STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115598	A. Building B. Wing	12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camellia Health & Rehabilitation	700 East Long Street Claxton, GA 30417

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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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
	115598	A. Building B. Wing	12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camellia Health & Rehabilitation	700 East Long Street Claxton, GA 30417

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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records and staff interviews, it was determined that the facility failed to follow the care plan to ensure that services were provided for one of three totally dependent residents (R) (R1) related to Activities of Daily Living (ADL) care. This failure resulted in R1 falling from the bed, hitting her head, and expiring on [DATE]. On [DATE], a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation caused or had the likelihood to cause serious injury, harm, impairment, or death to residents.The facility's Administrator, Director of Nursing, and Assistant Director of Nursing were informed of the Immediate Jeopardy for F760 on [DATE] at 3:13 pm. The noncompliance related to the Immediate Jeopardy was identified to have existed on [DATE].An Acceptable IJ Removal Plan was received on [DATE] related to Comprehensive Care Plans 483.21(b) and Accidents, 483. 25(d).Based on observations, record reviews, interviews, and review of the facility's policies as outlined in the Credible Allegation of Compliance, it was validated that the corrective plans and the immediacy of the deficient practice were removed on [DATE]. This was determined to be Past Noncompliance.Findings included:A review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that Resident (R1) was totally dependent on staff for bed mobility and required two person assistance, was totally dependent on staff for bathing and required two person assist for bathing, and this quarterly assessment also documented that R1 was totally dependent on staff for transfers and required two person assistance for transfers.A review of the care plan dated [DATE] revealed that R1 had contractures in her bilateral legs, knees, hips, elbows, and hands; she presented with blindness and immobility, impaired cognition, muscle weakness, and inability to care for herself.A review of a statement from Certified Nursing Assistant (CNA) WW revealed that on [DATE], she was giving the resident a bed bath and changing the linens with only one person-assist, and the resident rolled out of the bed onto the floor.A review of a statement from Registered Nurse (RN) XX, dated [DATE], revealed that CNA WW called her to the room and she performed an assessment. The assessment revealed that a laceration was noted on the top of the resident's head, and she was unable to obtain vital signs. [NAME] County Emergency Medical Services was called, and when they arrived at the facility, the resident was pronounced at approximately 10:10 pm.During an interview on [DATE] at 1:30 pm, the Physical Therapist (PT) DD revealed that the resident in question was contracted and could not move herself in bed. She revealed that her legs were so contracted that they could not even use a wedge or splint for her. She stated that she had her at one time but has not treated her since [DATE].During an interview on [DATE] at 1:00 pm, with a Certified Medical Assistant (CMA) and a Restorative Aide, EE revealed that the CNA looked at the Plan of Care (POC) for the resident to find out if they were a one-person or two-person assist.During an interview on [DATE] at 1:15 pm, CNA FF revealed that when caring for a resident, the staff who were new looked at the POC on the computer, and that a lot of the older staff knew the residents and what they required. He stated that even though they may need 2 people to transfer, they could only need one person to change and perform care if they are in bed.During an interview on [DATE] at 1:30 pm, R GG revealed that the staff uses a Hoyer lift when transferring her, and she stated that she always has 2 caregivers when performing peri-care.During an interview with staff on 2-person assistance and bed mobility on [DATE] at 3:00 pm, with questions on the education they had received in the past few weeks. The CNAs were questioned about Hoyer lifts and if the resident is contracted, how many staff should assist. (All in attendance answered 2-person assist). Discussed turning, repositioning, and changing the bed with one or two people. They all agreed that the resident should be brought toward the caregiver and held by the caregiver when on their side, that is how they were taught. Discussed night shift staffing and schedules. [Cross Reference 689]The facility implemented the following actions to remove the IJ:1. R1 is no longer at the facility.2. Investigation initiated on [DATE], and the associate providing care to R1 was removed from the schedule. The associate received education on [DATE] regarding adhering to the plan of care and the support staff needed for ADL care by the DON. Validation of staff education and competency was completed on [DATE] by the DON.3. In-service education was initiated on [DATE] for all nursing staff and was completed on [DATE] regarding adhering to the plan of care and the support staff needed for ADL care. Education included how to access the level of care required on the POCs, bed mobility, plan of care, and residents' alerts. DON, ADON, and nurse managers provided education to 10 of 10 RN, 8 of 8 LPNs, 19 of 19 CNAs, 9 of 9 CMAs, and 1 of 1 RAI coordinator, which totals 100%. No nursing staff shall work until they

