STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115592	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Countryside Health Center	233 Carrollton Street Buchanan, GA 30113

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 49396 Based on observations and resident and staff interviews, the facility failed to uphold the right of dignity for one of three residents (R) (R8) receiving catheter care by not providing necessary privacy measures. Findings include: Observation on 4/14/2024 at 10:00 am of R8's urinary catheter bag dragging on the floor without a privacy bag. Observation and interview on 4/15/2024 at 2:45 pm with R8 revealed the privacy bag was missing following a cleaning session, according to R8. Observation on 4/16/2024 at 9:15 am revealed R8's catheter bag was dragging on the floor without a privacy bag. Observation on 04/16/2024 at 1:15 pm, two surveyors observed R8 outside with his catheter bag was exposed and no privacy bag in place covering the catheter bag. Interview on 4/18/2024 at 11:45 am with the Administrator, she confirmed that it was the facility's protocol to use privacy bags to cover catheter bags.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115592	A. Building B. Wing	04/18/2024

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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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 49396 Based on observations, resident and staff interviews, and record review, the facility failed to provide adequate space to meet the needs for one of three residents (R) (R8) in a shared room, compromising the resident's comfort and mobility. Findings include: Observation and interview on 4/14/2024 at 8:45 am revealed R8 resting in bed C in a room shared with two other residents. R8 expressed discomfort due to insufficient space, noting that her movement was restricted, especially access to the bathroom, because belongings from the resident in bed B encroached into her area. R8 reported that she had made repeated requests to the staff for more space to navigate her room, which was especially important due to her status as a below-knee amputee. R8 stated that her requests had previously gone unaddressed. Interview on 4/17/2024 at 11:30 am with the Maintenance Director revealed they were initially unaware of the specific space requirements for residents. The Maintenance Director measured the room space allocated to each resident. The measurements were as follows: Resident A-144 square feet (sq ft), Resident B-120 sq ft, and Resident C-72 sq ft. He confirmed the need for re-evaluation and adjustment of space distribution to ensure equitable living conditions.

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	115592	A. Building B. Wing	04/18/2024

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F 0568

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Many

Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 46431

Based on staff interviews, record review, and review of the facility policy titled, Resident Trust Policy, the facility failed to ensure money was taken from the Resident Trust Account and used for resident needs for 39 out of 50 (census at time of misappropriation on 2/9/2024) resident.

Finding include:

Review of the facility policy titled Resident Trust Policy revised 11/6/2023 revealed This Policy has been established to assure compliance with maintaining a complete and accurate accounting of resident funds. It is mandatory that a reconciliation between the Resident Trust Fund and the bank statement be completed monthly. Each quarter it is also a requirement that a resident trust statement be presented to the resident/responsible party.

Review of the police report revealed the total theft of the resident trust fund was $52,323.72 from an audit performed by the [NAME] President (VP) of Revenue Cycle Management of the facility. The audit revealed and identified the former Business Office Manager (BOM) as the perpetrator. The report revealed the former BOM changed checks that were requested for different parties through the Resident Fund Management Service (RFMS), then changed the check payee to herself. The report revealed the former BOM used her mobile banking app (application) to deposit the changed checks into her personal bank account. The former BOM was arrested and charged with misappropriation of resident funds for 39 facility residents.

Interview on 4/16/2024 at 10:31 am with the Admission Director revealed the facility's former BOM did not provide residents with the third quarter statements. She expressed since she had been in the role, she had given residents their quarterly statements.

Interview on 4/17/2024 at 9:32 am with the Administrator, she expressed she notified the police department on 2/9/2024 to report the alleged fraud. She revealed after reporting the alleged fraudulent activity to the police department, the Chief of Police requested the facility to complete an audit. The Administrator revealed this was when the former BOM was confirmed making false invoice requests through the RFMS system for 39 residents. She was changing the requested check to her name and depositing the check in her personal bank account. The Administrator confirmed the former BOM was not providing quarterly statement for the months of July through September 2023.

Review of the email communication from the VP of Revenue Cycle Management revealed the affected residents were 39 out of 50 residents in the facility at the time of the incident. All money was returned to the residents or the resident's responsible party.

The following 39 residents had money misappropriated from their trust accounts:

R4-$564.00

R30-$355.00

(continued on next page)

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R1-$1,610.00 R13-$1,393.19 RAA-$544.57 R19-$620.00 R12-$900.00 R202-$350.00 R3-$620.00 RBB-$200.04 R2-$765.00 R39-$775.00 R46-$3,200.00 R38-$50.00 R14-$2,155.00 R34-$350.00 RCC-$2,369.06 RDD-$500.00 [NAME]-$1,745.00 R24-$800.00 R22-$200.00 R8-$620.00 R15-$455.00 R11-$565.00 RFF-$1,572.11 R35-$10,060.33 (continued on next page)

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R5-$155.00 R25-$1,895.00 R28-$3,435.18 R27-$155.00 R26-$665.00 RGG-$2,427.96 R201-$3,172.00 R45-$500.00 RHH-$1,368.48 R49-$2,365.00 R10-$100.00 R41-$2,746.80 R203-$861.33 Total amount=$52,323.72 Cross refer F602.

