

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115621	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2025
NAME OF PROVIDER OR SUPPLIER Bryan County Hlth & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 127 Carter St Richmond Hill, GA 31324	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. (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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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on record review and staff interviews, the facility failed to ensure a complete and accurate medical record was maintained for one of three sampled Residents (R1) reviewed for skin conditions. Specifically, R1's medical record did not contain documentation of all care planned skin assessments or consistent documentation of the completion of ordered skin treatments. Findings include: Review of R1's admission Record revealed, the resident had a medical history that included a diagnosis of acute kidney failure. Review of R1's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 5/21/2025 revealed, R1 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident had moderate cognitive impairment. Review of R1's Care Plan Report included a focus area, initiated 6/14/2023 and revised 3/12/2025, that indicated the resident was incontinent and at risk for complications, including skin irritation and rashes. A focus area, initiated 3/2/2023 and revised 4/6/2023, indicated the resident was at risk for decreased quality of life related to their inability to perform activities of daily living (ADLs) independently. An intervention dated 3/2/2023 directed staff to assess for any signs and symptoms of skin breakdown, scratches, bruises, open areas, or cuts during care activities and report to a nurse. A focus area, initiated 5/30/2025, indicated R1 had a new diagnosis of candidiasis (a fungal infection typically on the skin or mucous membranes caused by candida). An intervention dated 5/30/2025 directed staff to monitor skin rashes for increased spread or signs of infection. Review of R1's Electronic Medical Record (EMR) revealed Skin Observation Tools were completed on 6/8/2025, 6/22/2025, 6/26/2025, 7/18/2025, 7/27/2025, 8/5/2025, and 8/11/2025. The resident's EMR contained no documented evidence that Skin Observation Tools were completed on 6/15/2025, 7/6/2025, 7/13/2025, 8/3/2025, or 8/10/2025. During an interview on 8/13/2025 at 7:19 am, License Practical Nurse (LPN) #1 stated she worked on 7/6/2025, 7/20/2025, and 8/3/2025 and completed R1's skin assessments but failed to document they were completed because she got busy. Review of R1's 7/2025 and 8/2025 Treatment Administration Records (TARs) revealed the transcription of an order started on 7/2/2025 for triamcinolone acetonide cream (a steroid cream) 0.1 percent (%) to be applied topically to affected areas two times a day for itching. The TARs revealed the triamcinolone cream was scheduled to be administered each day at 9:00 am and 6:00 pm. The resident's 7/2025 and 8/2025 TARs revealed no documentation to indicate whether the treatments were administered as ordered on the following dates and times: 6:00 pm on 7/2/2025 and 7/3/2025, 6:00 pm on 7/5/2025 through 7/11/2025, 6:00 pm on 7/16/2025 and 7/17/2025, 6:00 pm on 7/21/2025, 6:00 pm on 7/24/2025 and 7/25/2025, 6:00 pm on 7/27/2025, 6:00 pm on 7/30/2025, 6:00 pm on 8/7/2025 and 8/8/2025, and 6:00 pm on 8/11/2025. During an interview on 8/12/2025 at 7:02 pm, LPN #3 stated she was assigned to provide R1's ordered triamcinolone treatments at 6:00 pm on 7/6/2025, 7/7/2025, 7/8/2025, 7/10/2025, 7/11/2025, 7/16/2025, 7/17/2025, 7/21/2025, 7/25/2025, 7/27/2025, 7/30/2025, and 8/8/2025. She stated she remembered completing the treatments on each of these dates. She stated she had been trained to sign the TAR after completion of ordered treatments, but she failed to do so before the end of each of her shifts. During an interview on 8/13/2025 at 1:05 pm, LPN #4 stated she was responsible for providing R1's treatments at 6:00 pm on 7/2/2025 and 7/3/2025. She stated she completed the treatments on those dates but failed to go back to the TAR and sign them off after she completed the treatments. During an interview on 8/13/2025 at 10:15 am, LPN #5 stated she was assigned to complete R1's ordered triamcinolone treatments at 6:00 pm on 7/24/2025 and 8/7/2025. She stated she completed the treatments but forgot to sign the TAR after she completed them. During an interview on 8/13/2025 at 12:45 pm, the Regional Nurse Consultant (RNC) stated she expected all skin assessments to be completed weekly and all treatments to be completed as ordered and both were to be documented to reflect timely completion. During an interview on 8/13/2025 at 2:00 pm, the Administrator stated R1's skin assessments should have been documented. The Administrator also stated staff should document the completion of skin treatments after the treatments were provided.</p>		