STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115575	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tattnall Healthcare Center	142 Memorial Drive Reidsville, GA 30453

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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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. Based on interview, record review, record review, and review of the facility's policy titled, Infection Prevention 8.3, the facility failed to implement policies and procedures to ensure an effective antibiotic stewardship program when the Infection Preventionist (IP) did not complete an infection screening evaluation to determine if the correct antibiotics were ordered in order to reduce the development of antibiotic-resistance organisms for residents prescribed antibiotics in the facility. In addition, the Antibiotic Stewardship Program lacked documentation of the tracking or trending of antibiotic usage or where infections occurred in the facility. This failure had the potential to affect all residents' safety related to antibiotic usage and increased the risk of antibiotic-resistance. The facility census was 72 residents.Findings included:A review of the facility's policy titled, Infection Prevention 8.3, dated 9/1/2023 revealed, Infection prevention provides for a practical system of reporting, evaluating, and maintaining records of infections among residents/patients and personnel. Review the criteria for infections (either nosocomial or community acquired) as written, based on nationalGuidelines. Follow the surveillance program for infections among residents and personnel, including methods to collect, analyze, report data, and provide for follow-up action to limit spread [form] identified sources of contagion. Obtain laboratory and radiological support as needed.A review of the facility's policy titled, Infection Surveillance 8.4, dated 9/1/2023 revealed, The facility will use a systematic method of collecting, consolidating, and analyzing data concerning the distribution and determining factors of a given disease or event. An outbreak may be defined as an increase in the incidence of a disease, complication, or event above the background rate. The facility will have baseline surveillance data on the incidence ofnosocomial infections in order to identify outbreaks. Procedure: Initiate a resident specific Infection Surveillance Worksheet if infection appears likely. Summarize information from the Infection Surveillance Worksheet on the Monthly Line Listing Report. Tabulate infection data according to the following and document on the appropriate month on the AnnualInfection Rate Summary. Calculate incidence rates and compare to previous rates within the facility.A review of the facility's policy titled Antibiotic Stewardship Standard, revised 1/1/2025 revealed, Antibiotic Stewardship refers to a set of commitments and activities designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use. The Infection Control Coordinator in the facility will be tracking of antibiotic starts, monitoring adherence to McGeer criteria, management of treated infections and reviewing antibiotic resistance patterns. The facility will take the following actions in order to facilitate the Antibiotic Stewardship program: Following McGeer infection criteria (evidenced based clinical criteria) for determination of actual infections, infection Control tracking will be conducted each week/month by the Infection Control Preventionist in order to analyze practice patterns and antibiotic-resistant organisms. The Infection Control Preventionist will track all new antibiotics starts for: clinical assessment, prescription documentation, antibiotic selection, amount of antibiotics used in the facility, In-house infection rates, community-based infection rates, antibiotic use patterns, impact of antibiotic stewardship program, organisms identified, adverse outcomes, and resistant organisms.A review of the Infection Control Binder dated January 2025 through July 2025, provided by the facility, revealed infection screening evaluations had not been completed for the months of January 2025 through July 2025. The EMR (continued on next page)

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

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	generated Infection Surveillance Monthly Report(s) dated January through July 2025 were not printed until 8/18/2025 and only included residents that were prescribed antibiotics and the type of infections. The reports did not include whether the antibiotics met criteria or any lab results. The space for signs and symptoms was left blank. The binder did not include a map of the infection locations completed for January 2025 through June 2025.During an interview on 8/21/2025 at 5:19 pm, the IP stated the Infection Control Binder (antibiotic stewardship binder) had not been completed by the previous IP and that she had just started in June, so she had only been there for two months. The IP stated I was instructed by corporate to only print the reports from the [EMR]. The report was supposed to include all of the required information.