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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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46431 Based on staff and local police interviews, record review, and review of the facility policy titled Freedom from Patient Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Property-Reporting and Investigating, the facility failed to protect the resident's right to be free from abuse by misappropriation of funds by staff for two of 24 sampled residents (R) (R203 and R45) who had trust accounts. Substandard Quality of Care was identified related to Misappropriation of Funds. Findings include: A review of the facility policy titled Freedom from Patient Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Property-Reporting and Investigating revised date [DATE] under Policy Statement revealed: Any complaint, allegation, observation or suspicion of resident abuse, mistreatment or neglect, whether physical, verbal, mental or sexual, involuntary or voluntary, is to be communicated to the Abuse Coordinator, thoroughly reported, investigated and documented in a uniform manner as detailed below. R203 was admitted to the facility with the following diagnoses: bipolar disorder, unspecified, myeloblastic leukemia. R203 expired on [DATE]. Record review of the most recent quarterly Minimum Data Set (MDS) for R203, dated [DATE] revealed R203 had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident had intact cognition. The MDS also documented that R203 had no behaviors, required assistance and received Hospice services. Review of the investigation report provided by the local Police Department dated [DATE] revealed the facility's former Business Office Manager (BOM) used R203's bank card for several transactions totaling $861.33. The former BOM was arrested for theft by conversion, identity theft, and financial transaction card fraud. Interview on [DATE] at approximately 11:00 am with the Admission Director revealed that R203 was upset about her debit card not working at the vending machine on [DATE]. R203 wanted the Admission Director to go to the ATM (Automated Teller Machine) to pull out $100.00 as she had done for her prior. The Admission Director attempted to withdraw funds from the ATM however, the transaction was declined. After returning to the facility, the Human Resource Manager and Admission Director called the bank with the resident's consent. The local bank informed them the card has been restricted due to suspected fraudulent activity. The local bank shared the last four transactions. R203 was able to confirm with the bank that she did not complete any of the recent transactions discovered. One of the four transactions was with the local recreation department. Interview on [DATE] at 2:08 pm with the Human Resource Manager revealed she went to R203's room to inform her of her care being delayed by her Hospice provider, R203 had concerns about why her debit card was not working at the vending machine and wanted to know why the facility was taking all her money. The Human Resource Manager informed R203 she would inform the Admission Office Director as instructed by the resident, regarding her concerns. (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview on [DATE] at 11:33 am with the Administrator revealed she was unaware of the former BOM mismanagement of resident funds. She expressed that when she was made aware on [DATE], she contacted the police department to further assist with the investigation. Interview on [DATE] at 10:46 am with the Chief of Police, he spoke of his involvement in the case. He stated on [DATE] he received a call from the facility Administrator regarding alleged fraud against one resident. The Chief of Police went to the facility on [DATE] to obtain additional information. He was given R203's name and was told her debit card was used for purchases that were not authorized, totaling $831.83. The facility was able to give the Chief of Police the last four transactions used by the card number of R203. One of the four transactions was at the local recreation department. The Chief of Police contacted the Recreation Department on [DATE]. The Recreation Department was able to reveal R203's card number was used for a child sporting activity and was able to identify the former BOM was the person who used it. The Chief of Police provided the facility Administrator with the results of the investigation. He suggested the facility conduct an audit to assist with additional findings during the timeframe in question. R45 was admitted to the facility with diagnoses of acute posthemorrhagic anemia, displaced fracture of left femur, unspecified injury of head, hypertension, muscle weakness, dysphagia cognitive communication deficit, and esophagitis. Review of the most recent quarterly MDS dated [DATE] documented R45 had a Brief Interview for Mental Status (BIMS) of 15, indicating the resident had intact cognition. Review of the investigation report provided by the local Police Department dated [DATE] indicated an interview with R45 dated [DATE] revealed the facility's former BOM took R203 to the bank to sign over and deposit a check totaling $10,182.15. In addition to taking R45 to the bank, the former BOM intercepted three more checks written out to R45 for the amount of $625.16 each and made deposits in her personal account totaling $1,875.48. The total amount of money taken from the resident was $12,057.63. The former business office manager was arrested for theft and misappropriation of resident's funds. Interview on [DATE] at 10:00 am with R45, the resident expressed his feeling of being taken advantage of by the former BOM. He continued to express that he thought it was something he had to do to continue his stay at the facility. When asked if he trusted the facility with his funds today, he stated, I know my money is being done the right way now. He had no additional concerns. Review of the police report included a 360 report from R203's bank. This report revealed each deposit transaction. When the checks written and the checks deposited were compared using the mobile app, it revealed checks that were in R45's and R203's name but signed by the former BOM.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38154 Based on resident, facility staff and Hospice staff interviews, and review of the facility policy titled, Renal Dialysis Management, the facility failed to provide a meal or any snacks before leaving the facility for hemodialysis for one of one Resident (R) (R33) reviewed for dialysis. The deficient practice caused the time span between dinner and breakfast to be greater than 14 hours. Findings include: Review of the facility policy titled Renal Dialysis Management dated October 2017 revealed on page 3 of 8, under Procedure, D. 4. When a resident is sent to dialysis, arrangements should be made for an appropriate meal to accompany the resident to dialysis. R33 was admitted to the facility with diagnoses to include but not limited to end-stage renal disease and chronic respiratory failure. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15, indicating little to no cognitive impairment, and hemodialysis. Observation/interview on 4/15/2024 at 12:27 pm with R33 in his room, he was alert, oriented, and pleasant. He stated he was tired after his dialysis treatment this morning. He stated he did not have breakfast before leaving the facility at around 6:00 am and was not given a snack to take with him. He stated he returned to the facility around 11:00 am. He stated he would be allowed to have a snack during the dialysis treatment. Observation/interview on 4/17/2024 at 12:15 pm with R33, he stated he just returned from dialysis and did not have breakfast before leaving at 6:00 am and did not receive a snack to take with him. Telephone interview on 4/17/2024 at 12:27 pm with the Dialysis Clinic Administrator, she stated the clinic did not recommend eating during dialysis treatment but clients who choose to eat during treatment would sign a release which would relieve the clinic of liability relating to choking. Interview on 4/17/2024 at 2:22 pm with the Dietary Manager, she stated she did not have a protocol for providing dialysis residents with a meal before leaving the facility or sending a snack with the resident to the clinic, but she tried to ensure residents received a meal upon their return. She confirmed that if a resident left for treatment before breakfast and did not receive a snack, there would be more than 14 hours from dinner the previous night to the next meal. Interview on 4/17/24 at 3:00 pm with the Administrator, she stated they did not send snacks with residents to the dialysis clinic because the clinic did not allow their clients to eat during treatment. She did confirm that there were more than 14 hours between meals for R33 on his dialysis days.

