STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115563	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westbury Center of Jackson for Nursing and Healing	922 McDonough Road Jackson, GA 30233

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(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 review of the facility's policy titled Quality of Life- Dignity, the facility failed to provide care in a manner that maintained or enhanced a resident's dignity for one of 53 sampled residents (R) (R37). This failure had the potential to diminish R37's quality of life in an environment that promotes the maintenance or enhancement of each resident's quality of life. Finding include: Review of the facility's policy titled Quality of Life Dignity, dated December 2022, revealed the Policy Statement was Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individually. The Policy Interpretation and Implementation section included, 1. Resident shall be treated with dignity and respect at all times. 10. Staff shall promote, maintain, and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures. Review of the clinical record revealed R37's diagnoses included senile degeneration of brain, muscle weakness, and dementia. Review of R37's Quarterly Minimum Data Set (MDS), dated [DATE], revealed section C (Cognitive Pattern) documented that R37 had a Brief Interview for Mental Status (BIMS) of seven (indicating severe cognitive impairment). Section GG (Functional Abilities and Goals) documented that R37 required setup or clean-up assistance for Activities of Daily Living (ADL) care. Review of R37's care plan, dated 11/13/2024, documented that R37 required nursing staff support to complete ADLs related to self-deficits and impaired cognition. During a walk-through observation on 2/5/2025 at 2:39 pm, the observation revealed Certified Nurse Assistant (CNA) GG providing R37 ADL/personal care with the door open. The privacy curtain was pulled partially around the bed and did not provide complete privacy for R37 during ADL care. (continued on next page)

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/5/2025 at 2:40 pm, Licensed Practical Nurse (LPN) HH confirmed R37's room door was open to the hallway while CNA GG was performing resident care. LPN HH stated the door should be closed to provide privacy and avoid exposing the resident to other residents or visitors. She further confirmed that while conducting resident care, the privacy curtain should be pulled all the way around to ensure complete privacy, and the door should be closed. During an interview on 2/5/2025 at 2:43 pm, CNA GG confirmed she did provide resident care with the door open. She stated the privacy curtain was pulled between both beds but was not pulled all of the way around R37's bed. She further stated the protocol was to close the door when providing ADL care, but sometimes she did not when providing care to the resident in bed B. During an interview on 2/6/2025 at 10:55 am, the Director of Nursing (DON) stated she expected the resident's door to be closed when performing care. She further stated that if the care being provided involved personal care, the resident's door should be closed, and the privacy curtain should be pulled all the way around the bed.

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50272 Based on observations, resident and staff interviews, record review, and review of the facility's policy titled Resident Self-Administration of Medication, the facility failed to ensure medications were not left at the bedside of two of 53 sampled residents (R) (R86 and R287) who were not assessed for medication self-administration. This deficient practice had the potential to place R86 and R287 at risk of serious health complications, including medication misuse or overdose, and compromise their safety and well-being. Findings Include: A review of the facility's policy titled Resident Self-Administration of Medication, revised on 3/2024, revealed the Policy section was It is the policy of this facility to support each resident's right to self-administer medication. A resident may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely. The Policy Explanation and Compliance Guidelines section included . 7. Bedside medication storage is permitted only when it does not present a risk to confused residents who wander into the other resident's rooms or to confused roommates of the resident who self-administers medication. The following conditions are met for bedside storage to occur: a. The manner of storage prevents access by other residents. Lockable drawers or cabinets are required only if locked storage is ineffective. b. The medications provided to the resident for bedside storage are kept in the containers dispensed by the provider pharmacy. 8. All nurses and aides are required to report to the charge nurse on duty any medication found at the bedside not authorized for bedside storage. Unauthorized medications are given to the charge nurse for return to the family or responsible party. Families or responsible parties are reminded of policy and procedures regarding resident self-administration when necessary. 13. The care plan must reflect resident self-administration and storage arrangements for such medications. 1. A review of R86's Admission Record revealed diagnoses including, but not limited to, dementia with mood disturbances, muscle weakness, and cognitive communication deficit. A review of R86's Quarterly Minimum Data Set (MDS) dated [DATE] revealed section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of seven (indicating severe cognitive impairment). A review of R86's care plan revised on 4/24/2024 revealed a focus area for impaired cognitive function related to dementia. Further review revealed no care plan for self-administration of medication. A review of R86's Physician Orders revealed no orders for self-administration of medication. A review of R86's Assessments revealed no assessments for self-administration of medications. (continued on next page)

