

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579</p> <p>Based on resident family and staff interviews, and record reviews, the facility failed to notify the responsible party (RP) of new medication orders for one of 63 sampled residents (R) (R315). The facility census was 110.</p> <p>Findings include:</p> <p>A phone interview was conducted on 8/22/2024 at 11:30 am with the daughter of R315. She stated that she was concerned about the lack of concern that the facility had for her mother. She stated that her mother was a holiness (high religious dignitary) and did not believe in taking medications. She then stated that the only thing that she was supposed to be taking was a blood pressure medication.</p> <p>Review of electronic medical record (EMR) revealed that the only conversations between staff and the RP for R315 was on 3/8/2024 and 4/19/2024, not about medication.</p> <p>Review of the medication orders for R315 revealed that the resident was receiving the following medications, but was not limited to Topamax 50 milligrams (mg) by mouth, prescribed on 4/12/2024, Depakote 250 mg by mouth, prescribed on 2/6/2024, Ivermectin 12 mg by mouth, prescribed on 2/6/2024, and Lexapro 10 mg by mouth, prescribed on 12/22/2024.</p> <p>An interview with Registered Nurse KK on 8/22/2024 at 2:15 pm revealed that if she received any new medication orders, she would call the pharmacy, and then follow up until the medication was delivered. She was asked if there was anyone else that should be called and she stated no, except making sure the primary physician knows.</p> <p>An interview on 8/22/2024 at 5:00 pm with the [NAME] Director of Clinical Services revealed that it was his expectation that family and responsible parties were notified of any changes.</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: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50526</p> <p>Based on observations, resident and staff interviews, record review, and review of facility's policy titled, Minimum Data Set, the facility failed to ensure accurate assessment for two of 63 sampled residents (R) (R413 and R68). The deficient practice had the potential to reflect an inaccurate status of the resident's current condition and progress.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Minimum Data Set, dated dated dated [DATE] revealed a Policy Statement: This facility makes a comprehensive assessment of each resident's needs, strengths, goals, life history and preferences using the resident assessment instrument, (RAI) specified by Centers for Medicare and Medicaid Services (CMS). Item three states, The assessment process will include direct observation and communication with the resident as well as communication with licensed and non-licensed direct care staff members on all shifts.</p> <p>1. During an observation and interview on 8/19/2024 at 10:30 am, R413 was noted to be alert, oriented, and pleasant. R413 stated he needed some assistance but could get up in the wheelchair, bath himself, use a urinal, and used the restroom for bowel movements.</p> <p>A review of R413's admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Section H (bowel and bladder) documents presence of Foley catheter.</p> <p>Documentation on R413's medication administration record (MAR) revealed nursing removed the Foley catheter on 8/1/2024.</p> <p>2. R68 was admitted [DATE] with diagnoses including but limited to neuropathy (numbness that can cause pain and numbness and worsen over time) and back pain.</p> <p>Review of R68 quarterly MDS assessment dated [DATE] revealed a BIMS score of 15, which indicates intact cognition. Section GG (functional status) revealed R68 was independent for activities of daily living (ADLs). Section M (skin assessment status) revealed R68 has one stage two pressure ulcer (open wound where deeper layers of skin are damaged). Section J (health conditions) revealed R68 had no pain issues.</p> <p>Care plan dated 7/11/2024 revealed the resident has potential for pain related to neuropathy, wounds, lumbar disc degeneration, history of urinary retention and complaints of lower back pain. Interventions to administer pain medication. The resident has right hip pressure ulcer with intervention assess/ record/monitor wound healing, measure length, width and depth where possible. Assess and document status of wound perimeter, wound bed and healing progress and treat pain as per orders prior to treatment/turning etc. to ensure the resident's comfort. The resident has pressure ulcer development left hip. The resident has pressure ulcer development related to sacral area interventions for all three pressure ulcers same.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Physician's orders dated 6/19/2024 revealed an order for oxycodone/acetaminophen tablet 5-325 milligrams (mg). Give one tablet by mouth every six hours as needed for chronic pain.</p> <p>An observation and interview on 8/20/2024 at 3:24 pm with R68 during medication administration, he stated he was in pain. R68 described pain in both feet which he stated he has had for a long time and took medicine when he needed to.</p> <p>Interview on 8/21/2024 at 1:00 pm with Registered Nurse (RN) LL revealed an expectation of pain assessment was done to include the location of pain, describe the pain, follow the nursing process. He then revealed intervention should be decided based on assessment, orders, and care plan.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>47947</p> <p>Based on observations, resident and staff interviews, record review, and review of the facility policy titled, Activities of Daily Living (ADLs), the facility failed to provide scheduled showers/baths for two residents (R) (R10 and R45) dependent on staff for ADLs. The facility census was 110 residents.</p> <p>Findings include:</p> <p>Review of the undated facility policy titled Activities of Daily Living revealed under Purpose: To attain or maintain the patient's highest practicable, physical, mental, and psychosocial wellbeing. The policy revealed under Practice Standards: 1. The Center must ensure that: 1.1 A patient is given the appropriate treatment and services to maintain or improve his/her ability to carry out ADLs; and 1.2 A patient who is unable to carry out ADLs receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>1. Review of the electronic medical record (EMR) revealed R10 was admitted with diagnoses of but not limited to chronic obstructive pulmonary disease (COPD), hypertensive chronic kidney disease, and unspecified osteoarthritis.