STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115586	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pinewood Manor Nursing Home & Rehabilitation Cntr	277 Commerce Street Hawkinsville, GA 31036

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview, record review, and review of the facility's policy titled Date Marking for Food Safety, the facility failed to ensure that food items were properly dated, labeled, and discarded in the refrigerator, freezers, and dry storage. These deficient practices had the potential to place the 47 residents who received meals from the kitchen at risk of foodborne illness. Findings include:Review of the facility's policy titled Date Marking for Food Safety, with a review date of 01/01/2026, indicated that the facility adheres to a date-marking system to ensure the safety of ready-to-eat, time/temperature control for safety foods. The Policy Explanation and Compliance Guidelines for Staffing section included, . 2. The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded. 3. The individual opening or preparing a food item shall be responsible for date marking the food at the time the food is opened or prepared. 4. The marking system shall consist of a color-coded label, the day/date of opening, and the day/date the item must be consumed or discarded. 6. The Head Cook, or designee, shall check the refrigerator daily for food items that are expiring and discard accordingly. 7. The Dietary Kitchen Manager (DKM), or designee, shall spot-check refrigerators weekly for compliance.Observation during the initial kitchen inspection on 03/09/2026 from 10:00 AM to 11:00 AM revealed the following:Observation of food stored in the kitchen's residential refrigerator revealed: Two bags of cucumbers containing numerous cucumbers with visible signs of spoilage, including black discoloration. One bag of lettuce containing a head of lettuce with visible black discoloration. Additional food items observed in the refrigerator, without an expiration or discard-by date, included bags of bacon, sandwich meat, ground beef, cheese, lettuce, two bags of cucumbers, two cartons of eggs, and six bags of tomatoes.Observation of food stored in two two-door reach-in freezers located in the dining room area revealed the following food items without an expiration or discard-by date: Three clear bags of ground beef Four containers of barbecue meat Seven bags of pepperoni Two bags of beef patties Three bags of chicken patties One-third bag of chicken nuggets Three bags of sweet corn nuggets Two bags of breaded vegetables Two bags of hash browns Four bags of tater tots One blue bag containing two rutabagas One bag of pepperoni Four bags of chopped rutabagasFurther observation revealed: Six bags of pepper and onion mix with sell-by dates of 11/24/2025. Frozen vegetables (broccoli) with a sell-by date of 12/27/2025.Observation of the kitchen pantry revealed: Eleven bags of tortilla chips with a use-by date of 01/27/2026. One bag of cornmeal with a use-by date of 01/27/2026. One bag of cornmeal with a use-by date of 01/27/2026. Five jars of maraschino cherries without an expiration date and with a date of 05/16/2024 in black marker on the top of the lids.During an interview on 03/10/2026 at 1:25 PM, the Dietary Kitchen Manager (DKM) confirmed the above food storage concerns identified during the kitchen inspection. The DKM stated that staff should discard food with signs of spoilage or expiration dates. The DKM further stated that she was unaware that the perishable food items were not labeled or dated, and that they should be.