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An observation and interview on 2/4/2025 at 10:20 am in R86's room revealed one container of Visine A.C. Itchy Relief eye drops (a medication used to treat itchy, red, and watery eyes) on the resident's bedside table. R86 stated she didn't remember how they got there and stated she had had the eye drops for about three to four months. R86 further stated that the staff was aware she had the eye drops, and no one had told her she could not have them. An observation on 2/5/2025 at 11:22 am in R86's room revealed one container of Visine A.C. Itchy Relief eye drops on the resident's bedside table. In an interview on 2/5/2025 at 11:22 am, Certified Nursing Assistant (CNA) AA stated she was unaware that R86 had Visine A.C. Itchy Relief eye drops on her bedside table. CNA AA further stated potential adverse outcomes of medications being left at the bedside were that other residents might take them by mistake or that the resident might not take them correctly, which could pose safety risks for both the individual resident and others. In an interview on 2/5/2025 at 11:28 am, Licensed Practical Nurse (LPN) BB stated the facility had no residents approved to self-administer medication. LPN BB further stated if a medication was found at a resident's bedside, the protocol was to remove the medication from the room, inform the unit managers, and contact the resident's family to discuss the situation. LPN BB stated potential adverse outcomes included the risk of overdose if a resident forgets they've taken their medication or a roommate could access the medication. LPN BB further stated residents were not supposed to have medication in their rooms. In an interview on 2/5/2025 at 1:58 pm, the Director of Nursing (DON) stated there was a medication self-assessment process for residents who wish to self-administer their medications. The DON stated during the assessment, residents explained what each medication was for, demonstrated how to use it correctly, and staff ensured it was care planned, and further stated residents who had not been assessed to keep medications at their bedside were not allowed to. The DON stated that residents with medications in their room may not take them as ordered. She further stated if a resident's roommate had cognitive impairments, there could be risks associated with medication misuse as well. In an interview on 2/6/2025 at 9:10 am, the Administrator stated residents who desired to have medication at their bedside must be capable of administering the medication themselves. The Administrator stated it was important the resident could manage the medication independently and ensure it was stored safely to prevent access by other residents. The Administrator further stated potential negative outcomes from residents having medication at the bedside without being assessed included residents being unable to administer their medication correctly. 50940 2. A review of R287's Admission Record revealed diagnoses including, but not limited to, a history of stroke, heart failure, chronic kidney disease, bronchitis, and peripheral artery disease. A review of R287's Admission MDS dated [DATE] revealed a BIMS score of 15 (indicating little to no cognitive impairment). A review of R287's care plan dated 1/21/2025 revealed no focus area for self-administering medications or nasal sprays. (continued on next page)

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of R287's Physician's Orders revealed no order for medication self-administration. A review of all Assessments completed on the resident revealed no assessment was conducted to determine the resident's competency to self-administer medications. During the medication pass on 2/5/2025 at 9:15 am, observation revealed eight bottles of Afrin nasal spray (a medication used to relieve nasal congestion) scattered throughout R287's room, including on the bedside table. The nurse did not question the presence of the medication bottles and left the room. Observation on 2/5/2025 at 2:20 pm revealed the Afrin nasal spray bottles remained in R287's room. In an interview on 2/5/2025 at 2:20 pm, LPN MM stated that residents must have a physician's order and a completed assessment for medication self-administration. LPN MM stated she was unsure why the nasal spray was in R287's room. In an interview on 2/5/2025 at 2:45 pm, Unit Manager/LPN OO stated an assessment and a physician's order were required for a resident to self-administer medications. UM/LPN OO confirmed that R287 did not have a physician's order, completed assessment, or care plan for self-administration of medications. In an interview with the Director of Nursing (DON) on 02/05/2025 at 2:50 pm, she confirmed that residents must have a physician's order and assessment for self-administration of medications and must demonstrate their ability to staff before being permitted to do so. The DON acknowledged that it was inappropriate for the resident to have nasal spray bottles in his room without meeting these requirements.