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment from 7/12/2024 revealed that R10 had a Brief Interview for Mental Status (BIMS) score of 15, which suggests that cognition is intact.</p> <p>Review of a care plan completed for R10 on 4/14/2020 revealed R10 has an activities of daily living self-care deficit related to neuropathy, osteoarthritis, muscle weakness and lack of coordination.</p> <p>During an interview on 8/19/2024 at 3:15 pm, R10 stated that she received showers only once a week due to not enough staff members, but she wanted to receive showers two times per week.</p> <p>Review of the Activities of Daily Living task list from 7/25/2024 to 8/22/2024 revealed that R10 was scheduled for bathing on Tuesdays, Thursdays, Saturdays, and as needed (PRN). The task was marked only one time as complete, on 8/6/2024.</p> <p>2. Review of the EMR revealed R45 was with diagnoses of but not limited to Parkinsonism, neurocognitive disorder with Lewy bodies, left ankle contracture, right hip contracture, right knee contracture, and right ankle contracture.</p> <p>Review of the significant change MDS assessment from 7/23/2024 revealed that the resident had a BIMS score of 15, which suggests that cognition is intact.</p> <p>Review of a care plan initiated for R45 on 6/3/2022 revealed R45 has a self-care deficit related to Parkinsonism, dementia with Lewy body, contractures, and muscle weakness.</p> <p>Review of Activities of Daily Living task list from 7/25/2024 to 8/22/2024 revealed that R45 was scheduled for bathing on Tuesdays, Thursdays, Saturdays, and as needed. The task was marked complete six out of 13 scheduled times.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 8/22/2024 at 12:50 pm with Certified Nursing Assistant (CNA) AA revealed that CNAs were responsible for entering shower/bath tasks into the EMR. She stated that she started to work in this facility about one month ago and does not know the electronic system very good. CNA AA was not able to pull shower records for the entire month of August.</p> <p>Interview on 8/22/2024 at 1:20 pm with the Regional Director of Clinical Operations and Administrator revealed that the facility had sufficient staffing to provide showers as scheduled, but sometimes residents refused showers. When asked to provide refusal documentation, it was not available.</p> <p>Interview on 8/22/2024 at 3:10 pm, the Administrator confirmed that they did not have any additional documentation showing that R10 and R45 were receiving showers as scheduled.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>50526</p> <p>Based on observations, resident and staff interviews, record review, and review of the facility's policy titled, Activities, the facility failed to develop and introduce an activities program for one of 63 sampled residents (R) (R 413). The deficient practice had the potential to place the resident at risk for a diminished quality of life.</p> <p>Findings include:</p> <p>A review of facility's policy titled Activities dated January 2024 revealed a Policy Statement: It is the policy of this facility to provide an ongoing program to support residents in their choice of activities based on their comprehensive assessment, care plan, and preferences. Facility-sponsored group, individual, and independent activities will be designated to meet the interests of each resident, as well as support their physical, mental and psychosocial well-being.</p> <p>An interview and observation on 8/19/2024 at 10:30 am of R413 revealed he was awake and alert, lying in bed. He voiced concern around being moved into this room on 8/15/2024, that there was no television and that was his only entertainment. He was unaware of activities as no one had spoken to him about any activities. R413 further stated that he had asked about a television for several days as he needs something to do. He also stated he did ask the Administrator about getting him a television.</p> <p>A review of facility documentation titled Activities - Initial Review dated 7/26/2024 revealed he liked church services, read the bible, wanted to participate in activities and group activities, additionally indicated he would like to have some independent activities like reading, puzzles, etc. Activities Note also stated assistance should be provided to get resident to activity.</p> <p>An observation on 8/19/2024 at 1:22 pm, R413 had no television for him to watch in his room and had no visit from Activities.</p> <p>An observation on 8/20/2024 at 8:33 am of R413 revealed no television for him to watch in his room or visits from Activities.</p> <p>An observation on 8/20/2024 at 2:22 pm of R413 revealed no television for him to watch in his room. R413 revealed he does not know anything about activities, and no one has spoken with him about activities. He would like to know how to schedule activities.</p> <p>An observation on 8/20/2024 at 2:45 pm, R413 was in a wheelchair leaving his room to go to physical therapy. There was no television for him in his room.</p> <p>An interview on 8/19/2024 at 1:55 pm with the Administrator confirmed he was aware of the need for a television, and it was being worked on.</p> <p>An interview on 8/21/2024 at 4:46 pm with Activities Director (AD) revealed she started each day with smoke break and television in the dining room. The AD revealed the process was that initial assessments were done when admitted and follow up was done in one week. She was not familiar with R413, but will check the records.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	