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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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 38154 Based on staff interviews and review of the Facility Assessment Tool and the Payroll-Based Journal (PBJ) Staffing Data Report Quarter (Q) 1 2024, the facility failed to ensure there was adequate nursing staff to serve their residents. The deficient practice had the potential to adversely affect the care and services provided to the facility residents. The facility census was 48 residents. Findings include: Review of the Facility Assessment Tool updated 2/6/2024 revealed the facility was licensed for 61 beds but the average daily census was 49.7 residents. The Staffing Plan included four licensed nurses working per 12-hour shift, six nurse aides working 12-hour shifts and two nurses' aides working eight-hour shifts to provide direct resident care, and four administrative nurses. Review of the PBJ Staffing Data Report Q 1, 2024 (October 1, 2023 through December 31, 2023) revealed, based on the data submitted, the facility triggered a One-Star rating for Q1 2024 (failure to submit PBJ data by the deadline; more than four days in the quarter without Registered Nurse (RN) staffing hours; failure to respond to, submit documentation, or failure to pass a CMS (Centers for Medicare and Medicaid Services) audit designed to discover discrepancies in PBJ data). In addition, the facility triggered excessively low weekend staffing. Interview on 4/18/2024 at 3:21 pm with the Administrator and the Regional Nurse Consultant (RNC) acting as the Interim Director of Nursing (DON), the RNC stated she was hired in December 2023 and had no knowledge of the details of the Q1 2024 PBJ CASPER (Certification and Survey Provider Enhanced Reports) Report. In addition, the Administrator stated she was not aware of the triggered items in the PBJ [NAME] Report which is reported through the corporate office. She stated the likely cause of the problem was the three family members of the terminated Business Office Manager (BOM) who were embarrassed, and all quit at the same time, including the DON, Maintenance Director, and a Unit Manager Licensed Practical Nurse (LPN). Telephone interview on 4/18/2024 at 3:30 pm with the Corporate Payroll Manager, he stated he was not aware of any specifics related to the CASPER Report ratings because he receives the data and submits it to a third-party vendor for submission to CMS. He stated he was not aware of the reasons for the ratings.

