

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115598	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER Camellia Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28734</p> <p>Based on observations, staff interviews, record review, and review of the facility's policy titled, SKILLED NURSING SERVICES Equipment Management, the facility failed to maintain good repair of residents' wheelchair armrests and wheelchair backs for three (3) of four (4) residents, (Resident (R) (R8, R39, and R47), that were observed to be either missing, torn, or tattered in appearance.</p> <p>The findings include:</p> <p>A review of the facility's policy titled, SKILLED NURSING SERVICES Equipment Management with a Review Date of 12/27/2024, revealed the following: INTENT It is the Intent of this center to implement a plan of scheduled equipment checks for specific equipment to facilitate properly functioning equipment. GUIDELINE . Documentation should be maintained related: Problems/concern identified including date concern noted immediate action actions taken for resolution .</p> <p>A review of the facility's Logbook Documentation revealed the following: .Task Name: Conduct Wheelchair inspections .Marked done on-time by Maintenance Assistance/Floor Technician (MF/FT) on 1/22/2025, 1/22/2025, 3/24/2025. This document review revealed the following wheelchair areas were checked OK: Upholstery-Back, Seat, Armrest, Leg rest panel; Wheels-Tires, Spokes, Bearings, Handrails, Adjustment; Casters-Tires, Stem bearings, Wheel bearings; Adjustment - NA (not applicable); Locks-Wheel, Arm; Back - Reclining -NA; Foot Rest-Right side, Left side; Misc (Miscellaneous) - Hand grips, Tripping . sleeves, Foot bumpers, Tube end caps, Lubrication, Clean. [sic]</p> <p>1. Record review of R8's Face Sheet revealed an initial admitted [DATE] and a Readmitted [DATE], which included the following diagnoses: difficulty in walking, hereditary and idiopathic neuropathy, and peripheral vascular disease.</p> <p>A review of R8's current Quarterly Minimum Data Set (MDS) assessment, dated 3/19/2025, revealed the resident's Brief Interview for Mental Status (BIMS) score was 15, which indicated the resident's cognition was intact.</p> <p>A review of R8's care plan revealed the following: .Care Area/Problem At risk for skin impairment . Related To: Dx (diagnosis) of PVD (peripheral vascular disease) .Vascular disease .Evidence By : He is at risk for impairment in skin integrity .Skin Breakdown: at risk for/actual .Related To : Age and fragile skin .Evidence By : He is at risk for skin tears and bruising . [sic]</p> <p>(continued on next page)</p>

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: 115598	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER Camellia Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the resident's Physical Functioning Instructions revealed the resident's special equipment was a wheelchair.</p> <p>2. Record review of R39's Face Sheet revealed an admitted [DATE], which included the following diagnoses: difficulty in walking, and lack of coordination.</p> <p>A review of R39's current Quarterly Minimum Data Set (MDS) assessment, dated 1/29/2025, revealed the resident's Brief Interview for Mental Status (BIMS) score was 13, which indicated the resident's cognition was intact.</p> <p>A review of R 39's care plan revealed the following: .Care Area/Problem . Evidence By : Skin breakdown: at risk for/actual . Related To : . impaired mobility Evidence by : He is at risk for s/s (signs and symptoms) of pressure ulcers .Care Area/Problem Skin, fragile .Related To : Age and medication use .Evidence By : He is at risk for skin tears and bruising . [sic]</p> <p>A review of the resident's Physical Functioning Instructions revealed the resident's special equipment was a wheelchair.</p> <p>3. Record review of R47's Face Sheet revealed an admitted [DATE], which included the following diagnoses: radiculopathy, lumbar region and arthritis.</p> <p>A review of the facility's Resident's Consolidated Order for R47, included the following diagnoses: difficulty in walking and type 2 diabetes.</p> <p>A review of R47's Admission Minimum Data Set (MDS) assessment, dated 1/29/2025, revealed the resident's Brief Interview for Mental Status (BIMS) score was one (1), which indicated the resident's cognition was severely impaired.</p> <p>A review of R 47's care plan revealed the following: .Care Area/Problem Skin breakdown: at risk for/actual . Evidence By: .He is at risk for pressure ulcers .</p> <p>Skin, fragile .Related To: . Age and medication use .Evidence by: He is at risk skin tears and bruising . [sic]</p> <p>A review of the resident's Physical Functioning Instructions revealed the resident's special equipment was a wheelchair.