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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 8/22/2024 at 9:00 am AD confirmed there was no additional documentation for activities for R413.</p> <p>An interview on 8/22/2024 at 9:37 am with Administrator revealed an overview of the Activities Department right now was Activities had staffing issues. He further revealed the expected process was the AD would do the initial assessment, follow up, and include residents on relevant activities including one to one (1:1). The Administrator also stated he expected all newly admitted residents would have an activities assessment within 48 hours, then ideally a comprehensive assessment within 21 days. He also revealed the AD was responsible to evaluate and make changes within the care plan and Minimum Data Set (MDS) as needed. The Administrator also confirmed the facility does supply televisions for residents.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50526</p> <p>Based on observations, staff and resident interviews, and record review, the facility failed to follow the physician's orders for ointment and compression stockings for one of 63 sampled residents (R) (R413). The deficient practice had the potential to place the resident at risk for medical complications, and a diminished quality of life.</p> <p>Findings included:</p> <p>A review of the electronic medical record (EMR) revealed R413 was admitted with diagnoses including, but not limited to, cellulitis of the right lower limb, lymphedema, venous insufficiency chronic, and heart failure.</p> <p>A review of R413's admission Minimum Data Set (MDS) assessment dated [DATE] revealed section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 15 (indicating little to no cognitive impairment).</p> <p>A review of R413's Physician Orders dated August 2024 revealed an order dated 8/2/2024 for skin assessment to be done on day shift every Friday. Further review revealed an order dated 8/15/2024 for wound care to bilateral lower extremities and to apply Dermaphor ointment (a moisturizing ointment) to bilateral lower extremities two times a day for dry skin with a start date of 8/15/2024. Continued review revealed an order dated 8/15/2024 for compression stockings every morning, remove at bedtime for bilateral lower leg edema, congestive heart failure with start date of 8/17/2024.</p> <p>An observation and interview on 8/19/2024 at 10:30 am of R413 revealed he did not have compression stockings on, his legs had a reddish-purple discoloration below the knees, and he had extremely dry, scaly skin with very thick areas on his feet building up thicker on the toes. His toes on bilateral feet were edematous and had discolored reddish-blue areas. Further observation revealed a large amount of flaked skin covering the lower area of the bed. During an interview, R431 stated a nurse had removed his compression stockings several days ago, and no one had put them back on. He further stated no one had washed his legs or applied ointment to his legs.</p> <p>Observations on 8/19/2024 at 1:22 pm and 8/20/2024 at 2:45 pm revealed R413's compression stockings were not on.</p> <p>An observation on 8/20/2024 at 4:58 pm revealed R413 sitting in a wheelchair in the dining area. Observation revealed both legs were dark in color, and increased swelling was noted. There were no compression stockings on his legs.</p> <p>An observation of R413 on 8/21/2024 at 11:18 am revealed compression stockings on both legs.</p> <p>In an interview on 8/20/2024 at 4:20 pm, Licensed Practical Nurse (LPN) II stated she was unaware of a physician's order for compression stockings for R413. She reviewed R413's physician's orders and confirmed the order for compression stockings to be put on at 6:00 am and stated the order had not shown on the Medication Administration Record (MAR) for her to place them. LPN II confirmed the order for Dermaphor ointment and stated the wound nurse would complete that.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 8/20/2024 at 4:30 pm, LPN JJ confirmed the physician's orders for applying compression stockings and applying Dermaphor ointment to R413's legs were on the MAR.</p> <p>In an interview on 8/21/2024 at 1:07 pm, Treatment Nurse LPN FF stated topical treatments for skin were administered by the nurses on the unit.</p> <p>In an interview on 8/21/2024 at 1:20 pm, Registered Nurse (RN) LL stated the Treatment Nurse managed wounds and would look at the skin when needed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>44757</p> <p>Based on observations, staff interviews, and review of the facility policy titled, Oxygen (O2) Safety the facility failed to ensure O2 tanks were securely stored in a designated location to prevent accidents and hazards for one of eight residents (R) (R163) who use O2.</p> <p>Findings include:</p> <p>A review of the facility policy titled Oxygen Safety detailed 1. Safety is the responsibility of all staff, residents, visitors, and the general public. 4. Oxygen Storage- a. Oxygen storage location shall be in an enclosure or within an enclosed interior space of noncombustible or limited-combustible construction, with doors or gates that can be secured against unauthorized entry. c. Cylinders will be properly chained or supported in racks or other fastenings (i.e. sturdy portable carts, approved stands) to secure all cylinders from falling, whether connected, unconnected, full, or empty.</p> <p>Observation on 8/19/2024 at 11:30 am revealed R163 sitting in a wheelchair in her room. Two O2 tanks (e-cylinder) were in the corner of R163's room between the bedside table and the bed. Both O2 tanks were in an upright position and one of the tanks had no regulator attached and there was a plastic cover on the tank where the regulator should have been. One of the O2 tanks was not in an O2 tank holder. There was an O2 concentrator (machine that makes O2 from room air) on the opposite side of R163's bed with O2 tubing and face mask (undated) attached to the concentrator. There was no distilled fluid in the humidifier bottle attached to the concentrator. No O2 in use signage was posted on R163's room door.</p> <p>Review of the record for R163 showed no physician orders for O2 usage.</p> <p>Interview on 8/19/2024 at 11:50 am with registered nurse (RN) Unit Manager (KK), she revealed the O2 tanks were not supposed to be in R163's room. She verified and confirmed one of the O2 tanks was not in a holder. She revealed the O2 tanks have the potential to be dangerous and could cause damage, hurt, or harm to the resident if it fell and it was not secured in an O2 tank holder. The Unit Manager took the O2 tanks from the room and took them to storage area outside the facility. She placed the O2 cylinder with a plastic cover on the tank where the regulator should have been into the empty storage area in direct sunlight.