STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115604	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brown's Health & Rehab Center	226 South College Street 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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49675 Based on resident and staff interviews, record reviews, review of the facility's policy titled Advance Directive, and review of the facility's Admission Packet, the facility failed to provide residents or resident representatives written information regarding the right to accept or refuse medical or surgical treatment for four of 19 sampled residents (R) (R19, R28, R29, and R7). This deficient practice had the potential to affect R19, R28, R29, and R7's ability to make informed decisions about their care. Findings included: Review of the facility's policy titled Advance Directive, revised 10/2023, revealed the Purpose section stated, The facility must inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and formulate an advance directive. The Process section included, Upon admission/readmission, the facility Social Services Director will inform and educate the resident, or POA [Power of Attorney] in writing about the right to refuse medical and surgical treatment and their right to an advance directive. Review of the facility-provided document titled Admission Packet revealed it did not contain language that pertained to the facility's provision of written information about the resident/representative's right to accept or refuse medical or surgical treatment. 1. Record review revealed R19 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that include, but not limited to, multiple sclerosis, bipolar disorder current episode depressed severe with psychotic features, major depressive disorder, recurrent, moderate, and cerebral palsy unspecified. Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed R19's cognition was intact with a Brief Interview for Mental Status (BIMS) score of 15. Review of R19's medical records revealed no signed acknowledgment or evidence the resident or the resident's representative was provided written information about the right to accept or refuse medical or surgical treatment. (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

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 11/6/2024 at 9:18 am, R19 revealed no one from the facility had discussed anything about her right to accept or refuse treatment. She stated the facility did not provide her any written information about these rights, and that she did not sign anything regarding these rights. 2. Record review revealed R28 was admitted to the facility on [DATE] with diagnoses that include, but not limited to, paroxysmal atrial fibrillation chronic respiratory failure with hypoxia, generalized anxiety disorder, major depressive disorder, recurrent, mild. Review of R28's Annual MDS dated [DATE] revealed R28's cognition was intact with a BIMS score of 15. In an interview on 11/6/2024 at 12:32 pm, R28 revealed no one from the facility had discussed anything about her right to accept or refuse treatment. She stated the facility did not provide her any written information about these rights, and that she did not sign anything regarding these rights. 3. Record review revealed R29 was admitted to the facility on [DATE] with diagnoses that include but are not limited to multiple sclerosis and muscle weakness. Review of the Annual MDS dated [DATE] revealed R29's cognition was intact with a BIMS score of 15. In an interview on 11/6/2024 at 12:54 pm, R29 revealed no one from the facility had discussed anything about her right to accept or refuse treatment. She stated the facility did not provide her any written information about these rights, and revealed she did not sign anything regarding these rights. 39786 4. Record review revealed R7 was admitted to the facility on [DATE], with the most recent readmit after hospitalization on [DATE]. Active diagnoses included but were not limited to acute kidney failure, hemorrhage of anus and rectum, acute respiratory failure with hypoxia, acute pulmonary edema, essential primary hypertension, muscle weakness. Review of the Admission Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Review of the clinical record revealed a Physician Order for Life-Sustaining Treatment (POLST) form. Review of R7's Admission Packet revealed it did not contain an advance directive checklist or written information, and the POLST did not contain certain language informing the resident or their representative or responsible party of the right to accept or refuse an advanced directive, medical or surgical treatment. In an interview on 11/6/2024 at 10:43 am, R7 revealed she did not recall anyone at the facility speaking with her about medical or surgical treatment options or refusing care. (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 11/6/2024 at 3:30 pm, the Social Services Director revealed the facility did not provide residents or resident representatives information about the resident or resident representative's right to accept or refuse medical or surgical treatment. She provided a newly developed document and stated they planned to implement providing the information. In an interview on 11/7/2024 at 11:23 am, the [NAME] President of Regulatory Compliance confirmed no evidence was found to support R19, R28, R29, R7 or their resident representatives had been advised of or were provided written information related to their right to accept or refuse medical or surgical treatment, on or after admission to the facility.

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49675 Based on resident and staff interviews and record reviews, the facility failed to provide a written notice of transfer to residents or their representatives for one of one resident (R) (R19) reviewed for hospitalization . This failure created the potential for R19 to be uninformed about their rights related to the hospital transfer. The sample size was 19 residents. Findings include: A policy was requested and the [NAME] President of Regulatory Compliance stated the facility did not have one. R19 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that include but are not limited to, multiple sclerosis, bipolar disorder current episode depressed severe with psychotic features, major depressive disorder, recurrent, moderate, and cerebral palsy unspecified. Review of R19's Quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 (indicating little to no cognitive impairment). Review of R19's medical records revealed R19 was transferred from the facility to the hospital on 8/9/2024 and readmitted to the facility on [DATE]. Further review revealed no evidence of a transfer/discharge notice provided to R19. In an interview on 11/6/2024 at 9:18 am, R19 revealed she did not receive anything in writing from the facility regarding the transfer to the hospital before or after the transfer. In an interview on 11/7/2024 at 9:04 am, Licensed Practical Nurse (LPN) DD revealed nurses complete a transfer form in the electronic medical record (EMR) and it goes to the physician for his review. LPN DD stated no written information was given to the residents about transfers. In an interview on 11/7/2024 at 9:08 am, Registered Nurse (RN) BB revealed the notice of transfer was sent to the hospital via fax or with Emergency Medical Services and was not provided to the resident. RN BB stated the information on the transfer document included medications, code status, and insurance information, and did not state the reason for transfer. She stated most residents were demented and had low BIMS scores, so they did not give residents notices of transfer. In an interview on 11/7/2024 at 11:27 am, the [NAME] President of Regulatory Compliance revealed nothing in writing was given to the residents upon transfer from the facility. She stated the staff completed a transfer form in the EMR and it was printed and sent to the hospital. The [NAME] President of Regulatory Compliance further stated the residents should be verbally informed of the reason they were transferred to the hospital.

