified Nursing Assistant (CNA) AA hand R165 a sandwich. The Administrator revealed that she expected R165 to return to the facility after being sent out to the local hospital, but when the facility checked with the local hospital, she found out that R165 had been transferred out to a hospice facility on [DATE] and expired on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The facility implemented the following corrective action in response to the deficient practice, which occurred on [DATE]: 1. On [DATE] at 1:00 pm, an Ad Hoc Quality Performance Improvement (QAPI) meeting was held with the Administrator, Social Services Director (SSD), the DON, Corporate Operations Consultant (COC), and Food Service Director (FSD) to identify the root cause of failure to follow R165's care plan. The facility's Modified Texture of Food Policy, Care Plan Policy, and Resident Food Preferences Policy were reviewed; no changes were made. A review of the AD-Hoc QAPI meeting dated [DATE] reviewed the following policies, and no changes were required: Modified texture and Food policy, Care Plan policy, Resident food preferences policy, Heimlich maneuver, Choking policy, and Abuse and Neglect policy. A review of the identified root cause of failure for the R165 care plan was completed. 2. On [DATE], the Administrator's job description was reviewed with the Administrator, FSD, SSD, and DON by the COC. No revisions were made. A review of the Administrator Job description: duties and responsibilities, committee functions, personnel functions, staff development functions, safety and sanitation functions, equipment and supply functions, budget and planning functions, working conditions, education, experience, specific requirements, physical and sensory requirements, job position analysis information, were acknowledge and signed off by the Administrator and COC on [DATE]. 3. On [DATE], the COC in-serviced the Administrator, DON, FSD, and SSD on how to implement a process on how to verify diet orders before distributing resident meal trays, how to track and trend to determine a root cause analysis, and communication among departments on reviewing and updating resident care plans timely. The facility's QAPI policy was reviewed specifically regarding how to determine root cause analysis (RCA). A review of facility QAPI meeting minutes dated [DATE] revealed Chief Operating Officer (COO) conducted a one-hour meeting on What is QAPI, When should QAPI be conducted, Who should attend QAPI, What is an RCA, all signatures confirmed. A review of the Attendance Record revealed COO completed in-service on the subject Implementation of a process to verify diet orders, tracking and trending of root cause of incident, updating care plans, policy review. During an interview with the DON, it was confirmed that she attended. 4. On [DATE], the COC reviewed and approved the facility's audit forms and Plan of Correction (PoC) for any further areas of concern. Name of Audits- Daily Diet Verification Audit and Snack Distribution Audit. Residents' diets and care plans were discussed with the Administrator, DON, and FSD. Interventions were put into place, such as removing accessible snacks from the nurse stations; snacks were placed inside the pantry and available upon request. A snack diet reference sheet was initiated and placed inside the pantry. An observation was conducted on [DATE] at 2:43 pm, residents were seen eating pudding and sandwiches, and one CNA was seen with a tray of snacks that contained fig [NAME] bars, vanilla pudding, peanut butter and jelly sandwiches, and fruit cups. When asked how she knew what type of snacks residents could eat, she went to the binder where it had residents' names and the type of diet types. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	5. On [DATE], the Corporate Nurse Consultant (CNC) and DON audited the resident's diet orders and meal tray cards from [DATE] through the current. The audits are named Daily Diet Verification Audit and Snack Distribution Audit. The Administrator, DON, and FSD will discuss all diet order changes in the morning and the clinical meeting to ensure all care plans are updated and accurate. Documentation will be monitored through the Abuse Performance Improvement Plan (PIP) and reported during QAPI by the DON and Administrator. The SSA reviewed and compared Diet Master from the Dietary Department and the Facility's Diet Type Report for all residents in the facility on [DATE] was completed no discrepancies were found. 6. The COC met with the Administrator and DON to review the process of providing direct oversight of the following correct processes in the building as it relates to following care plans for resident diet orders. There is ongoing educational training for all members of the facility through the company's online courses. The Administrator was also in-service on how to conduct a QAPI meeting and how to identify and complete an RCA by the COC on [DATE]. The SSA reviewed in-service education related to the QAPI meeting and RCA dated [DATE] with no concerns. 7. The corrective actions were completed on [DATE], and the facility alleges that the immediate jeopardy was removed on [DATE]. All dates of corrective actions were completed on [DATE]. The facility's IJ was determined to be Past Noncompliance, removed on [DATE].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Felton Drive East Point, GA 30344	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 50272 50374 Based on observations, record review, staff interviews, and review of the facility's policy titled Infection Prevention and Control Program Overview, the facility failed to provide proper surveillance and monitoring for infections and communicable diseases for 114 out of 114 residents residing in the facility. Furthermore, the facility failed to remove personal clothing items from the unit linen cart and failed to cover the resident's clean clothing while transporting the laundry cart. Findings included: 1. A review of the facility's policy titled Infection Prevention and Control Program Overview dated 4/1/2018, documented that the goals of the infection prevention program are to decrease the risk of infection to residents and personnel; to monitor for occurrences of infection; and to implement appropriate control measures. The major activities of the program are surveillance of infections, with the implementation of control measures and prevention of infections. There is ongoing monitoring for infections among residents and personnel, and subsequent documentation of infections that occur. Reporting mechanisms for infection prevention: Residents' infection cases are monitored by the Infection Preventionist (IP). The IP completes the line listing of infections and monthly reporting forms, and: (1) Reports to the infection preventionist committee. (2) Report to the Director of Nursing (DON)/Designee and others as directed. (3) Provide feedback to staff as needed. (D) The IP Administrator/Designee and appropriate department managers review the compliance monitoring and initiate appropriate actions. A review of the Infection Control Book on 3/18/2025 revealed the facility did not have infection criteria (McGeer's), evidence for collecting accurate data for infection, monitoring, and tracking for colored coded infections on the facility map, and missing surveillance for the months of September 2024 and November 2024. During an interview on 3/18/2025 at 3:28 pm, the IP Nurse confirmed she did not have the infection criteria (McGreer) sheets in the infection control book, but she does follow their criteria. While looking through the book, the IP Nurse acknowledged that the monitoring and tracking were not accurate, there were missing color codes for the monitoring on the maps, and the months of September 2024 and November 2024 maps were not in the book. During an interview on 3/19/2025 at 5:06 pm, the DON stated the IP Nurse should be submitting her listening weekly to the Regional Nurse Consultant (RNC). She stated her expectations are for the IP Nurse to follow the policy and the infection control process to be complete with no missing items. The DON further confirmed that the lack of information can increase the risk of infections and infections not being treated accordingly. During an interview on 3/19/2025 at 5:56 pm, the Administrator stated that the DON oversees the Infection Control Program, and her expectations are for the staff to follow the facility's Infection Control policy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115555	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. During an observation and interview on 3/11/2025 at 3:34 pm, the Assistant DON revealed that the East Wing linen cart stored a resident's personal clothing items, and she was unsure why the resident's clothing was inside the linen cart. She continued to confirm resident's personal clothing items should not be stored on the unit's linen cart. 3. During an observation and interview on 3/18/2025 at 3:16 pm, Laundry Aide (LA) WW was observed pushing an uncovered laundry cart with clothing items exposed down the hallways. She stated the process for transporting laundry was to return the clothing items to the resident's room. During the interview, LA WW confirmed the clean items on the chart were not covered and pointed to the white folded sheet on top of the laundry cart. She stated that the sheet should cover clean clothes. During an interview on 3/18/2025 at 3:19 pm, the IP Nurse confirmed that the laundry cart hauling resident clean clothing should be covered. She stated her expectations are for the housekeeping department to comply with infection control practices.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115555	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 50374