</p> <p>Interview on 8/19/2024 at 12:30 pm with the Administrator, he revealed the O2 tanks should be kept in tank holders, and they should be stored in the storage area outside the facility when they are not in use. The Administrator further revealed the staff should take the O2 tanks out of the residents' rooms and place them in the storage area. He further revealed the maintenance staff would check the O2 tanks on Mondays each week before the tanks were picked up from the facility on Tuesdays. The Administrator revealed the staff received education on the usage and storage of O2 tanks.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 8/19/2024 at 12:41 pm with the Respiratory Therapist (RT) NN confirmed the plastic cover on the O2 tank meant the tank was full. She revealed the full tanks go in the full side of the storage area and empty tanks go in the empty side of the storage area. The RT confirmed the staff would know the O2 tank was full if the plastic cover was on the tank. The RT revealed it was the staff's responsibility to remove the tanks from the residents' rooms and education on O2 tank usage and storage were provided to the staff. She revealed the O2 tanks had the potential to cause injury or harm to the resident if it fell and it could become a torpedo if it was not secured in an O2 tank holder.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50526</p> <p>Based on observations, staff and resident interviews, record review, and review of the facility's policies titled, Medication Administration, and Pain Management, the facility failed to ensure pain management was provided for one of two residents (R) (R68) reviewed for pain management. The deficient practice had the potential of unmet needs and a diminished quality of life.</p> <p>Findings include:</p> <p>A review of the facility's policy titled Medication Administration dated January 2023 revealed a Policy Statement as follows: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent infection or contamination.</p> <p>A review of the facility's policy titled Pain Management dated August 2023 revealed a Policy Statement as follows: The facility must ensure that pain medication is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. Further review under Policy Explanation and Compliance Guidelines, revealed: The facility will use a systemic approach for recognition, assessment, treatment, and monitoring of pain. Under the section titled Recognition, item one stated: To help a resident attain or maintain his/her highest practicable level of physical, mental and psychosocial well-being and to prevent or manage pain the facility will: item c. stated: Manage or prevent pain, consistent with the comprehensive assessment and plan of care, current professional standards of practice, and the resident's goals and preferences.</p> <p>A review of the electronic medical record (EMR) revealed R68 was admitted to the facility with pertinent diagnoses including but was not limited to pain in right leg, pain in left leg, low back pain, other intervertebral disc degeneration, lumbar region, hereditary and idiopathic neuropathy.</p> <p>A review of R68's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13, which indicates R68 was cognitively intact. Section GG, functional status, revealed R68 was dependent for activities of daily living (ADLs). Section M, skin assessment status, revealed R68 has three stage one pressure ulcer. Section J, health conditions, revealed R68 was not in pain.</p> <p>Review of R68's care plan updated 7/11/2024 indicated resident has potential for pain related to neuropathy, wounds, lumbar disc degeneration. Monitor/document for side effects of pain medication. Interventions are to administer pain medication as ordered, attempt non-pharmacological interventions for pain; i.e. re-positioning, relaxation therapy/music, bathing, heat and cold application, muscle stimulation, ultra-sound.</p> <p>A review of Physicians Order 7/19/2024: oxycodone acetaminophen oral tablet 5-325 mg (milligrams) (oxycodone with acetaminophen) give one tablet by mouth every six hours as needed for chronic pain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 8/20/2024 at 9:05 am during medication administration, R68 complained of pain in both feet at level seven out of 10. Licensed Practical Nurse (LPN) II checked medication orders, opened the narcotic box and found R68 had none of the prescribed medication in stock. LPN II asked Unit Manager (UM) LPN JJ to check the emergency management back up medication dispensing system to see if the prescribed medication for chronic pain was available, and she agreed.</p> <p>During an interview on 8/20/2024 at 9:27 am LPN JJ returned and stated there was no oxycodone acetaminophen available in the emergency management back up medication dispensing system and stated it was requested from physician yesterday, she further instructed LPN II to administer Tylenol. LPN JJ stated she will resend the request for the oxycodone to physician.</p> <p>During an interview and observation on 8/20/2024 at 3:40 pm with R68, found he was lying in darkened room, head covered with blanket, easily aroused when knocked on door, R68 revealed he is still in pain; however, he stated pain has increased from seven to eight out of 10. He revealed he has gotten no relief from the medication given earlier, and further stated no one has been back to check on his pain.</p> <p>An interview on 8/20/2024 at 3:48 pm with LPN II revealed the oxycodone acetaminophen oral Tablet 5-325 mg has not come in yet and she did not followed up with resident's pain level.