STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115613	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gibson Health Opco LLC	434 Beall Springs Road Gibson, GA 30810

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, staff interviews, and review of the facility's policy titled Hand Hygiene, the facility failed to ensure medications were handled using appropriate infection control practices to prevent contamination for one of four residents (R) observed during a medication pass (R47). In addition, the facility failed to ensure proper hand hygiene procedures were followed to prevent the spread of infection for one resident (R4) observed for wound care. These deficient practices increased the risk of contamination, placing residents at risk for infection and adverse outcomes.Findings include:Review of the facility's policy titled Hand Hygiene, last reviewed 10/01/2023, revealed the Policy Explanation and Compliance Guidelines section included . 6. Additional considerations: a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves and immediately after removing gloves.1. Observation on 04/15/2026 at 8:53 AM revealed Registered Nurse (RN) AA performing a medication pass for R47. She prepared R47's 9:00 AM medications and nutritional supplement and took them to R47's room. Further observation revealed that R47 refused the medications. Continued observation revealed that RN AA then returned to the medication cart and, using ungloved hands, removed Colace 100 mg and two vitamin B12 tablets from the medication cup and placed them back into the floor stock bottles. The remaining medications were set aside, and she stated they would be discarded properly and taken to the Director of Nursing (DON) office for disposal. In an interview conducted immediately following the medication pass, the surveyor asked RN AA whether it was appropriate to handle medications with bare hands and return them to the floor stock bottle. RN AA acknowledged that this was not appropriate and stated the medications should have been discarded in the same manner as the prescription medications.2. Observation on 04/15/2026 at 10:52 AM, a dressing change to a stage 3 wound on the left first distal toe was observed for R4, performed by wound nurse, Licensed Practical Nurse (LPN) BB. The nurse was observed using personal protective equipment (PPE) appropriately. She performed hand hygiene prior to donning (putting on) gloves and removed the old dressing. After removing the dressing, she removed her soiled gloves, donned a new pair without performing hand hygiene, and continued the dressing change. Upon completion of the dressing change, the surveyor asked LPN BB whether hand hygiene should have been performed after removing soiled gloves. She stated that it should have been performed prior to donning clean gloves.In an interview on 04/15/2026 at 11:15 AM, the DON stated that staff are expected to perform frequent hand hygiene and follow proper infection control practices. He emphasized that medications should not be handled with bare hands to prevent contamination and ensure resident safety, and that medications returned to floor stock containers should have been discarded with the rest. The DON further stated the facility does not have a specific policy addressing this practice, but it is considered standard practice not to handle medications with bare hands. The DON further stated that best practice is to perform hand hygiene before donning gloves and after removing them, including before donning a new pair, as gloves are not a substitute for hand hygiene.

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