

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115560	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/23/2025
NAME OF PROVIDER OR SUPPLIER  Gateway Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  3201 Westmoreland Road Cleveland, GA 30528	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47947</b></p> <p>Based on staff interviews, record review, and review of the facility's policy titled, Advance Directives, the facility failed to ensure that the electronic medical records, which included physician orders was consistent with the code status preference for one out of 25 sampled Residents (R) (R41).</p> <p>Findings include:</p> <p>Review of the facility's policy titled Advanced Directives dated November 2017 under the Policy Interpretation and Implementation section revealed, 10. The plan of care for each resident will be consistent with his or her documented treatments preferences and /or advance directive.</p> <p>Review of R41's Quarterly Minimum Data Sets (MDS) dated [DATE] revealed that the resident had a Brief Interview for Mental Status score of 15 indicating that the resident's cognition was intact.</p> <p>Review of R41's Admission Packet revealed, an Advance Directives Checklist indicating a DNR (Do Not Resuscitate) order was selected, signed and dated on 6/11/2024 by the resident, the Resident's Representative, and the Facility's Representative. Further review revealed, the Do Not Resuscitate Order for Resident with Decision-Making Capacity form dated 6/11/2024 with a DNR order that was signed by the resident, a witness, and the attending physician.</p> <p>Review of R41's Admission Record revealed, an admitted [DATE] with an advanced directive code status documented as Full Code.</p> <p>Review of the Physician Orders dated 12/19/2024 revealed that R41 had a code status of Full Code.</p> <p>Review of the care plan revealed, R41 had an Advance Directive code status of DNR (date initiated 6/19/2024 with a revision date of 1/17/2025). Further review revealed, the care plan goal was that the resident's wishes will be followed, and comfort, care and safety needs will be met at the skilled nursing facility through next review date.</p> <p>Interview on 3/23/2025 at 11:00 am with Registered Nurse (RN) BB revealed that if the resident stopped breathing and a heart stopped beating that he would check in electronic medical records, so he could verify the resident's code status. He confirmed that the resident's code status in electronic medical records was a Full Code. He also confirmed that the check list titled Advanced Directives and DNR Order form revealed a code status of DNR.</p> <p>(continued on next page)</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115560	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/23/2025
NAME OF PROVIDER OR SUPPLIER  Gateway Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  3201 Westmoreland Road Cleveland, GA 30528	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 3/23/2025 at 11:05 am with Licensed Practical Nurse (LPN) AA revealed that when residents go to the hospital all previous orders were discharged , and new orders were put in the system upon returning from hospital. She continued stating that Advanced Directive should be confirmed with the checklist on file. She also confirmed that the wrong status was entered in the electronic medical records.</p> <p>Interview on 3/23/2025 at 11:08 am with the Director of Nursing revealed her expectation for Advanced Directive code status that it should match both on paper and in the electronic medical records. She confirmed that the checklist titled Advanced Directive has a code status of DNR and the resident's Physician Order in electronic medical records has a code status of Full code.</p>