</p> <p>Interview on 8/20/2024 at 3:50 pm, with LPN JJ revealed there had been a new order signed just after 9:30 am this morning and she will go get it out of the emergency management back up medication dispensing system. LPN JJ revealed the process for pain management is nurse would check his pain in one to two hours after, assess and if needed reach out to the provider. LPN JJ confirmed it has now been around six hours and this is not the normal process the staff should be following. LPN JJ states she can obtain medication after getting code from pharmacy. LPN JJ confirmed once the order was signed by the physician the medication could have been retrieved from the emergency management back up medication dispensing system for administration.</p> <p>An interview on 8/21/2024 at 1:00 pm with the RN LL revealed his expectation of pain management consists of an assessment being done with location of pain, description of the pain, and following the nursing process. He confirmed pain should be re-assessed in one to two hours depending on intervention and it is unacceptable for a resident to be left in pain especially for more than six hours.</p> <p>a review of Nurses Note dated 8/20/2024 at 4:09 pm, revealed LPN II administered oxycodone-acetaminophen medication for chronic pain.</p> <p>A review of Nurses Note dated 8/20/2024 at 5:33 pm, revealed LPN II, documented follow up and pain was now a zero.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50526</p> <p>Based on observations, staff interview, and review of the facility's policy titled, Medication Storage, the facility failed to lock the medication cart for one of two medication carts; and found expired, used and new items co-mingled in bags, sink, and storage box in one of two medication storage rooms. The deficient practice had the potential for residents, unauthorized staff, and visitors to have access to medications and biologicals stored on the medication cart and staff to use contaminated items. The facility census was 110 residents.</p> <p>Findings include:</p> <p>A review of the facility's policy titled Medication Storage dated [DATE] revealed under General Guidelines: a. all drugs and biologicals will be stored in locked compartments under proper temperature controls. b. During a medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart. 8. Unused medications: the pharmacy and all medication rooms are routinely inspected by the consult pharmacist for discontinued, outdated, defective, or deteriorated, medications with worn, illegible, or missing labels. These medications are destroyed in accordance with our destruction of unused drugs policy.</p> <p>An observation on [DATE] at 8:45 am revealed Licensed Practical Nurse (LPN) II walked away from a medication cart and entered a resident room leaving the medication cart unattended.</p> <p>An interview on [DATE] at 8:48 am with LPN II, she confirmed the cart was not locked, and stated she forgot to lock the cart.</p> <p>On [DATE] at 10:20 am a tour of the medication storage room at the end of the 100 hall near the nursing station, escorted by LPN MM revealed the medication storage room had one side with a countertop and sink, directly across were some shelves hanging shoulder level with plastic storage containers with drawers, on the floor under those shelves were boxes, a brown bag, a laundry hamper full of medication in patient medication cards, and more brown bags full of various pharmacy items. The top shelf drawer contained a Foley Catheter with first layer of plastic wrapping open, inner layer closed, and an expiration date of [DATE]. The laundry basket with a lid unable to be fully closed, full of resident medication cards, was awaiting disposal. The sink was filled with various items including three, one-liter bags of intravenous (IV) fluids, one with a half torn patient label, several IV tubing sets, one with thick, white liquid in the drip chamber and tubing, one intravenous start kit, and an oxygen nasal cannula.</p> <p>An interview and review of item on [DATE] at 10:25 am with LPN MM revealed she would not have used it since it's open and before using she checked packaging and expiration date. LPN MM confirmed process for used tubing was to discard in the closest trash can and remove the bag from the resident room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 - Few	An interview on [DATE] at 10:30 am with RN KK confirmed as Unit Manager she was responsible, and she organized the medication storage room yesterday, [DATE]. Upon viewing the sink and tubing with white fluid she stated, why would they do this? several times. She confirmed the used items should have been discarded and not returned to the medication storage room. She added the IV fluid bags should be sent back to the pharmacy with the other items, and they were not reused. LPN KK further confirmed brown bags full of items were not marked Do Not Use, although they should not be used, and the nurses know this, adding the pharmacy was supposed to have picked all of them up yesterday. LPN KK further revealed staff would not use them because they were aware they were to be returned, and confirmed there was no indication on the bags not to use the items. An IV box was observed on the counter underneath the brown bags with a content list on the box, with no expiration dates. The box was locked with a white plastic, break away lock.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49673</p> <p>Based on observations, staff interviews, and review of the facility's policies titled, Sanitation, Refrigeration and Freezer, Food Receiving and Storage, and Food Preparation and Service, the facility failed to discard dry and frozen food by expiration dates, ensure proper food labeling, storage and dates, follow puree recipe, perform proper thawing procedure, and maintain proper sanitary conditions of two of two ice machines. The deficient practice had the potential to affect 108 residents who receive an oral diet from the kitchen. The facility census was 110 residents.</p> <p>Findings Include:</p> <p>Review of the facility policy titled Sanitation dated [DATE] revealed under 12. Ice machines and ice storage containers will be drained, cleaned, and sanitized per manufacturer's instructions and facility policy.16. The Nutrition Service Manager will be responsible for scheduling staff for regular cleaning of the kitchen and dining areas. Food service staff will be trained to maintain cleanliness throughout their work areas during all tasks, and to clean after each task before proceeding to the next assignment.