Based on observations, record review, staff interviews, and review of the facility policy titled, Antibiotic Stewardship, the facility failed to establish and maintain an Antibiotic Stewardship program related to clinical signs and symptoms, laboratory reports, stop dates on antibiotics, and monitoring systems in place for residents returning to the hospital. This had the potential to affect all 114 residents residing in the facility.

Findings included:

A review of the facility's policy titled Antibiotic Steward in April 2024 documented that the purpose of the antibiotic stewardship program is to monitor the use of antibiotics in our residence. Prescribers will provide complete antibiotic orders including the following elements: (c) frequency of administration; (d) duration of treatment; start and stop date or number of days of therapy. When a resident is admitted from an emergency department, acute care facility, or other care facility, the admitting nurse will review discharge and transfer paperwork for the current antibiotic/anti-infective order.

A review of the Infection Control Book on 3/18/2025 at 3:28 pm revealed that residents were missing lab orders, no resolved dates for antibiotics, duration of the antibiotic orders, and monitoring of residents with infections who were admitted or transferred from the hospital.

During an interview on 3/18/2025 at 3:38 pm with the Infection Preventionist (IP) Nurse confirmed she did not have the [NAME] requirements in the infection control book to determine true infections. The IP Nurse stated that most of the time, she does not do lab follow-up on infections because she does not do repeated labs, which is why there are no resolved dates for antibiotics. In addition, she confirmed there were missing clinical signs and symptoms, along with some of the clinical signs and symptoms that were present. In addition, IP confirmed that residents who were admitted into the facility, infections were not being tracked or monitored.

During an interview on 3/19/2025 at 5:06 pm, the Director of Nursing (DON) stated that the IP Nurse should be submitting her listings weekly to the Regional Nurse Consultant. She stated that she expects the IP Nurse to follow the policy and that the infection control process be complete with no missing items. The DON further confirmed that the lack of information can increase the risk of infections and infections not being treated accordingly.

During an interview on 3/19/2025 at 5:56 pm, the Administrator stated that the DON oversees the Infection Control Program and her expectations are for the IP Nurse to follow the facility policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonterra Transitional Care & Rehabilitation	2801 Felton Drive East Point, GA 30344

