STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115603	A. Building B. Wing	05/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warm Springs Medical Center Nursing Home	5995 Spring Street Warm Springs, GA 31830

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 observations, staff interviews, and review of the facility's policies titled, Warewashing and Manual Warewashing (3-Compartment Sink), dietary staff failed to prevent wet-nesting in stored steam table pans to avoid the potential for bacterial growth. The facility census was 76 and all residents were receiving an oral diet.Findings include:Review of the facility's policy titled Warewashing revealed at bullet point number 4, all dishware will be air dried and properly stored.Review of the facility's policy titled Manual Warewashing (3-Compartment Sink) revealed at bullet point number 2, all serviceware and cookware will be air dried prior to storage.Observation on 05/15/2026 at 9:15 AM of the pot and pan rack revealed several stacks of steam table pans. A stack with four small square steam table pans were pulled apart and the inside of the top pan was wet with large drops of water. Due to the inside of the top pan being wet, the water coated the bottom of the following pan. Another stack with five small square steam tables were pulled apart and the pan second from the top, the inside was wet with large drops of water.During an interview on 05/15/2026 at 9:15 AM the Dietary Manager (DM) confirmed that the pans identified were stored wet inside. The DM stated that dietary staff were to allow pans to completely air dry before stacking and storing.Observation on 05/15/2026 at 9:20 AM, Dietary [NAME] DD was wiping the identified wet steam table pan dry with a white linen towel.During an interview on 05/15/2026 at 9:20 AM, Dietary [NAME] DD revealed she was told by the DM that the pans needed to be dried so she was drying them with a towel.During an interview on 05/15/2026 at 9:20 AM, the DM confirmed she told Dietary [NAME] DD that the pans needed to be dry and assumed that [NAME] DD would re-wash and air dry the pans. The DM revealed that dietary staff were not to use a towel to dry any dish items and that all dishes should be air dried.

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