</p> <p>Review of the facility policy titled Refrigeration and Freezer dated [DATE] revealed under 7. All food shall be appropriately dated to ensure proper rotation by expiration dates. Received dates (dates of delivery) will be marked on cases and on individual items removed from cases storage. Use by dates will be utilized on all prepared food in refrigerators. Expiration dates on unopened food will be observed and adhered to. Use by or open dates will be labeled on food items once opened. 8. Supervisors will be responsible for ensuring food items in pantries, refrigerators, and freezers are not expired or past perish dates. Supervisors should contact vendors or manufacturers when expiration dates are in question or to decipher codes.</p> <p>Review of the facility policy titled Food Preparation and Service dated [DATE] revealed the following under Thawing Frozen Food b. Submerging the item in the cold running water (70 F (Fahrenheit) or below).</p> <p>Review of the facility policy titled Food Receiving and Storage dated [DATE] revealed under 6. Dry foods that are stored in bins will be removed from original packaging, labeled, and dated. Such foods will be rotated using a first in first out system.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observations during the kitchen tour on [DATE] at 9:05 am with the Dietary Manager (DM) revealed in the walk-in refrigerator nine bowls of peaches, 32 prepared liquid gelatins in bowls, 30 prepared gelatins with fruit in bowls, four yellow like puddings in drinking cups, and three red like liquids in cups without correct wrapping storage, labeling, and dates. The freezer revealed two medium sized bags; one clear bag and one blue bag with unidentified frozen meat, one white like cream substance, and one clear wrapped french fries pack without proper labeling and dates. Observation of dry storage foods revealed 30 single packs of thickened coffee, eight 24 ounce gelatin bags, and two 32 ounce honey cartons with expired dates. The DM confirmed expired items, immediately discarded, and mentioned all three morning kitchen staff including himself were responsible for checking labeling, storage, and dates. The DM and Dietitian confirmed food was ordered and rotated out when food trucks deliver. Observation of black like substance on ice machines and confirmed substance by DM from white paper towel. The DM revealed dietary staff were responsible to clean the ice machines monthly, but no log was presented, and maintenance deep cleaned the ice machines quarterly. Maintenance provided cleaning log from the electronic maintenance work order system. Cleaning log revealed the last deep cleaning was [DATE].</p> <p>Observation on [DATE] at 11:27 am revealed three five-pound ground beef meats in a large sink thawing under steaming hot running water.</p> <p>Observation on [DATE] at 11:27 am with [NAME] DD revealed morning cook not following the recipe puree process for eight residents who received pureed food. [NAME] DD confirmed she put beef base on 12 uncooked boneless pork ribs meat for baking process in place of pouring into the Robot Coupe (robotic arm) during the puree process. [NAME] DD mentioned it was her little trick to prevent meat from being dry. Observed [NAME] DD pour two cups of hot water into the puree. [NAME] DD confirmed she doesn't usually do that.</p> <p>Observation on [DATE] at 12:37 pm revealed seven 60 fluid ounces of apple juice in emergency preparedness with expiration date of [DATE].</p> <p>Interview on [DATE] at 3:46 pm, the Dietitian confirmed she noticed the high temperature running water on frozen meat. She informed cook to make immediate correction.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50526</p> <p>Based on observations, staff and resident interviews, record review, and review of the facility policy titled, Documentation in Medical Record, the facility failed to maintain accurate documentation of care and services provided for one of 63 sampled residents (R) (R413).</p> <p>Findings include:</p> <p>A review of the facility policy titled, Documentation in Medical Record, dated November 2023, revealed the Policy Statement stated, Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the residents' progress through complete, accurate, and timely documentation. The section titled Principles of Documentation section three included a. Documentation shall be factual, objective, and resident centered. False information shall not be documented.</p> <p>A review of the clinical record revealed R413 was admitted on [DATE] with diagnoses including, but not limited to, cellulitis of the right lower limb, lymphedema, venous insufficiency chronic, and heart failure.</p> <p>A review of R413's admission Minimum Data Set (MDS) assessment dated [DATE] revealed section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 15, indicating little to no cognitive impairment.</p> <p>A review of the Physician Orders revealed orders dated 8/2/2024 for a skin assessment to be done on the day shift, open skin check form, and complete from user-defined assessment every day shift every Fri for Skin surveillance with a start date of 8/2/2024. Further review revealed an order dated 8/15/2024 for wound care to bilateral lower extremity. Apply Dermaphor ointment to bilateral lower extremities two times a day for dry skin, start date, 8/15/2024. Continued review revealed an order dated 8/15/2024 for compression stockings every morning and remove at bedtime, for bilateral lower leg edema and congestive heart failure with the start date of 8/17/2024.</p> <p>A review of the medication administration record (MAR) dated August 2024 revealed the wound care order was documented as performed on 8/16/2024 at 9:00 am and 6:00 pm, 8/17/2024 at 9:00 am and 6:00 pm, 8/18/2024 at 9:00 am and 6:00 pm, and 8/19/2024 at 9:00 am.</p> <p>Further review of the MAR revealed the compression sock placement at 6:00 am and removal at evening/bedtime was documented as performed on 8/17/2024, 8/18/2024, and 8/19/2024.