STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115577	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altamaha Healthcare Center	1311 West Cherry Street Jesup, GA 31545

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on resident and staff interviews, record review, review of the facility documents titled, PBJ (payroll-based journal) Staffing Data Report, and review of the facility policy titled, Staffing Policy, the facility failed to ensure Registered Nurse (RN) coverage was available in the facility for eight consecutive hours daily. This failure had the potential to negatively impact all residents at the facility.Findings included:Review of the facility's policy titled, Staffing Policy, dated January 2025 documented Procedure. 4. Staffing will include a Registered Nurse (RN) 8 hours a day. 5. The nursing services department will be under the authority and responsibility of the director of Nursing service who is a licensed registered nurse and who works as least eight hours a day. Review of the facility's PBJ Staffing Data Report for fiscal year 2026, Quarter 1 (October 1, 2025- December 31, 2025) identified by the submitted data, including but not limited to: no RN hours on four or more days during the quarter. The report documented no RN hours on the following dates: 10/04/2025, 10/05/2025, 10/11/2025, 10/18/2025, 10/19/2025, 10/20/2025, 10/25/2025, 10/26/2025, 11/01/2025, 11/02/2025, 11/16/2025, 11/29/2025, 11/30/2025, 12/21/2025 The facility was unable to provide PBJ staffing data for January through March 2026 A review of the 2-week staffing grid for 05/04/ 2026 to 05/17/2026 revealed that eight of 14 days had no RN coverage documented. A review of the 2-week staffing grid for 05/18/ 2026 to 05/31/ 2026 revealed that 12 of 14 days had no RN coverage documented. Review of the facility's list of open positions, provided by the Administrator, revealed vacancies for weekend RN Supervisors and a full-time RN Unit Manager. During an interview on 06/04/2026, at 12:20 PM, Licensed Practical Nurse (LPN) AA revealed she had been responsible for scheduling staff independently for approximately five months. LPN AA provided a staff roster and confirmed several individuals listed were no longer employed by the facility. Review of the roster revealed the facility had no regularly scheduled RN's, except for RN PP, a newly hired part-time weekend supervisor who had started the previous weekend. LPN AA stated RN DD was no longer employed at the facility, RN QQ worked only one weekend per as needed and did not work during May 2026, and RN RR was no longer employed. LPN AA stated that when the Director of Nursing (DON) was unavailable, administration was notified; however, no additional RN coverage was obtained. LPN AA confirmed no RN was scheduled on May 23 and May 24, 2026, while the DON was attending a previously scheduled wedding, and administration and corporate staff were aware that no RN coverage had been arranged.During an interview on 06/04/2026 at 12:40 PM with the Director of Nursing (DON), she revealed she began employment on May 11, 2026, and was not informed during the hiring process that she would be the only RN employed at the facility. The DON confirmed there was no RN coverage on May 23 and May 24, 2026. She stated she had notified the corporate office in advance that she would be unavailable on those dates due to a prior commitment. The DON stated her expectation was that the facility maintain RN coverage for at least 8 hours each day.

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