

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 03/27/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32880</p> <p>Based on resident family and staff interviews, record review, and facility policy review, the facility failed to notify the responsible party of a resident's change in condition for one (1) of 20 sampled residents (Resident #5).</p> <p>Findings include:</p> <p>Review of a policy titled SKILLED NURSING SERVICES Changes in a Patient's Condition revised 12/27/24, indicated the following under Intent: It is the intent of the center to notify the patient, his/her attending physician and responsible party/patient representative of changes in the patient's condition and or status. Under Guideline: Nursing services is responsible for notifying the patient, his/her next-of-kin, or responsible party/patient representative, as each case may apply when: There is a significant change in the patient's physical, mental or emotional status.</p> <p>Review of the electronic medical record (EMR) revealed R#5 was admitted to the facility with diagnoses including, but not limited to blindness of left eye, dysphasia, gastrointestinal hemorrhage, severe protein calorie malnutrition and iron deficiency anemia.</p> <p>Review of R#5's significant change Minimum Data Set (MDS) dated [DATE] included a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive impairment. The resident was assessed to be dependent on staff for all activities of daily living (ADL).</p> <p>Review of the admitting Hospice note dated 1/23/25 indicated the resident's diagnosis to be Severe Protein Calorie Malnutrition.</p> <p>Review of the Physician Order for Life Sustaining Treatment (POLST) signed 12/16/24, (no time noted) for R#5 indicated a selection under CODE STATUS to ALLOW NATURAL DEATH-Do Not Attempt Resuscitation The documentation was signed by the resident designating her to be her own responsible party.</p> <p>Review of a Nursing Note dated 2/11/25 at 9:54 am indicated R#5 was lying in bed with eyes closed. Answer questions when asked but seems very weak. Noted with increased abdominal pulling. Sats at 89% at room air. Oxygen (O2) applied at two (2) liters. Sats increased to 96%. Resident has had poor appetite today with difficulty swallowing. Supervisor notified and will notify daughter. (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
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Physician Order dated 2/12/25, (no time indicated) Oxygen: Nasal Canula two (2) liter per minute nasally every eight (8) hours. DX (diagnosis): Shortness of Breath (SOB)</p> <p>Review of a Nursing Note dated 2/12/25 at 3:00 pm indicated R#5's daughter visited patient and requested patient be sent to the hospital due to O2 being low. Resident was sent to name of hospital. Patient is currently under the care of hospice. Hospice was called and notified of daughter's request and stated they would meet the daughter at the hospital to sign papers to revoke the hospice.(sic)</p> <p>Review of a Nursing Note dated 2/13/25 at 3:01 pm indicated patient's daughter called and notified us that the patient had passed away this morning at name of hospital.</p> <p>During an interview with R#5's daughter on 3/25/25 at 10:25 am, she stated she was very distressed over the facility not notifying her of the change in condition. In the past they have called me every time any change has occurred.</p> <p>During an interview on 3/25/25 at 11:39 am, Licensed Practical Nurse (LPN) B stated she had applied 2 liters per minute (LPM) of O2 to R#5 and informed the nursing supervisor who stated she would notify the physician and the family.</p> <p>During an interview with LPN Supervisor C on 3/25/25 at 11:56 am, she stated she had not called the family.</p> <p>During an interview on 3/25/25 at 12:35 pm, the Director of Nursing (DON) stated the family should have been notified.</p>