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations, interviews, and record review, the facility failed to serve food that was palatable and hot for three of five residents (R) (R25, R26, and R47) reviewed for food palatability out of a total sample of 33 residents. This failure had the potential for the residents to skip meals and potential for weight loss. Findings included:1. A review of R25's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 8/6/2025 and located in the electronic medical record (EMR) under the MDS tab, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact.During an interview on 8/18/2025 at 11:21 am, R25 stated the food served at the facility did not always taste good. R25 stated the food lacked flavor and could be hotter when served at meals.2. A review of R26's Annual MDS, with an ARD of 7/17/2025 and located in the EMR under the MDS tab, revealed a BIMS score of 13 out of 15, which indicated the resident was cognitively intact.During an interview on 8/18/2025 at 1:40 pm, R26 stated the food was cold when served at meals. R26 specified the breakfast meal was the worst because her eggs, sausage, coffee, pancakes, and toast are cold when served. R26 stated that she had to soak her toast in milk or coffee because it is too hard for her to eat. R26 stated she wanted to be served hot food and hot coffee.3. A review of R47's quarterly MDS, with an ARD of 7/14/2025 and located in the EMR under the MDS tab, revealed a BIMS score of 15 out of 15, which indicated the resident was cognitively intact.During an interview on 8/18/2025 at 11:00 am, R47 stated she did not care for the food served at the facility. R47 specified she ate her meals in her room and her food was not always hot when served and did not always taste good to her.In response to resident complaints about food, a test tray was requested to be sent to the facility's C hallway during the breakfast meal on 8/20/2025. Observation revealed before the meal tray cart, which contained the test tray, left the kitchen at 8:34 am, resident meals were observed being served on heated plates. Food temperatures on the kitchen tray line were monitored by staff and were at acceptable levels of 140 degrees Fahrenheit (F) and above for the hot foods and below 40 degrees F on cold beverages being served. Toast was being served from a pan on the trayline. The test tray and other resident meal trays were placed on an enclosed tray cart that had no heating element and were delivered to the C hallway at 8:35 am. The last resident's breakfast tray was observed to be served on the C hallway on 8/20/2025 at 8:47 am. At this time, the food and beverages on the test tray were sampled in the presence of the Dietary Manager (DM). The DM utilized a calibrated facility thermometer to obtain temperatures of the food and beverages served on the test tray. The DM also tasted the food served on the requested test tray. Temperature checks and tasting of the food served on the test tray revealed the following: a. The scrambled eggs on the test tray registered 118 degrees F and were barely warm when tasted. The DM also tasted the scrambled eggs and confirmed the eggs tasted barely warm and needed to be hotter. b. The toast on the test tray registered 80 degrees F and was not warm and was very hard when tasted. The DM also tasted the toast and confirmed it was not warm and was very hard. c. The DM was unable to obtain an internal temperature on the slices of bacon served on the test tray. When the bacon was tasted it was barely warm. The DM also tasted the bacon and confirmed it was barely warm and needed to be hotter. During an interview on 8/20/2025 at 8:54 am, the DM stated the scrambled eggs, toast and bacon should be hot when served to residents.During an interview on 8/21/2025 at 7:15 pm, the Administrator stated the facility did not have a policy in relation to food palatability.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, review of the Centers for Disease Control and Prevention (CDC) guidelines at https://www2a.cdc.gov/vaccines/m/pneumo/pneumo.html, and review of the facility's policy titled, Infection Control Manual-Infection Prevention-Immunizations: Standing Order 7.4, the facility failed to offer and provide pneumococcal vaccines for five of five Residents (R) (R25, R1, R29, R16, and R47) reviewed for pneumonia vaccinations and failed to ensure R25 received an influenza vaccine. This practice had the potential to increase the risk for these residents to contract pneumonia or influenza.Findings included:A review of the facility's policy titled Infection Control Manual-Infection Prevention-Immunizations: Standing Order 7.4, revised 9/1/2023 revealed, The facility recognizes the major impact and mortality of both influenza and pneumococcal disease on residents of long-term care facilities and the effectiveness of vaccines in preventing illness, hospitalization, and death. The facility, as recommended by the Centers for Disease Control (CDC), has adopted the following standard statement. The standard is made of three principles: All residents of the facility, regardless of age and medical condition, will receive the influenza vaccine annually,conditioned upon the availability of the vaccines, unless there is a documented contraindication, decline or refusal