STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115597	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Inn Health and Rehabilitation	307 Jones Mill Road Statesboro, GA 30458

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 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 observation, record review, and staff interviews, the facility failed to ensure safe resident transfers by using two staff to assist with a transfer by a mechanical lift for one of one resident (R) (R4) reviewed for transfers out of 20 sampled residents. This had the potential to place the resident at risk for injury. Findings include: 1. Review of R4's Face Sheet, located in the admission Record tab of the electronic medical record (EMR), revealed R4 was admitted to the facility on [DATE] and had diagnoses that included vascular dementia and osteoarthritis. Review of R4's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/17/2025, located under the MDS tab of the electronic medical record (EMR), revealed a staff assessment for mental status was completed, which indicated short- and long-term memory problems. R4 was dependent on staff to roll left to right, and transfers were not completed due to medical conditions or safety concerns. Review of R4's Care Plan located under the Care Plan tab of the EMR revealed the resident was a two-person assist with transfers and used a lift sling (mechanical lift), reviewed 8/17/2024. During an observation on 6/16/2025 at 10:04 am, Certified Nursing Assistant (CNA) 3 went into R4's room with a mechanical lift and a shower bed and shut the door after. R4 was lying in bed. Continued observation revealed that at 10:18 am, CNA3 came out of R4's room with R4 on the shower bed and transported her to the shower room. No other staff members entered R4's room. During an observation on 6/16/2025 at 10:37 am, CNA3 brought R4 back to her room on the shower bed and closed the door. Continued observation revealed that at 10:50 am, CNA3 came out of R4's room, where the resident was observed in bed. The CNA brought the mechanical lift and the shower bed out with her when she exited the resident's room. No additional staff members entered the resident's room to assist CNA3 with the transfer. (continued on next page)

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
	115597	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Inn Health and Rehabilitation	307 Jones Mill Road Statesboro, GA 30458

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/16/2025 at 10:50 am, CNA3 stated R4 required a mechanical lift for transfers. The CNA stated that the assistance level with a mechanical lift required two staff members. When asked if two staff members were utilized when the resident was transferred from her bed to the shower bed and then back to her bed from the shower bed, CNA3 stated, To be honest, I didn't. She's so easy to get right up to the shower bed. I should have. During an interview on 6/17/2025 at 11:05 am, the Director of Nursing (DON) stated it was her expectation that two staff members would be utilized to transfer a resident who was care planned to use a mechanical lift. During an interview on 6/17/2025 at 12:00 pm, the Administrator stated the facility did not have a policy on transferring residents with mechanical lifts. The Administrator provided an undated paper titled Electrical/Mechanical Lift Skills Check-Off, with an education/training paper attached, which documented, [Mechanical lift name] lifts are to be done by two qualified staff members when transferring.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115597	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Inn Health and Rehabilitation	307 Jones Mill Road Statesboro, GA 30458