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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, staff interviews, record review, and review of the facility-provided document titled Logbook Documentation - Heating, Ventilation and Air Conditioning (HVAC)/ Packaged Terminal Air Conditioner (PTAC): Clean Air Filters, the facility failed to ensure that the PTAC filters were maintained in a clean condition for two of 120 resident rooms (rooms [ROOM NUMBERS]). In addition, the facility failed to maintain a home-like environment in two of 120 resident rooms (rooms [ROOM NUMBERS]) observed with chipped paint and loose baseboards. These deficient practices had the potential to place the residents residing in the rooms at risk of living in an unsanitary and unsafe living environment and a potential for diminished quality of life. Findings include: Review of the facility-provided document titled Logbook Documentation - HVAC (PTAC): Clean Air Filters revealed the Steps section included: 1. Remove or open access cover 2. Remove air filter and inspect for cleanliness. If filter is dirty either wash or replace depending on type of filter. If clean, reinstall filter. 3. Re-install access cover. 4. Clean Grill on cover. 5. Close and make sure it is secure. 7. Clean evaporators coils if lint build-up is present. An observation on 2/4/2025 at 3:04 pm in room [ROOM NUMBER] revealed the PTAC filter was torn and had gray, fuzzy debris on it. An observation on 2/4/2025 at 3:06 pm in room [ROOM NUMBER] revealed the PTAC filter had gray, fuzzy debris on it. During a concurrent interview and observations on 2/6/2024 at 1:48 pm, the Maintenance Director (MD) revealed that the filters were checked once a month and cleaned as needed. The MD stated he performed a walkthrough of the building, using a red-light indicator to identify any issues, and if necessary, he opened the filters to inspect and clean them. The MD confirmed the PTAC Unit filters in room [ROOM NUMBER] had grey, fuzzy debris and needed to be cleaned. He further confirmed the PTAC Unit filter in room [ROOM NUMBER] was torn and covered in grey, fuzzy debris and stated it needed to be replaced. The MD stated the dirty filters could contribute to breathing concerns for the resident. In an interview on 2/6/2025 at 9:10 am, the Administrator stated she thought the air filters were cleaned monthly, and the expectation was for them to be kept clean. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	38154 2. Observation of the bathrooms in resident rooms [ROOM NUMBERS], beginning on 2/4/2025 at 1:30 pm, revealed chipped paint from the inner and outer door frames and detached baseboards. In a concurrent observation and interview with the MD on 2/6/2025, beginning at 11:10 am, he confirmed the chipped paint from the inner and outer door frames and detached baseboards in the bathrooms in resident rooms [ROOM NUMBERS]. He stated when staff identified maintenance concerns, they should enter them into the electronic maintenance system or speak to him directly. He further stated he did make rounds, but he had been working alone.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities 38154 Based on staff interviews, record review, and review of the facility policy titled Resident Assessment-Coordination with PASARR (Preadmission Screening and Resident Review) Program, the facility failed to submit an application for Level II PASARR for evaluation and determination of specialized services for three of four residents (R) (R32, R87, and R90) reviewed for PASARR. This failure had the potential to place R32, R87, and R90 at risk of not receiving services and/or care according to their needs. Findings include: Review of the facility policy titled Resident Assessment-Coordination with PASARR Program, date reviewed/revised December 2022, revealed the Policy stated, This facility coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receive care and services in the most integrated setting appropriate to their needs. The Policy Explanation and Compliance Guidelines section included, 1. All applicants to this facility will be screened for serious mental disorders or intellectual disabilities and related conditions in accordance with the State's Medicaid rules for screening. 6. The Social Services Director shall be responsible for keeping track of each resident's PASARR screening status and referring to the appropriate authority. 9. Any resident who exhibits a newly evident or possible serious mental disorder, intellectual disability, or a related condition will be referred promptly to the state mental health or intellectual disability authority for a level II resident review. Examples include: . b. A resident whose intellectual disability or related condition was not previously identified and evaluated through PASARR. 