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

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observations, resident and staff interviews, record review, and review of the facility's policy titled, Self-Administration of Medications by Patients/Residents, the facility failed to ensure one of 29 Residents (R) (R31) did not have unauthorized, unsecured medications at bedside. This deficient practice had the potential to allow unauthorized access of medications to other residents and visitors in the facility.Findings include:Review of the facility's policy titled Resident Self-Administration of Medication dated 1/1/2026 under the section titled Policy revealed, It is the policy of this facility to support each resident's right to self -administer medication. A resident may only self-administer medications after the facility 's interdisciplinary team has determined which medications may be self-administering safely.Review of clinical records for R31 revealed the following diagnoses that included but were not limited to personal history of other disease related to nonexudative age-related macular degeneration, bilateral, stage unspecified, visual loss, hypertension, and unspecified atrial fibrillation. Review of the admission Minimum Data Set (MDS) Assessment for R31 dated 2/12/2026 revealed, Section C (Cognitive Patterns), a Brief Interview for Mental Status Score (BIMS) score of 15 which indicated little to no cognitive impairment Review of clinical records for R31 revealed, there was no physician order or completed assessment to determine whether or not the resident was capable of self-administration of medications.Observation on 3/9/2026 at 2:09 PM of R31's room revealed prescription medications [a bottle of nasal spray, muscle cramp spray, eye drop, and (Name of anti-inflammatory) pain lotion] lying on the bedside stand. At the time of observation, R31 revealed that the medication was her very own personal medications and that she took the medications daily without the supervision of the nurses. R31 revealed that the nurses allowed her to take medications.During an observation and interview on 3/10/2026 at 12:36 PM of R31's room with Licensed Practical Nurse (LPN) KK confirmed the medications at the resident's bedside. LPN KK also confirmed that R31 had not been assessed to self-administer medications independently. She reported being unsure of how the medications was left in the resident possession. She reported that in the past, R31's friend was known to bring medications into the facility to the resident. LPN KK then proceeded to remove the medications from the room.During an interview on 3/10/2026 at 12:44 PM with the Director of Nursing (DON) and Assistant Director of Nursing (ADON), both staff confirmed R31 was not assessed to self-administer medications. The DON and ADON reported that since admission, R31 had a history of having unauthorized medications brought into the facility. The ADON reported that R31 and her friend had been educated before about medication being left in the resident room. The DON revealed that her expectation was for staff to monitor the resident medications.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident and staff interviews, record review, and review of the facility's policy titled Abuse, Neglect, and Exploitation, the facility failed to report to the State Survey Agency (SSA) within the required two-hour time frame a fall with major injury for one of two Residents (R) (R2) reviewed for falls.Findings include:Record review of the facility's policy titled Abuse, Neglect, and Exploitation revised 1/1/2026 revealed, VII. Reporting/Response. A. The facility will have written procedures that include:1.Reporting of all alleged violations to the Administrator, state agency , adult protective services and to all other required agencies (e.g. was enforcement when applicable) within specified time frames (a). Immediately, but not later than 2 hours after the allegation is made, if the event that cause the allegation involve abuse, or results in serious bodily injury or (b). Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.Record review of R2's electronic health record (EHR) revealed a diagnosis of T12 fracture with the onset date of 6/25/2025.Record review of R2 ?s EHR progress note dated 6/25/2025 at 11:31AM revealed, R2 had an unwitnessed fall and was found on the floor.Review of R2's Quarterly Minimum Data Set (MDS) dated [DATE] for Section C (Cognitive Patterns), Brief Interview for Mental Status Score (BIMS) of 14 which indicated intact cognition; Section GG (Functional Abilities and Goal) revealed, impairment on one side for upper extremities and impairment on both sides for lower extremities, independent with bed mobility and dependent for transfer requiring two-person assistance.Review of the incident report form, dated 6/25/2025, revealed the facility began the investigation involving an unwitnessed fall from bed. R2 turned on light and Certified Nursing Assistant (CNA) went in and noticed the resident on the floor. R2 was assessed for injuries with no injuries and no pain documented at the time. Further review of the incident report revealed, the box checked for None in the Predisposing Environmental Factors and Predisposing Situation Factors.A review of a progress note for R2, dated 6/27/2025, at 9:59 AM, revealed Physician (Name) notified of resident complaining of back and stump pain and request to go to ER (Emergency Room) with order given to go to ER for evaluation. [sic]A record review of the hospital radiology report (x-ray) for R2, dated 06/27/2025, documented Findings: 3 views of the lumbar spine. Vertebral body: There is compression fracture at T12. Clinical impression: Stable T12 burst fracture.Record review of the Facility's Self Reportable (FRIs) for the past year revealed there was no FRI submitted for R2.During an interview on 3/12/2026 at 4:26 PM with the Director of Nursing (DON) verified the facility failed to submit a State Reportable to the State Office within the two-hour time frame because she was unaware that R2 had a T12 fracture. She confirmed R2 injury was brought to her attention during the survey by the Survey Team. The DON reported failing to review the resident discharge hospital record and resident progress note after the resident returned from the hospital. She reported that Licensed Practical Nurse (LPN) KK was aware of the fracture and admitted to not informing her of the fracture.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews, the facility failed to ensure that aerosol containers and cleaning chemicals were not stored in three of 47 resident rooms (room [ROOM NUMBER], 40, and 42). This deficient practice increased the risk for accidents. Findings include:Observations on 3/9/2026 at 12:40 PM, 3/10/2026 at 12:18 PM, and 3/11/2026 at 1:50 PM, in room [ROOM NUMBER], revealed an aerosol can (deodorant spray) sitting on the bedside table.Observation on 3/9/2026 at 12:52 PM, 3/10/2026 at 12:19 PM, and 3/11/2026 at 1:54 PM in room [ROOM NUMBER] revealed an aerosol can on the bedside table.Observations on 3/9/2026, 3/10/2026 at 12:19 PM, and at 1:01 PM, and 03/11/2026 at 1:58 PM in room [ROOM NUMBER] revealed a container of bleach disinfectant wipes stored on a portable cubby in the resident's room.During an interview on 3/11/2026 at 2:05 PM, Certified Nursing Assistant (CNA) GG verified that the aerosol containers and disinfectant wipes were present in rooms [ROOM NUMBER]. CAN GG stated that these items should not be in residents' rooms, particularly due to residents who wander, and indicated the facility has a policy restricting aerosol and disinfectant products from resident care areas.During an interview on 3/11/2026 at 2:08 PM, the Director of Nursing (DON) confirmed that the aerosol containers and bleach disinfectant wipes were present in the identified resident rooms and stated they should not be in resident rooms. The DON immediately removed the bleach disinfectant wipes from room [ROOM NUMBER] and stated staff would need to speak with the resident in room [ROOM NUMBER] before removing the aerosol container to avoid causing distress.