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50374 Based on observations, interviews, record reviews, and review of the facility's policy titled Call System/Light Policy, the facility failed to ensure that the nursing call light was answered and accessible for one of 36 sampled residents (R) (R33). Findings included: A review of the facility's policy titled Call System/Light Policy, dated 4/16/2024, documented that the purpose of the residents' call system shall allow residents to call for staff assistance through a communication system that relays the call directly to a staff member or a centralized staff work area. Answer all call lights in a prompt, calm, courteous manner for assurance of the resident's safety, aiding, and to promote a home-like environment by reducing noise levels. During an observation on the [NAME] Wing on 3/10/2025 at 12:13 pm, Registered Nurse (RN) LLLL was heard repeatedly telling R33, Don't push for nothing, Don't push for nothing, and Don't push for nothing. She was observed to exit the resident's room. During an interview at this time, she stated that she was trying to tell R33 that lunch was not ready yet, and he kept pressing the call device for a snack. A review of the electronic medical record (EMR) revealed that R33 was admitted to the facility on [DATE] with diagnoses of a history of falling, other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease (blood vessels in the brain), symbolic dysfunctions (difficulty reading and spelling), and major depressive disorder moderate. A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] documented R33 presented with a Brief Interview for Mental Status (BIMS) score of six, indicating severe cognitive impairment, that R33 had impairment on both sides of the upper and lower extremities, and that R33 was dependent on staff for activities of daily living (ADL) care. A review of the care plan dated 1/31/2025 documented that R33 had an ADL self-care performance deficit related to the disease process (history of cerebrovascular accident) (stroke), and impaired balance, the resident needs extensive assistance with most of the ADL care tasks, and to encourage the resident to use the bell to call for assistance. During an interview on 3/10/2025 at 12:24 pm with R33's roommates (R60 and R104), they both confirm RN LLLL came into the room to tell R33 to stop pressing the call light. During an observation on 3/10/2025 at 12:26 pm, the nursing call system cord in R33's room was extracted from his wall, causing the system to be unfunctional. During an interview on 3/10/2025 at 12:32 pm, RN LLLL apologized and stated that she did not mean to be rude to R33. She stated that R33 had the call device in his hand, and he kept pushing it repeatedly to the point where staff would not come to answer it. She confirmed they are not supposed to keep the call device away from him, so she was telling him to stop pressing it because she had already given him a snack. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/19/2025 at 5:17 pm, the Director of Nursing (DON) stated that the call light system is identified by the rooms, and the staff are to answer the call lights. She confirmed that all call lights should remain in place and that staff should not be telling residents not to press the call device.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide behavior health training consistent with the requirements and as determined by a facility assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50272 Based on observations, staff and resident interviews, record review, and review of the facility's policy titled Education and Training Requirements, the facility failed to provide an effective behavioral health training program consistent with the facility assessment and person-centered care for three of 36 samples residents (R) (R55, R66, and R76). Findings included: A review of the facility's policy titled Education and Training Requirements, revised August 2024, revealed that the facility's objective is to provide competent care based on the identified needs of the resident population, based on findings from the facility resource assessment. Educational needs can be identified by the utilization of the Facility Resource Assessment Tool. 1. A review of R55's electronic medical record (EMR) revealed R55 was admitted to the facility on [DATE] with diagnoses of, but not limited to, cerebrovascular disease, mental disorder, and schizoaffective disorder/bipolar type. A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed R55's Brief Interview for Mental Status (BIMS) score was not considered, which indicates R55 is rarely or never understood; R55 displayed verbal behavioral symptoms directed toward others such as threatening, screaming at others, and cursing at others which occurred one to three days during the lookback period; and that R55 was dependent on staff for all care. A review of the care plan dated 5/17/2024 revealed that R55 presented with the behavior of screaming related to cognitive impairment, and the goals included reducing the frequency and duration of screaming behaviors. Interventions included, but were not limited to, documenting a summary of episodes, removing the resident from the public area where behavior is disruptive or unacceptable, and praising or rewarding the resident for demonstrating consistent desired and acceptable behavior. A review of R55's physician orders included, but was not limited to, an order dated 1/29/2024 for quetiapine fumarate 50 mg (milligrams) via gastrostomy tube (G-tube) two times a day and an order dated 1/29/2024 for Klonopin one 0.5 mg tablet via G-tube two times a day. 2. A review of R66's EMR revealed R66 was admitted to the facility on [DATE] with a diagnosis of, but not limited to, schizophrenia. A review of R66's quarterly MDS assessment dated [DATE] revealed a BIMS score of 15, indicating that R55 was cognitively intact and that R66 displayed verbal behavioral symptoms occurring one to three days during the lookback period. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the care plan dated 9/27/2024 revealed that R66 presented with behavioral problems related to a diagnosis of schizophrenia, including being easily annoyed, displaying some verbal aggression, accusing others of taking his money and belongings, and seeking attention daily. Interventions included, but were not limited to, administering medications as ordered, anticipating the resident's needs, calmly approaching R66, and documenting behaviors and the resident's response to interventions. A review of the care plan dated 10/3/2024 revealed R66 presented with verbal or physical aggression related to anger towards others if he could not get his opinion expressed or agreement from others. Interventions included, but were not limited to, allowing the resident time to respond to directions or requests. A review of the care plan dated 11/19/2024 revealed R66 presented with suicidal behavior related to psychiatric illness and verbal threats to harm himself. Interventions included, but were not limited to, utilizing any available resources for treatment and documenting summaries of each episode. A review of the physician orders revealed R66 was ordered: 2/4/2025 olanzapine 5 mg at bedtime for schizophrenia; 11/13/2024 trazodone 100 mg two times a day for schizophrenia, and 11/13/2024 Abilify 10 mg at bedtime for schizophrenia. 3. A review of EMR revealed R76 was admitted to the facility on [DATE] with diagnoses including, but not limited to, sequelae of other cerebrovascular disease, mood disorder due to known physiological condition with mixed features, and post-traumatic stress disorder (PTSD). A review of R76's MDS assessment dated [DATE] revealed that a BIMS score was not considered, which indicates R76 is rarely or never understood and presented with behaviors of delusions. A review of the care plan dated 2/26/2025 indicated R76 presented with negative feelings regarding self and social relationships characterized by low self-esteem, anxiety, mistrust, conflict/anger, depressive tendencies, ineffective coping related to display of disturbing behavior, yells out at staff when assistance is offered. It was noted that R76 often states, I am a man, I don't need help. R76 presented with signs of PTSD and cognitive decline. Additionally, the problematic manner in which the resident acts is characterized by inappropriate behavior, use of profanity with staff, and resistance to treatment/care related to refusing showers/baths, possibly related to PTSD. A review of the Facility assessment dated [DATE] revealed common diagnoses of residents in the facility included, but were not limited to mental disorder, schizophrenia, and PTSD. A review of in-services for the last twelve months revealed one in-service record titled Behaviors: Managing Crisis dated 3/7/2024 and facilitated by an outside source addressing behaviors related to schizophrenia or mental disorders. A review of in-services for the last twelve months revealed one in-service record titled Behavior Management dated 2/16/2024, which revealed no education specific to schizophrenia or mental disorders. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the undated orientation agenda revealed training subjects titled Mood and behavior, PTSD, and past life trauma management and Behavior Management Policy Overview for Licensed Practical Nurses (LPNs) and Registered Nurses (RNs) only. These training subjects were not included in the orientation topics for Certified Nursing Assistants (CNAs), Dietary, Social Services/Activities, Environmental Services, Maintenance, and laundry staff. A review of the agency training binder revealed no behavioral health training or any training related to schizophrenia, mental disorder, or PTSD. During an interview on 3/13/2025 at 10:56 am, CNA ZZZ revealed that she had worked at the facility since December 2024. She stated she has had no training regarding schizophrenia, and she is not familiar with whether residents have a schizophrenia diagnosis on the [NAME] or East wings. During an interview on 3/14/2025 at 6:59 am, CNA AAAA revealed she had worked at the facility for about nine years. She stated that her in-service training had never discussed schizophrenia. She further stated that she does not know if there are any residents in the facility with schizophrenia or a mental disorder, and that the CNAs would have to ask the nurse for diagnoses. During an interview on 3/14/2025 at 12:42 pm, CNA BBBB revealed she had worked at the facility for about one year. She stated she had not had training related to schizophrenia. During an interview on 3/16/2025 at 10:35 am, RN CCCC, an agency nurse, revealed she primarily works at the facility on the weekends and has been working at the facility as an agency nurse since October 2024. She stated she had not had training on behavioral health, schizophrenia, mental disorders, or suicidal ideations. She was not aware of any residents with a schizophrenia diagnosis in her assignment. During an interview on 3/16/2025 at 11:10 am, Housekeeping WWW revealed that she has worked at the facility since April 2024. She stated she has not had in-service on schizophrenia, suicidal ideation, or mental disorders. During an interview on 3/18/2025 at 9:51 am, Dietary Aide (DA) LLL revealed she had been working in the facility for one year. She stated she has not had any training on behavioral health, schizophrenia, mental disorders, or PTSD. During an interview on 3/18/2025 at 9:57 am, CNA BBB revealed she had worked for five years at this facility. She stated she has not had any training specific to schizophrenia or mental disorders. During an interview on 3/18/2025 at 10:05 am, LPN DDDD revealed she had worked at the facility for four months. She stated that most of her behavioral training covered Alzheimer's and dementia, and possibly touched on schizophrenia and mental disorders. She stated she does not think any residents in the [NAME] wing have a diagnosis of schizophrenia or a mental disorder. During an interview on 3/18/2025 at 2:17 pm, CNA EEEE revealed she has been in the facility since January 2025. She stated she has not received in-service regarding PTSD. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Felton Drive East Point, GA 30344	