</p> <p>A continued review of the MAR revealed documentation that revealed the removal of an indwelling urinary catheter on 8/1/2024. Assessment of the catheter was documented as completed on 8/3/2024 in the pm, and twice daily from 8/4/2024 through 8/18/2024. Indwelling urinary catheter care was documented as performed on 8/3/2024 in the pm and twice daily from 8/4/2024 through 8/18/2024.</p> <p>Observations on 8/19/2024 at 10:30 am and 1:22 pm revealed that R413 did not have compression stockings on.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 8/19/2024 at 10:30 am, R413 stated no one had applied ointment to his legs.</p> <p>In an interview on 8/20/2024 at 4:30 pm, Licensed Practical Nurse (LPN) JJ confirmed both the physician's order for compression stockings and application of Dermaphor ointment to R413's legs were on the MAR and were documented as provided. She stated both needed to be addressed and walked away.</p> <p>In an interview on 8/21/2024 at 1:20 pm, Registered Nurse (RN) LL confirmed the documentation of the compression stockings and application of the Dermaphor ointment. He further confirmed the documentation of the urinary catheter assessment and care, which was documented after the removal of the catheter. He stated his expectations were for staff to document what they do and not falsify documentation.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49673</p> <p>Based on observations, record review, staff interviews, and review of the facility's policies titled, Catheterization of a Male, Infection Prevention and Control Program, and Transmission-Based Precautions, the facility failed to maintain infection control protocol during indwelling urinary catheter insertion for one of seven residents (R) (R15) with an indwelling catheter, to perform hand hygiene during medication administration for one resident (R53), and to keep doors closed for contact isolation in two of four residents (R23 and R25) on contact isolation. The deficient practice had the potential to cause infection and adverse health outcomes.</p> <p>Findings include:</p> <p>Review of facility's policy titled Catheterization of a Male revised August 2024 revealed under Policy: Urinary catheterizations will be performed in accordance with current standards of practice to minimize risk for bacterial contamination or urethral trauma.</p> <p>Review of the facility's policy titled Infection Prevention and Control Program with a revision date of May 2023 revealed that when a resident with an infection or communicable disease shall be placed on transmission-based precautions as recommended by the current Centers for Disease Control (CDC) guidelines. Residents will be placed on the least restrictive transmission-based precautions for the shortest duration possible under the circumstances.</p> <p>Review of the facility's policy titled Transmission-Based Precautions with a revision date of 9/12/2022 revealed that any resident with a diagnosis of scabies, should be placed in contact precautions until twenty-four (24) hours after initiation of treatment.</p> <p>1. R15 was admitted with diagnosis included but not limited to muscle weakness (generalized), cerebrovascular disease and benign prostatic hyperplasia (BPH).</p> <p>Review of quarterly Minimum Data Set (MDS) dated [DATE] revealed in Section C (Cognition) a Brief Interview of Mental Status (BIMS) score of 15, which indicates intact cognition, Section GG (Functional Abilities) R15 was independent for eating and personal hygiene and dependent on staff for toileting.</p> <p>Review of care plan dated 8/2/2024 included but not limited to: The resident has Foley catheter related to neurogenic bladder size 18 French (FR)/10 cubic centimeters (cc). The resident will remain free from catheter-related trauma through review date. Catheter: Change per MD orders.</p> <p>Review of Physician ' s orders dated 8/19/2024 revealed orders included but not limited to: Foley catheter 18FR with 10cc balloon to bedside straight drainage for diagnosis/history of BPH benign prostatic hyperplasia). May change when Foley catheter is occluded, leaking or obtaining a new specimen as needed for BPH and every shift. May change Foley catheter when occluded, leaking, or to obtain urine specimen as needed for catheter care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Physician ' s orders dated 8/31/2024 revealed orders included but not limited to: Change Foley Catheter monthly per MD (medical doctor) order as needed for catheter care every night shift starting on the last day of month, Change per night shift.</p> <p>Observation on 8/21/2024 at 2:31 pm revealed R15 in his room with Licensed Practical Nurse (LPN) FF preparing to change his indwelling catheter. R15 was on Transmission Based Precautions, signage on door. R15 complained of pain and unit Licensed Practical Nurse (LPN) EE gave him pain medication. LPN FF wore PPE (personal protective equipment) and provided privacy around R15's bed. LPN GG, Regional Skin Specialist was in attendance. LPN FF explained the procedure to R15 and assessed if he had pain. R15 stated he was not in pain and gave consent for her to start the procedure. LPN FF performed hand hygiene, donned (put on) gloves and cleaned R15's perineal (groin) area. She positioned R15, provided privacy and provided drapes to protect bed clothing. She began the procedure utilizing personal cleaning wipes, she performed perineal care and cleaned the insertion site of the indwelling catheter. LPN FF then removed gloves, performed hand hygiene with soap and water, and donned clean gloves. She withdrew 20 milliliters (ml) of clear fluid from the indwelling catheter bulb, then she slowly removed the indwelling catheter. She disposed of the indwelling catheter and drainage bag system in the receptacle beside the bed. She then removed gloves, performed hand hygiene with soap and water, and donned clean gloves. She then cleaned R15's penis starting at the tip working in a circular motion around where the urinary meatus (opening) should be, using a betadine swab down the shaft of the penis to the surgically created urinary meatus, cleaning the entire area with three swabs. She then placed a drape under the penis and placed the head of the penis on the drape. She disposed of her gloves, performed hand hygiene with soap and water, donned sterile gloves, opened supplies and attached the drainage bag to the bed frame. LPN GG suggested she change her gloves since she touched non-sterile packaging with her sterile gloves. LPN FF removed the gloves and disposed of them in the receptacle beside the bed. She did not perform hand hygiene, donned sterile glove on her right hand then picked up the other glove, fanned it in the air to open and donned glove on her left hand touching the inside of the glove with the other sterile glove. She used the sterile gloves to pick up the unsterile packet with the catheter and removed the outer packaging with the sterile gloves then removed all of the inner sterile packaging. She gathered all the catheter tubing in her hand, placed lubricant on the tip of the catheter and was about to insert the catheter when the surveyor stopped her.