of vaccine and depending on availability of vaccine. All residents, regardless of age and medical condition, will receive the pneumococcal vaccine at least onceunless there is documented medical contraindication, decline or refusal of vaccine . each resident is: Offered seasonal influenza immunization annually; immunized against influenza unless medically contraindicated or when the resident or the residents legal representative refuses immunization; offered pneumococcal immunization once if there is no history of immunization; and immunized against pneumococcal disease unless medically contraindicated or when the resident or the resident's legal representative refuses immunization . Note: usually only one dose of pneumococcal vaccine is needed, but under some circumstances a second dose may be given. The decision to administer a second immunization is based on physician evaluation. A second dose is recommended for people 65 years and older who got their first dose when they were younger than 65 and it has been five (5) or more years since the first dose. When a second dose is given, it should be given five (5) years after the first dose. The decision to administer a second immunization is based on physician evaluation.1. A review of R25's admission Record, located under the Profile tab of the electronic medical record (EMR), revealed R25 was admitted to the facility on [DATE]. R25 was the age of 59.A review of R25's pneumonia vaccine records provided by the facility revealed R25 had received the 23-valent pneumococcal polysaccharide (PPV23) vaccine on 12/22/2003 and 11/13/2010 and the 13-valent pneumococcal conjugate (PCV13) vaccine on 1/13/2016. A review of current CDC guidelines for pneumonia vaccinations for R25 revealed the current recommendation was to give one dose of PCV20 or PCV21 at least five years after the last pneumococcal vaccine dose.A review of R25's influenza vaccine records provided by the facility revealed the resident had not been administered an influenza vaccine for 2024-2025. The records revealed R25 signed the consent electronically on 2/4/2025 to receive the influenza vaccination as follows: Influenza Immunization Informed Consent: I have received the information about influenza and have been educated on the benefits and risks associated with the influenza vaccine. I hereby give permission and request the vaccine be administered to me or the person named for whom I am authorized to sign.2. A review of R1's admission Record, located under the Profile tab of the EMR, revealed R1 was admitted to the facility on [DATE]. R1 was the age of 65.A review of R1's pneumonia vaccine records provided by the facility revealed R1 had received pneumovax23 on 7/23/2007 and 9/27/2017. A review of current CDC guidelines for pneumonia vaccinations for R1 revealed the current recommendation was to give one dose of PCV15, PCV20, or PCV21 at least 1 year after the last dose of PPSV23.3. A review of R29's admission Record, located under the Profile tab of the EMR, revealed R29 was admitted to the facility on [DATE]. R29 was the (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	age of 79.A review of R29's pneumonia vaccine records provided by the facility revealed there was no documentation that R29 had received pneumonia vaccination. The records revealed R1's Power of Attorney (POA) signed the consent electronically on 5/2/2024 to receive the pneumococcal vaccination as follows: Pneumococcal Polysaccharide Vaccine (PPSV23) Informed Consent: I have received the information regarding pneumococcal infections and have been educated on the benefits and risks associated with the pneumococcal polysaccharide vaccine (PPSV23)- I hereby give permission and request the vaccine be administered to me or the person named for whom I am authorized to sign.A review of current CDC guidelines for pneumonia vaccinations for R29 revealed the current recommendation is to give one dose of PCV15, PCV20, or PCV21. If PCV15 is used follow with one dose of PPSV23 to complete their pneumococcal vaccinations at least 1 year after PCV15.4. A review of R16's admission Record, located under the Profile tab of the EMR, revealed R16 was admitted to the facility on [DATE]. R16 was the age of 66.Review of R16's vaccine records provided by the facility revealed no documentation that R16 had been offered pneumococcal vaccination. A review of current CDC guidelines for pneumonia vaccinations for R16 revealed the current recommendation was to give one dose of PCV15, PCV20, or PCV21. If PCV15 is used, follow with one dose of PPSV23 at least one year after PCV15 dose. 5. A review of R47's admission Record, located under the Profile tab of the EMR, revealed R47 was admitted to the facility on [DATE]. R47 was the age of 91.A review of R47's pneumonia vaccine records provided by the facility revealed R47 had received one dose of Prevnar13 on 8/18/2022. A review of current CDC guidelines for pneumonia vaccinations for R47 revealed the current recommendation was to give one dose of PCV20 or PCV21 at least one year after PCV13.During an interview on 8/21/2025 at 1:55 pm, the Director of Nursing/Infection Preventionist (DON/IP) confirmed the above findings for R25, R1, R29, R16, and R47 .