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 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/18/2025 at 2:22 pm, LPN GGG revealed he had been working in the facility on a PRN basis since November 2024 as agency staff. He stated he has not received training regarding PTSD. During an interview on 3/18/2025 at 2:58 pm, the Activities Assistant revealed that she had been working in the facility since February 2025. She stated she has not had any training specific to schizophrenia. She stated that she knows there are some residents with a mental disorder diagnosis. When asked how she would know any problematic behaviors to look out for, she stated that she knows based on her observations. During an interview on 3/19/2025 at 9:36 am, CNA VVV revealed she had been working at the facility for about two years. When asked about her behavioral health training regarding schizophrenia, mental disorders, or PTSD, she asked, What is that? She further stated she knows about PTSD, but she has not had the training for PTSD at the facility. During an interview on 3/19/2025 at 9:42 am, CNA QQQ revealed she had been working at the facility for about three months. She stated she has not had training on schizophrenia. During an interview on 3/19/2025 at 12:08 pm, the Activities Director (AD) revealed she has worked at the facility for ten years. She stated that some volunteers are scheduled to come to the facility regularly, and some volunteers come to the facility as needed. She further stated that volunteers report to her. When asked about the volunteers' training, she stated that she cannot say she has trained them; she has only trained them in what to do with specific residents. When asked about the volunteers' behavioral health training, the AD further stated that the volunteers have not had behavioral health training, there is no signature documentation or acknowledgements of training, and the volunteers just show up and help out. The AD further stated that her online training mentioned schizophrenia and PTSD, focusing more on the approach to residents with these conditions. She further stated she has had no training specific to mental disorders and that it has been a while since she has done the online training. When asked if the AD has activities specific to residents with mental disorders, she stated that she does not have activities specific to mental disorders. She further stated that she has huge board games and tries to see what these residents respond to. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2801 Felton Drive East Point, GA 30344	