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49675 Based on resident and staff interviews, record review, and review of the facility's policy titled Bed Hold, the facility failed to provide notice of bed hold, in writing, at the time of transfer or within 24 hours, for one of one resident (R) (R19) reviewed for hospitalization . This failure had the potential to contribute to possible denial of re-admission and loss of the resident's room following hospitalization for residents transferred to the hospital. The sample size was 19 residents. Findings include: Review of the facility policy titled Bed Hold, dated 3/3/2020, revealed Policy: All residents are given the option of reserving their bed when leaving the facility with the intent to return. This temporary absence may be for hospitalization or therapeutic leave. All residents or their Responsible party are informed in writing about the facility's bed hold policy at the time of admission. A copy of the bed hold agreement is also provided to the Resident or Responsible party prior to a resident's transfer to a hospital or start of a therapeutic leave. The bed hold policy provides written information detailing bed hold regulations for specific payers including Medicare regulations, the duration of the bed hold policy under the specific State's Medicaid plan, if any, and private bed hold rules. Review of the medical record revealed R19 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that include but are not limited to multiple sclerosis, bipolar disorder current episode depressed severe with psychotic features, major depressive disorder, recurrent, moderate, and cerebral palsy unspecified. Review of R19's Quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 (indicating little to no cognitive impairment). Review of medical records revealed R19 was transferred from the facility to the hospital on 8/9/2024 and readmitted to the facility on [DATE]. Further review revealed no evidence a bed hold notification was provided to R19. In an interview on 11/6/2024 at 9:18 am, R19 revealed she did not receive a notice of the facility's bed hold policy when she was transferred to the hospital on 8/9/2024. In an interview on 11/7/2024 at 9:13 am, Medical Records Clerk CC revealed she was responsible for uploading notifications of bed holds into the medical record after they were given to the resident or resident's representative. She stated if the bed hold notification was not located in the electronic medical record (EMR), the notice was not completed and not given to the resident or the resident's representative. Medical Record Clerk CC confirmed there was no bed hold notice provided to R19 when she was transferred to the hospital on 8/9/2024. (continued on next page)

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 11/7/2024 at 9:52 am, the Director of Nursing (DON) and Registered Nurse (RN) Unit Manager AA revealed that when residents were transferred to the hospital, they were given a notice of the bed hold policy. RN AA confirmed no bed hold policy was provided or given to R19 upon her transfer to the hospital on 8/9/2024. In an interview on 11/7/2024 at 11:27 am, the [NAME] President of Regulatory Compliance confirmed the facility did not provide a notice of the facility's bed hold policy to R19 or the resident's representative upon the resident's transfer to the hospital on 8/9/2024.

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F 0656 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39786 Based on observations, resident and staff interviews, record review, and review of the facility's policy titled RAI [Resident Assessment Instrument]/Care Planning Management, the facility failed to develop and implement a care plan for smoking one of four residents (R) (R24) who smoked. This failure increased the potential for R24 to not receive treatment and/or care according to their needs. Findings included: Review of the policy titled RAI/Care Planning Management, revised August 2017, revealed the The Care Plan section included, The Comprehensive Care Plan is completed within seven days after the MDS [Minimum Data Set] is completed (at no time will this time frame exceed 21 days) and reviewed quarterly thereafter. If modifications, deletions, additions are necessary, changes should be made at the time of occurrence. Record review revealed R24 was admitted on [DATE], with diagnoses that included but were not limited to chronic obstructive pulmonary disease (COPD), depression, type 2 diabetes mellitus without complications, unspecified dementia, unspecified severity with anxiety, and other behavioral disturbance. Review of R24's Physician Orders included an order dated 4/11/2204 of May smoke supervised. Review of the Quarterly MDS assessment dated [DATE] revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 7 (indicating moderate cognitive impairment), Section GG (Functional Abilities and Goals) documented R24 required assistance for activities of daily living (ADLs), Section J (Health Conditions) documented the Current Tobacco Use section was unmarked. Review of R24's care plan revealed no care plan area or interventions for smoking. Review of R24's Assessments revealed smoking assessments were completed on 4/5/2024 and 4/11/2024 that documented the resident used tobacco and had poor vision. The smoking assessment dated [DATE] documented the resident used tobacco, had poor vision, and was a supervised smoker. Review of a List of Smokers provided by the facility revealed R24 was included on the list. Observation on 11/6/2024 at 11:00 am revealed R24 being escorted to the smoking area by Certified Nursing Assistant (CNA) GG. In an interview on 11/6/2024 at 11:06 am, CNA GG confirmed R24 usually went out to smoke at the residents' smoke breaks. In an interview on 11/7/2024 at 11:28 am, the Administrator and the Regional [NAME] President of Regulatory Compliance confirmed R24 smoked. They further confirmed R24's care plan did not contain a care area for smoking and stated smoking should be included in the care plan.