</p> <p>Review of education provided on Personal Protective Equipment (PPE) Competency Validation revealed LPN FF in attendance on 9/12/2023.</p> <p>Review of education provided on Hand Washing Competency Validation revealed LPN FF in attendance on 9/12/2023.</p> <p>Review of Validation Checklist Catheterization (Male) revealed LPN FF completed competency check on 9/12/2023.</p> <p>Interview on 8/21/2024 at 2:48 pm with LPN FF and LPN GG revealed: LPN FF acknowledged, confirmed and verified she did not maintain infection control protocol by not sanitizing her hands when she changed her sterile gloves. She confirmed and verified she did not maintain sterile procedure when she fanned the gloves in the air to open them which touched her wrist. She confirmed and verified she did not maintain infection control protocol when she coiled the catheter in her hand without its sterile packaging. She stated she should have sanitized her hands between sterile gloves change and she should have maintained sterile technique throughout the procedure and after donning sterile gloves.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 8/21/2024 at 2:55 pm with LPN GG, she confirmed LPN FF did not maintain infection control protocol when she did not sanitize her hands between sterile gloves change, when she fanned the gloves in the air to open them which touched her wrist and when she coiled the catheter in her hand without its sterile packaging. LPN GG stated LPN FF should have maintained sterile technique throughout the procedure and after donning sterile gloves. She stated her expectations were for LPN GG to maintain sterile technique during catheter insertion and the highest possible outcome was infection to R15.</p> <p>Interview on 8/22/2024 at 12:55 pm with the Regional Director of Clinical Services revealed staff competencies were reviewed at orientation or during onboarding, and education was provided on certain topics periodically whenever the need arose. He revealed handwashing and use of PPE education were provided to the staff annually and as needed. He further stated that LPN GG also conducted education and competency checks to the staff annually and periodically. He further stated that his expectations were for the staff to always maintain the highest standard of practice when providing care and in the event of staff not maintaining sterile technique during catheter insertion, the highest possible outcome of not maintaining sterile technique was the possible development of an infection.</p> <p>50526</p> <p>2. An observation on 8/20/2024 at 8:45 am revealed LPN II began to prepare resident medications and had to go to the medication storage room to retrieve multivitamins at which time she did not perform hand hygiene when returning to medication preparation.</p> <p>An interview on 8/20/2024 at 8:48 am with LPN II confirmed she did perform hand hygiene when she left resident before room but confirmed she did not after leaving the medication cart to go to the medication room and returning to complete medication preparation.</p> <p>46579</p> <p>3. Review of the EMR for R23 revealed that he was admitted to the facility with diagnoses that included but were not limited to tremor, depression, anxiety, dementia, delusional disorder, schizoaffective disorder, and traumatic subdural hemorrhage.</p> <p>Review of the Dermatology note dated 8/15/2024 revealed that skin scaping results for R23 came back positive for Methicillin Resistant S. aureus (MRSA) and scabies. The review also revealed that resident was to be isolated and that the plan was to re-scrape at follow up visit and for staff to continue to monitor the resident.</p> <p>An observation occurred on 8/22/2024 at 10:34 am. The door to R23 room had a contract precautions door signage. On that sign revealed that the door was to remain closed. Resident was noted in the room, dressed, walking around.</p> <p>An observation occurred on 8/22/2024 at 5:10pm. The room door for R23 was noted to be open.</p> <p>Review of the EMR for R25 revealed that he was admitted to the facility with diagnoses that included but were not limited to legal blindness, vitamin deficiency, hypertension, unilateral inguinal hernia and history of COVID-19.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Cartersville Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Opal Street Cartersville, GA 30120	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the progress note for the Dermatologist for R25 dated 8/15/2024 revealed that the resident had scabies throughout his trunk and contact dermatitis located on the left leg and trunk.</p> <p>An observation on 8/21/2024 at 4:40 pm of the R25 revealed the resident was in his room, walking around, pushing his wheelchair throughout the room. It was noted that there was a Contact Precautions sign on his door, and the door was noted to be open.</p> <p>An observation of the room of R25 occurred on 8/22/2024 at 10:45 am. The resident was noted sitting in his wheelchair, dressed. The door to his room was open and Contact Precautions signage was visible on his door.</p> <p>An interview on 8/22/2024 at 4:50 pm with the Infection Preventionist revealed that it was her expectation that the doors to the transmission-based precaution rooms be closed. She then stated that she expects staff to use proper PPE in transmission-based precaution rooms, because keeping the doors closed and the use of PPE are ways to prevent the spread of infection.</p>