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 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/18/2025 at 3:19 pm, the Staff Development Coordinator (SDC) stated that in-service forms include face-to-face, using online software, and using outside sources. The SDC stated she has not conducted a lot of training on behavior. She further stated that they try to document behaviors to know what the behaviors are for the residents, so they know the triggers, and they try to in-service staff on knowing the triggers. The SDC stated that during orientation, she speaks about residents who get admitted with behaviors. When asked if the facility provides training specific to schizophrenia, mental disorders, and PTSD, the SDC stated that an outside behavioral health services company provided in-service training to staff in March 2024. She further stated this was the only time this company had provided the in-service to staff. The SDC stated that Resident Rights online training mentions schizophrenia. A transcript of this training was requested but not provided. The SDC stated that non-direct staff, such as dietary and housekeeping staff, are in-service with other staff. The SDC further stated that staff competencies are conducted annually or initiated when staff are lacking in something. To train agency staff, the SDC stated she puts in-service training in the agency training binder for agency staff regarding behavioral issues. The agency staff are expected to read the book, and the SDC takes their word for it. The SDC further stated there is no competency test for agency staff. She confirmed she did not see any behavior-related training in the agency training binder. The SDC stated that competency exams are conducted annually for staff but not agency staff. The SDC further stated that the Social Services Director(SSD) provides in-service training on behaviors. During an interview on 3/18/2025 at 3:44 pm, the SSD revealed that sometimes she conducts training on behaviors. She stated that she introduces the behavior program during new hire orientation, which is education on a behavior book kept on the unit that staff members will write in to document behaviors for discussion during the management's weekly meetings. The SSD clarified that this is mostly on-the-spot training specific to current events of what is going on with a specific resident at the time. The SSD further stated that her in-service training is in the in-service binder. When asked for training specific to schizophrenia, mental disorders, and PTSD, the SSD stated it has been about three years since this training was conducted. During an interview on 3/19/2025 at 1:40 pm, CNA RRR, an agency CNA, revealed that it is her second day working at this facility. She stated that she has not had training on behavioral health, schizophrenia, mental disorders, or PTSD. During an interview on 3/19/2025 at 1:56 pm, Physical Therapy Assistant (PTA) TTT revealed that he has worked at the facility for about three years. When asked about his behavioral health training, he stated that it was very dementia-focused and tied mental disorders in with dementia, but he did not recall any mention of PTSD. During an interview on 3/19/2025 at 1:59 pm, LPN UUU revealed that she is a PRN employee and has worked at the facility for about a year. When asked about her behavioral health training, she stated that she has not had any at the facility. She further stated that she has not had any training related to schizophrenia, mental disorders, or PTSD. During an interview on 3/19/2025 at 2:11 pm, Laundry Aide (LA) XXX revealed that she has been working at the facility for eight years. She stated she has not had in-service on behavioral health. (continued on next page)

Printed: 06/26/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Bonterra Transitional Care & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 Felton Drive East Point, GA 30344	

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 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/19/2025 at 4:58 pm, the Director of Nursing (DON) stated the facility uses online software as the corporate system for annual training and upon anniversaries for every staff member. She further stated that for agency staff, the facility asks to read the information in the agency training binder. She further stated that volunteers are trained as needed, depending on current events in the facility. When asked what some negative outcomes are if there is insufficient training to meet the behavioral needs listed in the facility assessment, she stated that staff could not take care of residents as needed. During an interview on 3/19/2025 at 5:30 pm, the Administrator stated that she expects to provide training to properly care for the residents and execute behavior monitoring and interventions. She further stated that this should be for all people if they work directly with the residents. When asked what some negative outcomes are if there is insufficient training to meet the behavioral needs listed in the facility assessment, she stated that residents may not be comfortable, and they may have outbursts. 50803