1. Review of R32's Electronic Medical Record (EMR) under Admission Record revealed diagnoses included bipolar disorder, depression, and anxiety disorder. Review of R32's Annual Minimum Data Set (MDS) assessment, dated 10/25/2024, revealed section A (Identification Information) documented the resident had not been evaluated by Level II PASARR. Review of R32's Quarterly MDS assessment, dated 1/24/2025, revealed section D (Mood) documented a mood score of 17 (indicating moderate severe depression), and Section I (Active Diagnoses) documented diagnoses included anxiety disorder, depression, and manic depression. Review of R32's PASARR Level 1 Assessment Form, dated 11/17/2023, revealed no documentation of the diagnoses of bipolar disorder, depression, and anxiety disorder. 2. Review of R87's EMR under Admission Record revealed diagnoses included psychosis, anxiety disorder, and major depressive disorder. Review of R87's Annual Minimum Data Set (MDS) assessment, dated 4/17/2024, revealed section A (Identification Information) documented the resident had not been evaluated by Level II PASARR. Review of R87's Quarterly MDS assessment, dated 12/27/2024, revealed section I (Active Diagnoses) documented diagnoses included anxiety disorder, depression, and psychotic disorder. (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R87's PASARR Level 1 Assessment Form, dated 7/16/2020, revealed no documentation of the diagnoses of psychosis, anxiety disorder, and major depressive disorder. 3. Review of R90's EMR under Admission Record revealed diagnoses included depression, psychosis, and bipolar disorder. Review of R90's Annual Minimum Data Set (MDS) assessment, dated 10/15/2024, revealed section A (Identification Information) documented the resident had not been evaluated by Level II PASARR. Review of R90's Quarterly MDS assessment, dated 12/18/2024, revealed section I (Active Diagnoses) revealed diagnoses included depression, manic depression, and psychotic disorder. Review of R90's PASARR Level I Assessment Form, dated 2/25/2022, revealed no documentation of the diagnoses of depression, psychosis, and bipolar disorder. In an interview on 2/6/2025 at 10:25 am, the Social Services Director (SSD) stated the Business Office Manager turned over the PASARR Level 1 documents to her upon a resident's admission. She stated she was unaware that she was responsible for determining which residents needed submission for PASARR Level II. She confirmed that R32, R87, and R90 had diagnoses that required submission for PASARR Level II. In an interview on 2/6/2025 at 3:35 pm, the Administrator stated she had been notified the PASARR Level II applications had not been submitted for the three identified residents. She stated her expectation moving forward was that the SSD would screen for qualifying diagnoses on a regular basis and submit applications for PASARR Level II as needed.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50940 Based on observations, resident and staff interviews, record review, and a review of the facility-provided binder titled Rehab: Patient Level of Assistance, the facility failed to ensure restorative nursing care was provided to one of two residents (R) (R99) sampled for range of motion (ROM) and mobility. This deficient practice had the potential to place R99 at risk of worsening contractures and a diminished quality of life. Findings include: Review of the facility-provided binder titled Rehab: Patient Level of Assistance, revealed instructions on the level of assistance required for each resident in the facility. The binder contained a Restorative Nursing Instruction Form, completed by Occupational Therapy (OT) and/or Physical Therapy (PT), which documented each resident's needs of ROM, ambulation, transfers, splinting/bracing, eating/swallowing, and other activity of daily living (ADL) needs. Review of R 99's Admission Record revealed diagnoses including, but not limited to, contracture of muscle of left upper arm (LUA), hemiplegia (paralysis on one side of the body), and hemiparesis (weakness on one side) following a cerebral infarction affecting the left side. Review of R99's Quarterly Minimum Data Set (MDS) dated [DATE] revealed section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 15 (indicating little to no cognitive impairment). Section E (Behaviors) documented that rejection of care was not exhibited. Section I (Active Diagnosis) documented a contracture of the muscle of the LUA. Section GG (Functional Abilities and Goals) documented upper and lower extremity impairment on one side and was dependent for upper and lower body dressing. Section O (Special Treatments, Procedures, and Programs) documented no days of PT, OT, passive range of motion (PROM), ROM, or splint or brace assistance. Review of R99's Physician's Orders revealed an order dated 8/20/2022 for Nursing Restorative PRN (as needed) per POC (plan of care). Further review revealed an order dated 6/21/2024 for OT to evaluate and treat as indicated three to five times per week for 12 weeks. May continue with PT and an order dated 