</p> <p>On 4/22/2025 at 12:45 p.m., during the initial tour, the following was observed: R8's wheelchair right armrest and back cover was observed to have tattered and torn areas, the right side of the back cushion cover was not connected to the wheelchair and was missing a screw.</p> <p>On 4/22/2025 at 12:55 p.m., during the initial tour, the following were observed: two wheelchairs were positioned in the hallway near Room B16 and B18. There were no visible names on the wheelchairs. The chair adjacent to Room B18 was observed to have discolored tape on the metal arm and no armrest. The left armrest and back of the wheelchair were observed with tattered and torn areas. The wheelchair that was positioned between Room B18 and Room B16 was observed to have tattered and torn areas to the back cushion and to the right armrest.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115598	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER Camellia Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/22/2025 at 1:00 p.m., during an interview, with the Licensed Practical Nurse (LPN) AA, the surveyor asked her to observe the wheelchairs that were positioned at Room B18 and between Room B16. After LPN AA observed both wheelchairs, the surveyor asked who used the wheelchair located adjacent to Room B18. LPN AA stated that she did not know. The surveyor asked what was on the right arm of the wheelchair. LPN AA stated it appeared to be Coban tape, rubbed the armrest, and stated the armrest was not smooth and was stained. LPN AA also stated that both sides of the back of the wheelchair cushions were tattered and torn, and that was a potential risk for skin tears. The surveyor requested LPN AA to observe the wheelchair positioned between Room B18 and Room B16. After LPN AA observed the wheelchair, she stated that the back of the wheelchair was tattered and torn, and that the right armrest needed to be replaced as that was also a potential risk for skin tears. The surveyor requested for LPN AA to observe R8's wheelchair, which was in R8's room After LPN AA observed R8's wheelchair, she stated that the back cushion on the right side was not connected to the chair, it was missing a screw, and the right armrest was tattered and torn. Also, LPN AA stated those areas on the wheelchair had potential for R8 to sustain skin tears.</p> <p>On 4/22/2025 at 1:15 p.m., during an interview, with the Director of Nursing (DON) and Corporate Nurse (CN) CC, the surveyor requested them to observe the wheelchairs located outside of Room B16 and B18. The surveyor asked who was responsible for checking wheelchairs for repairs and how often. The DON stated the wheelchairs were checked every time prior to residents' usage and if there were issues with the wheelchairs, the Certified Nursing Assistants (CNAs) would notify maintenance. After the DON and CN CC observed the wheelchairs, the surveyor asked about where the wheelchairs were kept when they were not being used. The DON stated the wheelchairs should be kept in the maintenance department. The DON pointed at the wheelchairs and stated that both wheelchairs were ready for use by the residents, because they were in the hallway outside of the residents' room. The DON stated the chairs were used by R39 and R47. After reviewing the wheelchairs again, the DON stated there was nothing wrong with the wheelchairs. CNA DD was observed in the hall and was asked to observe the wheelchairs. She stated the wheelchair positioned at Room B18 had tears on the back of the chair, and the wheelchair between Room B16 and B18 was torn on the back of the wheelchair and the right arm rest was torn. She further stated that both wheelchairs could cause skin tears to the residents.</p> <p>On 4/24/2025 at 10:00 a.m., during an interview, with the Maintenance Assist/Floor Technician (MA/FT), the surveyor provided copies of the facility's Logbook Documentation dated 1/22/2025, 2/5/2025 and 3/24/2025 to the MA/FT to review. The surveyor asked how often wheelchair inspections were done. The MA/FT stated the wheelchair inspections were done monthly and as needed, and all wheelchairs in the facility were inspected. The MA/FT stated with the inspection, the wheelchairs' backs, the seat, and the armrest pads were inspected. She also stated that basically the entire wheelchair was inspected. The surveyor informed the MA/FT of the observation regarding the wheelchairs located near Room B16 and Room B18, and that the wheelchairs had tattered and torn areas and missing parts. The MA/FT stated the documentation on all three documents for the wheelchair inspection was incorrect.</p>		