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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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 49396 Based on record review and staff interviews, the facility failed to ensure that the staff designated as Dietary Manager possessed the required certification as a Certified Dietary or Food Service Manager. Findings include: Interview on 4/14/2024 at 1:00 pm with the Dietary Manager, she confirmed that she does not currently possess the required certifications for her position. She stated that she was studying and scheduled to take the certification exam within the next three months but has been performing the duties of a Dietary Manager since her appointment. Interview on 4/15/2024 at 2:30 pm with the facility's consulting Dietician, who was not a full-time employee, emphasized the necessity for a Certified Dietary Manager to oversee kitchen operations effectively. Review of the Dietitian contract revealed a lack of compliance with regulatory requirements for Dietary Manager oversight, underscoring a gap in meeting the federal standards for food service management. Review of the Dietary Manager's credentials revealed that she has not completed any Certified Dietary or Food Service Manager courses nor holds a relevant degree. Her record indicated she assumed the position on 11/5/2022, with the intention to obtain certification.

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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. 49396 Based on observations, staff interviews, and review of the facility's policy titled, Food Temperature, the facility failed to ensure proper sanitation measures were followed and to uphold appropriate sanitation practices when checking food temperatures. Specifically, the incorrect sanitization of the thermometer between use did not align with food safety standards. The deficient practice posed a risk of foodborne illness for 45 of 48 residents receiving an oral diet. Findings include: A review of the facility's policy titled Food Temperature revealed: All foods prepared for residents to maintain specific temperatures and mandates that thermometers used to measure these temperatures be sanitized between uses to prevent cross-contamination. Observation on 4/14/2024 at 10:30 am during a tour of the facility's kitchen revealed the Dietary Manager was observed conducting periodic test trays to ensure that the food served to residents maintained appropriate temperatures. However, the thermometer used for checking food temperatures was improperly sanitized between uses. The Dietary Manager was observed dipping the thermometer in ice water instead of using a proper sanitizing solution between testing different food items. Observation on 04/14/2024 at 11:45 am during meal service revealed the Dietary Manager was observed using a single thermometer for multiple food items without proper sanitation between uses. The thermometer was first used to check mashed potatoes, then chicken, without proper cleaning in between. Observation on 4/15/2024 at 11:50 am, the same unsanitary practice was observed again with different foods, including squash and pureed items, using the same thermometer that was rinsed quickly in a cup of ice water but not sanitized. Observation on 4/16/2024 at 12:30 pm, a repeat observation confirmed the continued use of improper thermometer sanitization methods. Interview on 4/17/2024 at 10:00 am with the Dietary Manager confirmed that the standard procedure requiring the use of a sanitizing solution to prevent cross-contamination was not followed.

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47947 Based on staff interviews, record review, police investigation reports, and review of the facility policies titled, Freedom from Patient Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Property-Reporting and Investigating, the Administrator failed to ensure an allegation of exploitation was reported to the State Agency in a timely manner for one resident (R) (R45). The facility census was 48 residents. Finding Include: A review of the facility policy titled Abuse, Neglect, Exploitation, or Misappropriation- Reporting and Investigating revised date January 2022 under Policy Statement in both policies revealed: Any complaint, allegation, observation or suspicion of resident abuse, mistreatment or neglect, whether physical, verbal, mental or sexual, involuntary or voluntary, is to be communicated to the Abuse Coordinator, thoroughly reported, investigated and documented in a uniform manner as detailed below. A Review of the Facility Incident Report (FIC report) revealed a report was not made until 2/13/2024 by the Administrator. This was four days after the perpetrator was confirmed and identified. Interview on 4/18/2024 at approximately at 2:45 pm with the Administrator revealed she was unaware of the former Business Office Manager (BOM) mismanaging of resident funds prior to R203's complaint. She expressed when she was made aware on 2/8/2024 of the mismanagement of the funds, she stated she contacted the police department to further assist with the investigation. On 2/9/2024 she continued to express she was told the alleged perpetrator was identified as her BOM. When asked why the administration did not report sooner, her response was, I did report when I found out who did it. Interview on 4/16/2024 at 10:46 am with the Chief of Police, he spoke of his involvement in the case. He expressed on 2/9/2024 he received a call from the facility Administrator regarding an alleged fraud for one resident. The Chief of Police went to the facility on [DATE] to obtain additional information from the facility staff. He was given R203's name and was told her debit card was used for purchases that were not authorized, totaling $831.83. The facility was able to give the Chief of Police the last four transactions used by the card number of R203. One of the four transactions was at the local recreation department. The Chief of Police contacted the recreation department on 2/9/2024. The local recreation department was able to reveal R203's card number was used for a child sporting activity and was able to identify the former BOM was the person who used it. The Chief of Police provided the facility Administrator with the results of the investigation on 2/9/2024. He suggested the facility conduct an audit to assist with additional findings during the timeframe in question. Cross Reference to 602