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 interviews, and facility policy review, the facility failed to ensure the kitchen was maintained in a sanitary manner, failed to ensure food items were dated, and failed to discard food items on or before their expiration or discard dates. These failures had the potential to create an environment for food-borne illnesses, which could affect 52 residents who consumed food prepared from the facility's kitchen. Findings include: Review of the facility's policy titled Cleaning and Sanitizing, dated 12/27/2024, indicated, It is the intent of this center to clean and sanitize utensils, dishware, pots and pans, workspace, and equipment to minimize the risk of food-borne illnesses . Cleaning schedules should be implemented and maintained for all areas of the kitchen. Review of the facility's policy titled, Storage Areas, dated 12/27/2024, indicated, It is the intent of this center to store food in a manner that maintains quality and safety . Items should be inspected for quality and temperature control upon receipt. Items should be covered, sealed, labeled, and dated appropriately. Storage areas should maintain an overall clean environment. 1. Observation during the initial kitchen inspection on 6/16/2025 from 8:35 am to 9:05 am, with the Dietary Manager (DM) present, revealed the following unclean food preparation and storage equipment: a. The kitchen's two ovens had a heavy accumulation of dried and burned food substances on their inner cooking compartments. b. The kitchen's large manual can opener had dried and sticky substances on its blade and table base attachment. c. Eight metal shelves in the kitchen's walk-in refrigerator and the bottom shelf of one of the kitchen's reach-in refrigerators were unclean with a black substance that could be wiped away with a paper towel. During an interview with the DM, during the initial kitchen inspection on 6/16/2025 from 8:35 am to 9:05 am, the DM confirmed that the kitchen's two ovens, large manual can opener, and refrigerator shelves were unclean. The DM stated that dietary staff were expected to follow the kitchen's cleaning schedule and keep all kitchen equipment clean. 2. Observation during the initial kitchen inspection on 6/16/2025 from 8:35 am to 9:05 am, with the DM present, revealed the following concerns with food storage: a. Observation of the kitchen's walk-in refrigerator revealed one package of hot dog buns with an expired use-by date of 6/3/2025 and two loaves of white bread with expired use-by dates of 6/10/2025. b. Observation of one of the kitchen's reach-in refrigerators revealed 11 four-ounce thawed nutritional shakes that were not dated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115597	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Inn Health and Rehabilitation	307 Jones Mill Road Statesboro, GA 30458

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	c. Observation of the kitchen's dry food storage room revealed two undated packages of hot dog buns, six undated loaves of bread, one 46 fluid ounce container of thickened orange juice with an expiration date of 6/5/2025, and 12 packages of tortilla shells with expired use by dates of 6/11/2025. During an interview with the DM, during the initial kitchen inspection on 6/16/2025 from 8:35 am to 9:05 am, the DM confirmed the bread products observed stored in the kitchen that were undated or had expired use by dates, the undated 11 thawed nutritional shakes stored in a reach-in refrigerator, and the container of thickened orange juice stored in the kitchen's dry food storage room with an expired expiration date. The DM stated staff were expected to date items when placed in storage and to discard any food or beverage with an expired expiration or use-by date. 3. Observation on 6/17/2025 at 10:55 am of food stored in the refrigerator in the facility's Diet Kitchen, with the DM present, revealed one opened 46-ounce container of thickened apple juice with a handwritten open date of 6/2/2025 on the container. Review of the directions on the side of the carton indicated the juice may be kept up to seven days under refrigeration after opening. During an interview on 6/17/2025 at 10:55 am, the DM confirmed the container of thickened apple juice had an opened date of 6/2/2025 handwritten on its container and should have been discarded seven days after being opened. DM stated that the dietary staff were responsible for checking the expiration dates on products stored in the diet kitchen's refrigerator and were to discard any expired or outdated items.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115597	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Inn Health and Rehabilitation	307 Jones Mill Road Statesboro, GA 30458

