

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER Dade Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1234 Highway 301 South Trenton, GA 30752	
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 - Minimal harm or potential for actual harm 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** Based on observations, record review, interviews with the resident, family, and staff, and review of the facility's policy titled Comprehensive Care Plan, the facility failed to ensure that care plan interventions related to activities of daily living (ADL), specifically showers, were implemented for one of two sampled residents (R) (R33) reviewed for care plans. This deficient practice resulted in the resident's bathing needs and preferences not being consistently met, placing the resident at risk for decreased quality of life. Findings include: Review of the facility's policy titled Comprehensive Care Plan, revised 01/15/2026, documented in the Policy section, It is the policy of this facility to develop and implement a comprehensive, person-centered care plan for each resident to meet the resident's medical, nursing, mental, and psychosocial needs that are identified in the resident's comprehensive assessment. Documented in the Definitions section, Person-centered care means focusing on the resident as the locus of control and supporting the resident in making his or her own choices and having control over their daily lives. Review of the Electronic medical records (EMR) revealed R33 was admitted to the facility on [DATE]. R33 had a complex medical history that included impaired coordination; abnormal gait; difficulty walking; generalized muscle weakness; muscle spasms and morbid obesity. Review of the Quarterly MDS dated [DATE] revealed that in Section C, the resident had a Basic Interview for Mental Status (BIMS) score of 15, which indicated little to no cognitive impairment. Section GG, Functional Abilities, revealed impairment in both upper and lower extremities. The resident required substantial to maximal assistance with eating and is dependent on staff for oral hygiene, toileting hygiene, showering/bathing, upper and lower body dressing, and personal hygiene. Section H revealed that the resident is always incontinent of both bowel and bladder. Review of the care plan dated 03/16/2026 documented that R33 had self-care deficits related to activities of daily living. The goal is for R33's needs will be met through the efforts of staff and family, with the resident remaining neat, clean, odor-free, and with dignity maintained through the next review date. Interventions included the use of a Hoyer lift for transfers with assistance from two staff members, with additional assistance provided as needed. Bathing and showering are to be completed per facility policy and as needed, including regular shampooing and monitoring of nail length, with trimming and cleaning as necessary, and reporting any changes to the nurse. Review of the Tasks in the electronic medical record (EMR) revealed a task description: ADL-Bathing: TUESDAY, THURSDAY, SATURDAY AND PRN. An observation and interview of R33 on 03/17/2026 at 9:08 AM revealed the resident was in her room, in bed. She stated she is [AGE] years old, is unable to care for herself, and requires significant assistance from staff. She stated she would have a shower later that day, as Tuesday is her scheduled shower day. She stated her other scheduled shower days are Thursday and Saturday. In an interview with R33's Power of Attorney (POA) on 03/17/2026 at 1:45 PM revealed his expressed dissatisfaction with care, stating that insufficient staffing results in the resident not being bathed regularly. In an observation and interview with R33 on 03/18/2026 at 7:55 AM, the surveyor asked whether she had received her shower the previous day. R33 stated she did not receive her scheduled shower. She reported that although she is scheduled for showers on Tuesday, Thursday, and (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
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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Saturday, she frequently misses them and had reported her concerns along with her family. She stated, I can't do it myself. I need their help-even to get me out of bed they use a lift.On 03/18/2026 at 8:00 AM, in an interview with the shower team Certified Nursing Assistant (CNA) AA she stated that she did not have enough time to provide showers to all scheduled residents and that showers are completed between 6:00 AM and 2:00 PM. She stated that she documents showers on the Shower Sheets, in a binder that is kept at the nurses' station, and that if she is unable to complete all scheduled residents, other CNAs are expected to complete the remaining showers. She further stated that staff are aware of which residents have not received showers, as they assist with getting residents out of bed and can identify who has already been bathed.In an interview on 03/18/2026 at 8:05 AM, CNA BB stated she was not assigned to R33 and was unsure whether the resident had received a shower the previous day. She stated that if the shower team CNA is unable to complete all scheduled showers, other staff are expected to complete them, and the showers are then documented on the shower sheet.In a joint interview on 03/18/2026 at 8:07 AM with the Director of Nursing (DON) and Medical Records Personnel CC, the DON stated that if CNA AA, who is part of the shower team, is unable to complete all scheduled showers, the CNA assigned to the resident is responsible for providing the shower. The assigned CNA was not working on 03/18/2026 and was unavailable for interview. The DON further stated that if a shower is missed, the resident should be prioritized for the next scheduled shower. Medical Records Personnel CC stated that shower sheet audits were implemented to assist CNAs in tracking which residents have received showers.Facility provided shower sheets were reviewed with the DON and Medical Record Personnel CC for the last two months. They were unable to locate all shower sheets; however, available paper documentation and EMR records indicated that R33 received five showers in February (02/11/2026, 02/17/2026, 02/19/2026, 02/21/2026, and 02/26/2026) and three showers in March from 03/01/2026 through 03/17/2026 (03/05/2026, 03/10/2026, and 03/12/2026).The DON stated that the facility strives to provide showers three times per week but is sometimes unable to meet this schedule. He was unable to explain why R33 received fewer showers than expected, specifically five in February instead of 12, and three in March through 03/17/2026 instead of six based on the established schedule.In an interview on 03/19/2026 at 11:30 AM, the Director of Nursing (DON) stated that the MDS Coordinator was out at that time and he was filling in. When asked how the facility ensures that care plans are implemented, including ensuring that showers are provided in accordance with the care plan, he stated that the facility conducts shower audits to ensure these preferences are followed. He further emphasized that care plans are individualized based on each resident's needs and preferences, including shower preferences. The DON confirmed that R33's care plan related to shower preferences was not implemented as written.		