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of the facility's policy titled Infection Control Manual-Infection Prevention-Immunizations: Standing Order 7.4.1, the facility failed to offer and provide COVID-19 vaccines for five of five Residents (R) (R25, R1, R29, R16, and R47) reviewed for COVID-19 vaccination out of a total sample of 33. This practice had the potential to increase the risk for these residents to contract COVID-19.Findings included:A review of the facility's policy titled, Infection Control Manual-Infection Prevention-Immunizations: Standing Order 7.4.1, revised 09/01/23 revealed, Procedure: Screen the resident on admission to determine if they have received the following adult immunizations: . Covid-19. Obtain a physician's order for the following immunizations on admission or after resident signs the information and request form, as applicable: . Covid-19.1. A review of R25's admission Record, located under the Profile tab of the electronic medical record (EMR), revealed R25 was admitted to the facility on [DATE]. A review of R25's COVID-19 vaccine records provided by the facility revealed R25 had received COVID-19 vaccines on 3/25/2021 and 8/30/2021. The facility was unable to provide any documentation that COVID-19 vaccines were offered for 2024-2025.2. A review of R1's admission Record, located under the Profile tab of the EMR, revealed R1 was admitted to the facility on [DATE]. A review of R1's COVID-19 vaccine records provided by the facility revealed R1 had received COVID-19 vaccines on 1/12/2021, 2/2/2021, 11/8/2021, and 2/3/2023. The facility was unable to provide any documentation that COVID-19 vaccines were offered for 2024-2025.3. A review of R29's admission Record, located under the Profile tab of the EMR, revealed R29 was admitted to the facility on [DATE].A review of R29's COVID-19 vaccine records provided by the facility revealed there was no documentation that R29 had received or been offered COVID-19 vaccination.4. A review of R16's admission Record, located under the Profile tab of the EMR, revealed R16 was admitted to the facility on [DATE].A review of R16's vaccine records provided by the facility revealed documentation that R16 had received prior COVID-19 vaccines on 1/12/2021, 2/2/2021, 11/8/2021, and 2/3/2023. A review of current CDC guidelines for COVID-19 vaccinations for R16 revealed the current recommendation was to give two doses of COVID-19 vaccine 6 months apart. 5. A review of R47's admission Record, located under the Profile tab of the EMR, revealed R47 was admitted to the facility on [DATE].A review of R47's COVID-19 vaccine records provided by the facility revealed no documentation that R47 had received or had been offered COVID-19 vaccination.During an interview on 8/21/2025 at 1:55 pm, with the Director of Nursing/Infection Preventionist (DON/IP) confirmed the above findings for R25, R1, R29, R16, and R47.

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of the facility's policy titled Freedom of Abuse- Abuse Prevention: Fast Alerts, the facility failed to ensure two of four Residents (R) (R14 and R80) reviewed for abuse were free from resident-to-resident physical abuse. This failure had the potential to negatively impact all residents due to the facility's failure to prevent resident abuse.Findings included:A review of the facility's policy titled, Freedom of Abuse- Abuse Prevention: Fast Alerts, dated January 2025, indicated, Policy The purpose of this written Freedom of Abuse, Neglect, Exploitation: Abuse Prevention Standard is to outline the preventative and action steps taken to reduce the potential for abuse, mistreatment and neglect of residents and the misappropriation of resident property and to review practice and omissions which if allowed to go unchecked, could lead to abuse. This policy demonstrates a Zero Tolerance of Abuse of any type or manner and will address accordingly.A review of R14's admission Record, located in the Profile section of the electronic medical record (EMR), revealed R14 was admitted to the facility with diagnoses which included Alzheimer's disease, and anxiety disorder. A review of R14's care plan, dated 7/8/2024, located under the Care Plan tab of the EMR, contained the following Focus area, [R14's name] has a behavior problem R/T [related to] dementia. She can wander at times and intrude on others personal space. Can decide to sit in random chairs with no concern for who they belong to. The care plan's goal specified, She will be easily redirected without major complications through review date. A review of R14's quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 7/14/2024, located in the MDS tab of the EMR, revealed R14 scored zero of 15 on the Brief Interview Mental Status (BIMS) which indicated severe cognitive impairment. The MDS indicated R14 exhibited wandering behavior daily.A review of R14's Capacity for Sexual Consent Assessment, dated 7/15/2024 and completed by the Social Services Director (SSD), and provided by the facility, indicated, R14 was assessed as not having the capacity to consent to sexual intimacy. A review of R14's notes, located in the Progress Notes section of the EMR, revealed the following entries:8/23/2024 at 8:44 pm, . Nursing observations, evaluation, and recommendations are: During PM (evening) med pass and rounds resident got OOB [out of bed] and wandered into a male resident's room. Another