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115598	A. Building B. Wing	12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camellia Health & Rehabilitation	700 East Long Street Claxton, GA 30417

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 - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115598	A. Building B. Wing	12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camellia Health & Rehabilitation	700 East Long Street Claxton, GA 30417

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 - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility records, policies, incident reports, and staff interviews, it was determined that the facility failed to provide adequate bed mobility assistance to prevent an avoidable accident, specifically, a fall for Resident (R1), resulting in harm to one of three residents reviewed for falls. The facility census was 55.On [DATE], a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation caused or had the likelihood to cause serious injury, harm, impairment, or death to residents.The facility's Administrator, Director of Nursing, and Assistant Director of Nursing were informed of the Immediate Jeopardy for F760 on [DATE] at 3:13 pm. The noncompliance related to the Immediate Jeopardy was identified to have existed on [DATE].An Acceptable IJ Removal Plan was received on [DATE] related to Comprehensive Care Plans 483.21(b) and Accidents, 483.25(d).Based on observations, record reviews, interviews, and review of the facility's policies as outlined in the Credible Allegation of Compliance, it was validated that the corrective plans and the immediacy of the deficient practice were removed on [DATE]. This was determined to be Past Noncompliance.Findings included:A review of the electronic medical record (EMR) revealed that R1 was admitted to the facility on [DATE]. Her diagnosis included Alzheimer's disease with early onset, chronic pain, muscle weakness, contractures of the upper and lower body, lack of coordination, and blindness.A review of the written statement dated [DATE] from Certified Nursing Assistant (CNA) WW revealed that when the fall occurred, she was changing the linens after bathing R1, and further revealed that she performed care with one-person assistance. CNA WW was on the opposite side of the bed, pulling the sheets and pads out, and saw R1 roll off the bed.A review of the written statement dated [DATE] from Registered Nurse (RN) XX revealed that CNA WW called her to the room and she performed an assessment on R1. The assessment revealed that a laceration was noted on the top of the resident's head, and she was unable to obtain vital signs. Emergency Medical Services was called, and when they arrived at the facility, the resident was pronounced at approximately 10:10 pm.A review of Nursing Notes dated [DATE] at approximately 11:30 pm revealed that the family was notified of the resident's expiration by the facility's Director of Nursing (DON).The DON reported the incident to the State Survey Agency, number 202509545. An interview with DON on [DATE] at 10:20 am revealed that she had only had one fall with injury, and she had investigated this incident and turned it into the state. She produced the care plan for the resident, including interviews and phone calls that were made after the event. Statement from the caregiver present at the time of the fall. Statement from the RN who assessed the resident. Sign-in sheet for education titled Turning and Repositioning, transfers, mobility. ADL POC resident alerts. The surveyor requested the education given to staff to go with the sign-in sheet. There were 13 signatures on the sheet. DON typed up a statement on what she taught.During an interview with Physical Therapist (PT) DD on [DATE] at 1:30 pm revealed that the resident in question, R1, was contracted and could not move herself in bed. She revealed that her legs were so contracted that they could not even use a wedge or splint for her. She stated that she had her on her case load at one time on case load but has not treated her since [DATE].During an interview on [DATE] at 1:00 pm with Certified Medical Assistant (CMA) and Restorative Aide EE revealed that the CNA looked at the (Plan of Correction) POC for the resident to find out if they were one or two-person assist. During an interview on [DATE] at 1:15 pm with CNA, FF revealed that when caring for a resident that the staff who were new looked at the POC on the computer, and that a lot of the older staff knew the residents and what they required. He stated that even though they may need two people to transfer, they could only need one person to change and perform care if they are in bed.During an interview on [DATE] at 1:30 pm with R2 revealed that the staff uses a Hoyer lift when transferring her, and she stated that she always has 2 caregivers when performing peri-care.During an interview with staff on 2-person assistance and bed mobility on [DATE] at 3:00 pm, with questions on the education they had received in the past few weeks. The CNAs were questioned about Hoyer lifts and if the resident is contracted, how many staff should assist. (All in attendance answered 2-person assistance). Discussed turning and repositioning, and changing the bed with one or two people. They all agreed that the resident should be brought toward the caregiver and held by the caregiver when on their side, that is how they were taught. Discussed night shift staffing and schedules.In attendance: CNA VV; CNA RR; MA/CNA TT; CNA SS; and Scheduler/CNA UU.A review of the ADL POC, which is the computer system for CNA staff to identify care, revealed that the resident R1 was dependent and required 2-person assistance.A review of the Care Plan dated [DATE] revealed that R1 had contractures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115598	A. Building B. Wing	12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camellia Health & Rehabilitation	700 East Long Street Claxton, GA 30417

