

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115556	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/18/2026
NAME OF PROVIDER OR SUPPLIER  Brightmoor Nursing Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  3235 Newnan Road Griffin, GA 30223	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews, record review, and a review of the facility policy titled Abuse, Neglect and Exploitation, the facility failed to ensure that one of three sampled residents (R) (R6) was free from abuse. Findings included: A review of the electronic medical record (EMR) revealed that R6 was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, coronary artery disease (CAD), hypertension, benign prostatic hyperplasia, hyponatremia, and hyperlipidemia. A review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed that R6 presented with a Brief Interview for Mental Status (BIMS) score of three, indicating a severe cognitive deficit. A review of the EMR revealed that R6 was discharged to another facility on 1/30/2026. A review of the EMR revealed that R5 was admitted to the facility on [DATE] with diagnoses that included, but were not limited to, non-traumatic brain dysfunction and dementia. A review of the admission MDS assessment dated [DATE] revealed that R5 presented with a BIMS score of three, indicating a severe cognitive deficit. A review of the EMR revealed that R5 was discharged to another facility on 1/2/2026. A review of the facilities investigation dated 1/6/2026, R5 placed a pillow over R6's face. R5 was stopped by the verbal direction of the Certified Nursing Assistant (CNA) BB. R5 was sent out of the facility for psychiatric consultation. R5 transferred to another facility. R6 was assessed and suffered no injury. Resident-to-resident abuse was substantiated. A telephone interview was attempted with CNA BB, but was unsuccessful. During an interview on 3/18/2026 at 12:30 pm, the Director of Nursing (DON) expressed that the documentation does show that the facility did confirm resident-to-resident abuse, as R5 did place a pillow over the face of R6. The facility did act quickly, separating the residents. The DON stated that R5 never exhibited any of those behaviors before that incident. During an interview on 3/18/2026 at 12:30 pm, the Administrator (also the Abuse Coordinator) expressed that the incident was investigated and abuse was confirmed related to the incident on 1/6/2026 between R5 and R6. A review of facility policy titled Abuse, Neglect, and Exploitation noted that the intent of this policy is to actively preserve each individual's right to be free from mistreatment, neglect, abuse, or misappropriation of resident property.</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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