resident seen her and went to get staff. When staff entered the room this Resident had a bowel movement and had taken her brief off and laid across his bed. The male resident had his hand touching her buttocks. This resident was immediately covered and removed from room and taken to her own room on another hall to be cleaned and examined.8/23/2024 at 8:45 pm, . Skin note Genital area examined with no redness, swelling or tearing or abnormalities noted. Resident showed no signs or symptoms of anxiety, pain or distress.8/23/2024 at 9:19 pm, Social Services Progress Note Late Entry Note Text: SSD [Social Service Director] was notified of the incident involving [R14's name] wandering into a male room and lying across the bed. It was reported [R14's name} had a bowel movement, took her brief off, and lay across the male's resident bed. The male resident had his hand touching her buttocks. [R14's name] was immediately covered, removed, and taken to her room in another hall to be cleaned and examined. SSD visited [R14's name] in her room. The resident showed no signs of distress or anxiety. She was lying in her bed, randomly talking calmly. SSD will visit as needed.An observation on 8/18/2025 at 12:23 pm, revealed R14 was in the facility's main dining room eating her lunch meal. No concerns were noted.A review of R80's admission Record, located in the Profile section of the EMR, revealed R180 was admitted to the facility on [DATE] with a diagnosis of chronic obstructive pulmonary disease (COPD). R80 was discharged from the facility on 10/11/2024.A review of R80's quarterly MDS assessment with an ARD of 7/1/2024, located in the MDS tab of the EMR, revealed R80 scored 13 of 15 on the BIMS which indicated he was cognitively intact and had not exhibited any physical, verbal, or other behavioral symptoms towards others.A review of R80's (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Capacity for Sexual Consent Assessment, dated 7/1/2024 and completed by the SSD, and provided by the facility, indicated, R80 was assessed as having the capacity to consent to sexual intimacy. A review of R80's notes, located in the Progress Notes section of the EMR, revealed the following entry: 8/23/2024 at 8:00 pm (noted as a late entry created on 8/26/2024 at 12:42 pm), . Nursing observations, evaluation, and recommendations are: A female resident wandered into his room, removed her soiled brief and laid across his bed and he proceeded to rub her buttocks with his hand .A review of the facility's investigation of the 8/23/2024 incident between R14 and R80, provided by the facility, revealed the facility substantiated resident to resident abuse. Included in the facility's investigation were witness statements from staff who witnessed the incident. A witness statement written by Certified Nursing Assistant (CNA) 1, who was still employed at the facility at the time of the survey, indicated, On Friday August 23 one of our patient was found in another resident room. She was laying across him with her bottom pants off. I remove her from his bed and walk her to her room. His part was out and he has his hand on her bottom.During an interview on 8/20/2025 at 6:50 am, CNA1 stated on 8/23/2024 between 8:00 PM and 9:00 pm she heard someone yelling in the hallway to come here and she responded. She observed R14 laying across R80 in his bed. CNA1 stated R14 did not have a brief on and she was laying cross ways on the bed with her head hanging off the side of the bed. CNA1 stated R14's was laying across R80's upper legs, but the resident's genitals were not touching and she did not recall R80 having his hand on R14's buttocks. CNA1 stated both residents were calm and were not exhibiting any distress. CNA1 explained she assisted R14 out of R80's bed, placed a gown on her, and removed her from the room. CNA1 stated at the time of the incident R14 ambulated independently and she did wander into other resident roomsDuring an interview on 8/19/2024 at 1:39 pm, the SSD stated she worked at the facility on 8/23/2024 when R14 wandered into R80's room. The SSD stated when the incident occurred R14 was able to ambulate independently, wandered constantly, and entered other resident rooms. The SSD explained that after the incident she went to see R14 and R80 and both residents were calm and in no distress. The SSD stated she spoke with R80 about the incident and he denied any wrongdoing.During an interview on 8/20/2025 at 10:20 am, the facility's Interim Administrator stated she did not work at the facility when R14 wandered into R80's room on 8/23/2024. The Administrator confirmed the facility's investigation of the incident between R14 and R80 substantiated resident abuse. The Administrator stated the expectation was for the facility to be free of abuse.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on interview, record review, and review of the Resident Assessment Instrument (RAI) manual, the facility failed to ensure the accuracy of the Minimum Data Set (MDS) assessments for two of five Residents (R) (R47 and R5) reviewed for accuracy of MDS assessment out of a total sample of 33 residents. This failure placed the residents at risk of having unmet care needs and services.Findings included:A review of the RAI Manual 3.0, dated October 2019, revealed .If a Minimum Data Set (MDS) assessment is found to have errors that incorrectly reflect the resident's status, then that assessment must be corrected . 