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observations, record review, resident and staff interviews, and review of the facility policy titled Pest Control, and the maintenance log, the facility failed to maintain an effective pest control program for the following seven of seven sampled rooms (A-11, A-9, A-10, A-6, A-16, A-20, A-21) on B-Hall, one of one guest bathroom, and in tone one one faciliy kitchen.Findings included: Findings include:Review of the policy titled, Pest Control, the guidelines: This center maintains an ongoing pest control program to promote a center free of insects and rodents,Review of the pest control maintenance log showed the facilities routine maintenance schedule dates: 7/16/2025, 7/22/2025, 8/5/2025, 8/19/2025, Observation on 9/10/2025 at 9:00 am in room A-9, revealed when the Oxygen Concentrator was moved from the wall roaches came from behind and inside the concentrator, to many to countObservation on 9/10/2025 at 9:10 am in room A-11, revealed there were more than 20 roaches seen when the nightstand drawer was pulled out.Observation on 9/10/2025 at 9:15am in room A-21, revealed there were roaches in the windowsill.Observation on 9/10/2025 at 10:15 am of the kitchen revealed there were roaches were seen in the room with the refrigerators. Observation on 9/10/2025 at 11:10 am of room B-12 revealed there were roaches on the wall and the floor. Observation on 9/10/2025 at 11:15 am of room B-21 revealed there were roaches on the wall and the floor. Observation on 9/10/2025 at 11:22 am of room B-14 revealed there were roaches on the wall and the floor. Interview on 9/10/2025 at 8:30am with the Maintenance Director revealed that the pest control comes monthly and if they have an issues they will come more often, but he has not called them to come to because that is the administrator's job to call.Interview on 9/10/2025 at 9:15am with the Administrator revealed that it is his job to call for pest control, but he has not called. Interview on 9/10/2025 at 10:15 am with the Dietary Kitchen Manager revealed that that do have a problem with roaches, the roaches are usually seen near the dish washer.Interview on 9/10/2025 at 11:10 am with resident in room B-12 stated there were bugs in her food at times. She also stated that she had to keep bug spray to kill the roaches.Interview on 9/10/2025 at 11:34 am with housekeeping aid QQ revealed that they have had issues with roaches for several months.Interview on 9/10/2025 at 4:20pm with the Pest Control Technician revealed that he has been coming to the facility to provide the pest control, but when he is there some of the places that he needs to spray they have the doors locked and he is not able to find anyone to open the door, or when he needs to spray a residents room the staff get upset because they have to move the resident out of the room. The technician also revealed that there is a leak in the kitchen, and they are not going to get ride of the roaches until they get the leak fixed.