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, staff interviews, and review of the facility policies titled Skilled Nursing Services Use of Oxygen Therapy, and Medication Administration - General, the facility failed to ensure an effective infection control and prevention program was maintained for two of 20 sampled residents (R) (R17 and R1). These failures placed the residents at risk for the transmission and spread of infections. Findings include: Review of the facility's policy titled Skilled Nursing Services Use of Oxygen Therapy, reviewed 12/27/2024, indicated, Intent-to ensure that patients maintain optimal oxygenation via the proper oxygen device and concentration when appropriate and medically indicated. It further indicated, Guideline-Physician's order for oxygen should be obtained and include: oxygen with liter flow as ordered, indicated if use should be continuous or PRN (as needed), method of oxygen delivery via nasal cannula, mask, etc.Oxygen tubing, simple mask .oxygen devices should be changed when soiled or dirty . Review of the facility's Medication Administration - General guidelines, dated 202024, revealed: If breaking tablets is necessary to administer the proper dose . hands are washed with soap and water or alcohol gel prior to handling tablets, and the following guidelines are adhered to: a tablet-splitter or alternate device is used to avoid contact with the tablet. 1. Review of R17's undated medical diagnoses under the Face Sheet tab and located in the Electronic Medical Record (EMR) revealed R17 was admitted to the facility on [DATE] with diagnoses to include chronic obstructive pulmonary disease (COPD). Review of R17's Resident's Consolidated Physician Orders, located under the Orders tab of the EMR, revealed an order dated 8/1/2024 of Oxygen: Nasal Cannula . 2 Liters per minute nasally every 8 hours as needed for SOB/Wheezing [Shortness of Breath/Wheezing]. During an observation and interview on 6/16/2025 at 10:29 am, R17 was lying in bed. Continued observation revealed the resident's oxygen concentrator was on and the oxygen flow rate was set at two liters per minute. The nasal cannula nose piece of the oxygen tubing was lying directly on the floor, under the head of the resident's bed, and underneath the front wheel of the resident's bed. During an observation on 6/16/2025 at 3:25 pm, R17 was sitting up in bed. The resident's oxygen nasal canula was still lying directly on the floor. During an observation on 6/17/2025 at 8:23 am, R17 was lying in bed with her eyes closed. R17 was not utilizing her oxygen, and the nasal canula was lying directly on the floor. During observations on 6/17/2025 at 12:19 pm and at 12:53 pm, R17 was observed lying in bed with her eyes closed. The resident was not utilizing her oxygen, and the nasal cannula was again lying directly on the floor, underneath the bed, and under the front wheel of the resident's bed. During a record review and interview on 6/17/2025 at 12:59 pm, the Assistant Director of Nursing (ADON) reviewed R17's physician orders and confirmed the resident was ordered to use oxygen for shortness of breath. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115597	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Inn Health and Rehabilitation	307 Jones Mill Road Statesboro, GA 30458

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 6/17/2025 at 1:07 pm, R17 was lying in her bed with her eyes closed. Continued observation revealed that when the ADON moved R17's oxygen concentrator away from R17's bed, the resident's nasal cannula oxygen tubing and nose piece of the tubing were lying directly on the floor. The ADON stated, That should not be there [the nasal canula lying directly on the floor]. It would absolutely be an infection control issue. The ADON then stated, I will have to bring in a new nasal cannula and replace all the tubing. At no time should the oxygen tubing be on the floor. During an interview on 6/17/2025 at 1:13 pm, the Director of Nursing (DON) stated, If there is ever oxygen tubing on the floor, especially the nasal cannula piece that goes into the resident's nose, that would be considered an infection control issue for sure. If not in use, the oxygen tubing is supposed to be in a bag. During an interview on 6/18/2025 at 8:00 am, the Corporate Divisional Nurse (CDN) stated, It would be a standard of practice to change out the oxygen tubing if staff see it on the floor. I would expect staff to get a new one if they see it on the floor. During an interview on 6/19/2025 at 9:29 am, the Administrator stated, I would expect staff to throw the oxygen tubing away if it's on the floor .That would be an infection control issue. 2. Review of R1's Face Sheet, located in the admission Record tab of the EMR, revealed R1 was admitted to the facility on [DATE] and had diagnoses which included epilepticus (seizures) and migraine. Review of R1's Electronic Medication Administration Record (eMAR) located in the Med & Treat tab of the EMR revealed medications scheduled at 9:00 am: clonazepam (anti-anxiety) two milligrams (mg), diazepam (anti-anxiety) two mg, aspirin 325mg, docusate sodium (stool softener) 100mg, phenobarbital 97.2mg (anti-seizure), and two tablets of senna (laxative) 8.6mg. In addition, there was an as-needed (PRN) order for oxycodone-acetaminophen 10-325mg. During an observation on 6/18/2025 at 8:19 am, Registered Nurse (RN) 2 performed hand hygiene using hand sanitizer. RN2 then opened a drawer of the medication cart and unlocked the controlled medication compartment. RN2 pulled up the clonazepam card, punched a pill out into his left hand, and placed it in a paper medication cup. He then pulled up the diazepam card, punched a pill out into his left hand, and placed it in the paper medication cup. RN2 then opened a different drawer of the medication cart, removed two bottles of liquid medication, and poured them into plastic medication cups before returning them to the cart. RN2 opened the controlled compartment back up and, one at a time, punched a pill of phenobarbital and a pill of oxycodone-acetaminophen out of their respective cards into his left hand and placed them into the paper medication cup. RN2 opened a drawer of the medication cart, removed a bottle of senna, and dispensed the pills into his left hand before placing them in the medication cup. RN3 then removed another bottle and properly dispensed a pill from the bottle into the lid of the bottle and into the medication cup, without touching the pill with his hands. RN4 took all medications into R1's room and administered them to her. During an interview on 6/18/2025 at 12:00 pm, RN2 stated pills in bottles should be placed in the lid of the bottle and then into the medication cup. Pills in cards should be punched out directly into the medication cup. When asked about the observations of him touching pills with his hand, R2 responded, Unfortunately, sometimes I'm clumsy. I need to get in the habit of punching out meds [medications] over the med cup. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115597	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Inn Health and Rehabilitation	307 Jones Mill Road Statesboro, GA 30458