1. A review of R47's medical diagnosis sheet found under the Med [Medical] Diag [Diagnosis], tab of the electronic medical record (EMR), revealed that R47 was admitted to the facility with diagnoses which included schizophrenia, delusional disorders, recurrent depressive disorder, and auditory hallucinations.A review of R47's Annual MDS assessment, located in the EMR under the MDS tab and with an Assessment Reference Date (ARD) of 4/14/2025, indicated R47 had an active diagnosis of schizophrenia and was currently not considered by the State Level II PASARR process to have a serious mental illness and/or intellectual disability or a related condition.During an interview on 8/21/2025 at 9:10 am, the facility's Social Service Director (SSD) reviewed R47's EMR and stated R47 was previously evaluated by the State Level II PASARR on 5/23/2022 which reflected that the resident had a serious mental illness. The SSD provided a copy of R47's 5/23/2025 PASARR Level II evaluation. A review R47's Level II PASARR evaluation, dated 5/23/2022, provided by the SSD, specified R47 had serious mental illnesses including schizophrenia.During an interview on 8/21/2025 at 9:2025 am, the MDS Coordinator (MDSC) stated she completed the PASARR section on R47's 4/14/2025 annual MDS. The MDSC reviewed R47's EMR and confirmed R47's annual MDS of 4/14/2025 inaccurately assessed the resident's Level II PASARR status. The MDSC stated she would correct R47's annual MDS assessment to reflect the resident had a PASARR Level II evaluation completed which specified she had a serious mental illness.2. A review of R5's Progress Notes dated 7/10/2025 located under the Prog Note tab in the EMR revealed the resident had a weight loss of 5.8% for the past 30 days and 22.3% loss for the past six months.A review of R5's Weights located under the Wts/Vitals tab of the EMR, revealed the resident weighed 151.8 pounds (lbs.) on 2/5/2025 and 119.4 lbs. on 8/6/2025. The calculated weight loss was 21.34% for the past six months.A review of R5's EMR quarterly MDS located under the MDS tab with an ARD of 8/12/2025 indicated the resident's weight was 119 lbs. within the last 30 days and weight loss of 5% or more in the last month or loss of 10% or more in the last six months was marked No or unknown. The assessment was completed by the Dietary Manager (DM) on 8/9/2025.During an interview on 8/21/2025 at 12:45 pm, the MDSC stated, Each department completes their section of the MDS assessments. I then go in and verify that information is correct. I did not review dietary's assessments because I trust they are accurate. [R5's] weight loss for the past 30 days was 5% and was 22% for the past six months. The MDS should have been marked Yes, not on prescribed weight loss regimen.During an interview on 8/21/2025 at 12:45 pm, the DM stated, I receive a monthly weight sheet report that I review daily for the MDS assessments that are due. I review the past three months. I will look back at some residents for six month weight loss. The [MDSC] reviews my entries in MDS for accuracy. [R5] has had a significant major weight loss. She has gone from 161 lbs. to 125 lbs. over the past six months. The MDS was marked ?No or unknown' but her significant weight loss should have been marked on the MDS as ?Yes, not on prescribed weight loss regimen.' The assessment was not marked accurately. I don't know why I marked No.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115575	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tattnall Healthcare Center	142 Memorial Drive Reidsville, GA 30453

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities Based on observation, record review, and interview, the facility failed to ensure that the Pre admission Screen and Resident Review (PASARR) level screening was accurately completed prior to admission for one of one Resident (R) (R29) reviewed for PASARR out of 33 sampled residents. This failure had the potential not to identify the specialized services R29 may have needed and if R29 was appropriate for admission to the facility.Findings included: A review of R29's Electronic Medical Record (EMR) revealed an admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/9/2024, located in the EMR under the MDS tab, revealed an admission date of 5/2/2024. A Brief Interview for Mental Status (BIMS) score of two out of 15 was noted, indicating severe cognitive impairment with diagnoses of anxiety disorder, altered mental status, suicidal ideations, hallucinations, depression, and unspecified psychosis. The MDS revealed no PASARR currently considered. A review of R29's Level 1 PASARR dated 5/1/2024 revealed that R29 did not have an anxiety disorder, depression, or disorders that would indicate R29 may be suicidal, and have episodes of physical violence or hallucinations. There was no evidence that a level 2 PASARR was completed. During an interview on 8/21/2025 at 2:15 pm, the Director of Nursing (DON) stated that if the resident did not have a diagnosis of dementia and had a diagnosis of anxiety, depression, suicidal ideation, and hallucinations, then a level 2 should have been completed.During an interview on 8/21/2025 at 4:35 pm, the Social Services Director (SSD) stated that as soon as she saw that the resident did not have a diagnosis of dementia, she realized the level 2 should have been don,e and it had not been completed.