7/17/2024 for PT to evaluate and treat as indicated. Review of a facility-provided document titled Restorative Nursing Instruction Form for R99, signed by the OT and dated 6/29/2023, revealed directions for care included passive range of motion (PROM) to the left upper and lower extremities and a resting hand splint on the left upper extremity (LUE) with instructions to wear it every day for up to six hours. Observation on 2/4/2025 at 11:22 am revealed R99 sitting in her bed. The resident did not have a splint on her LUE. In an interview, R99 stated that she had a stroke, which caused her left hand to contract. She stated she had a splint for her LUE in the past but did not currently have one. Observations on 2/5/2025 at 7:40 am and 11:00 am and 2/6/2025 at 9:50 am and 11:35 am revealed that R99 did not have a splint on her LUE, and one was not observed in her room. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 2/5/2025 at 10:05 am, Certified Nursing Assistant (CNA) II stated she was unaware that R99 had or needed a splint. In an interview on 2/6/2025 at 10:05 am, CNA JJ stated she was unaware that R99 needed or used a splint. In an interview on 2/5/2025 at 11:04 am, the Director of Rehabilitation (DOR) stated R99 was admitted to the facility with a splint due to a history of stroke. She explained that if the resident's condition remained unchanged, she would always require the splint to prevent further contracture. The DOR further stated that once R99 was discharged from therapy, CNAs were responsible for applying the splint as directed. During an observation in R99's room, the DOR verified there was no LUE splint in R99's room. In an interview on 2/6/2025 at 10:30 am, the Director of Nursing (DON) stated if a resident had a contracture and had instructions from therapy to apply a splint, her expectation was for the CNAs and nurses to apply the splints as recommended by PT and OT.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 50940 Based on observations, staff interviews, record review, and review of the facility's policy titled Insulin Pen, the facility failed to ensure the medication error rate was less than five percent. There were two errors with 30 opportunities for two of four residents, R (R119 and R147), for a medication error rate of 6.67 percent. These failures had the potential to place R119 and R147 at risk of medical complications and decreased therapeutic effects of medications. Findings include: Review of the facility policy titled Insulin Pen, revised 8/2023, revealed the Policy section included . 17. Keep the pen straight and insert the needle into the skin. Using your thumb, press the injection button all the way down. When the number in the window returns to '0,' slowly count to 10 before removing the needle. 1. Review of R119's clinical record revealed diagnoses including, but not limited to, type 2 diabetes mellitus with diabetic chronic kidney disease. Review of R119's Physician's Orders revealed an order dated 9/28/2024 for insulin glargine 100 units/milliliter (ml) solution (a medication used to treat diabetes) pen injection 10 units subcutaneous. Observation on 2/5/2025 at 8:15 am revealed Certified Medical Assistant (CMA) PP administered an insulin glargine injection of 10 units subcutaneously to R119 using an insulin pen. Observation revealed CMA PP administered the injection but immediately removed the pen needle from contact with the resident without holding it in place for ten seconds. 2. Review of R147's clinical record revealed diagnoses including, but not limited to, type 2 diabetes mellitus. Review of R147's Physician's Orders revealed an order dated 8/30/2024 for Fiasp Flex Touch 100 units/ml solution (a medication used to treat diabetes) pen injection, inject as per sliding scale. Observation on 2/5/2025 at 11:00 am revealed CMA PP administered a Fiasp Flex insulin injection of four units to R147 using the insulin pen. Observation revealed CMA PP administered the injection but immediately removed the pen needle from contact with the resident without holding it in place for ten seconds. In an interview on 2/6/2025 at 1:00 pm, CMA PP stated when administering insulin with an insulin pen, she removes the insulin pen needle immediately after injection when she hears the click of the pen. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115563	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westbury Center of Jackson for Nursing and Healing	922 McDonough Road Jackson, GA 30233

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 2/6/2025 at 1:15 pm, the Staff Educator stated her expectation during insulin administration was to push the injection button of the insulin pen and hold it tightly against the skin for five to 10 seconds to deliver the full dose. She further stated not holding the insulin pen in place for five to 10 seconds could result in the resident receiving an incomplete dose, as some insulin may leak out.