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/18/2025 at 1:57 pm, the Infection Preventionist (IP) stated pills should be punched directly into a cup. Staff should not touch pills with their hands. During an interview on 06/18/2025 at 2:14 PM, the Director of Nursing (DON) stated narcotic pills in cards were expected to be punched out into a cup and not a hand. Pills in bottles were expected to be put into the lid of the bottle and then into a cup.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115597	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Inn Health and Rehabilitation	307 Jones Mill Road Statesboro, GA 30458

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and review of the facility policy titled Immunization of Patients, the facility failed to administer pneumonia vaccines to residents who were due for them and had signed a consent to receive the vaccine for two of five residents (R) (R2 and R6) reviewed for immunizations out of a sample of 20 residents. This failure had the potential to place R2 and R6 at an increased risk of contracting pneumonia. Findings include: Review of the facility's Immunization of Patients guidelines, reviewed 12/27/2024, revealed that for pneumococcal vaccines, Patients that are not up to date on pneumococcal vaccines per CDC [Centers for Disease Control and Prevention] recommendations must be offered pneumococcal vaccines. The facility will document the administration of the vaccine or did not receive the vaccine based on declination or medical contraindication. 1. Review of R2's Face Sheet, located in the admission Record tab of the electronic medical record (EMR), revealed she was [AGE] years old. She was admitted to the facility on [DATE] and had diagnoses that included vascular dementia and diabetes. Review of R2's Immunization tab of the EMR revealed she had a Pneumovax 23 vaccine on 12/05/2018 and a Prevnar 13 vaccine on 1/16/2020. Review of R2's Scan Docs tab of the EMR revealed a signed consent for the pneumonia vaccine dated 1/07/2025. 2. Review of R6's Face Sheet, located in the admission Record tab of the EMR, revealed she was [AGE] years old. She was admitted to the facility on [DATE] and had diagnoses that included diabetes and chronic obstructive pulmonary disease. Review of R6's Immunization tab of the EMR revealed she had an unknown type of pneumonia vaccine on 10/05/2015. Review of R6's Scan Docs tab of the EMR revealed signed consents for the pneumonia vaccine dated 11/12/2024 and 1/04/2025. During an interview on 6/18/2025 at 1:51 pm, the Infection Preventionist (IP) reported that when she started in the role of IP in October, she started to ask new residents if they wanted vaccines, including pneumonia. She stated that she reviewed new and current residents' vaccine status on the Georgia Registry of Immunization Transactions and Services, and if residents were due for a pneumonia vaccine per CDC guidelines, they were administered the vaccine if they wanted it. The IP verified that R2 and R6 had not received pneumonia vaccines as requested. She further stated that when R2's consent was signed, she was not quite due for the vaccine, and she forgot to circle back to her. The IP stated that R6 never had an order put in for the vaccine, and so it had not come from the pharmacy or been administered as it should have been. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115597	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Inn Health and Rehabilitation	307 Jones Mill Road Statesboro, GA 30458

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/18/2025 at 2:29 pm, the Director of Nursing (DON) stated she expected vaccinations to be administered per CDC guidelines and resident request.