

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  04/01/2026
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)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, staff interviews, and review of the facility's policy titled Preparation of Pureed Foods for Residents with Dysphagia, the facility failed to ensure that pureed foods were prepared according to standardized recipes and professional food service standards for residents (R) requiring texture`modified diets. This deficient practice had the potential to affect nine residents receiving pureed diets. Findings Include: Review of the undated policy titled Preparation of Pureed' foods for the Residents with Dysphagia, revealed under the Moist and Consistency section, to add appropriate liquids to achieve proper consistency: broth, milk, gravy or approved thickened liquids. It was revealed under the Nutritional Adequacy section to ensure meals meet residents' nutritional needs. Fortify foods when needed (e.g., adding protein powder, butter, or supplements). Observation and interview on 03/31/2026 at 10:49 AM revealed that Dietary Aide (DA) HH did not use a recipe while pureeing carrots and chicken dumplings. Carrots and water were used to prepare the pureed carrots. A can of chicken and dumplings, cream of chicken soup, and water were used to prepare the pureed chicken and dumplings. Measuring tools were not used to determine the amount of ingredients added. DA HH stated that she had been preparing pureed meals for a long time and knew how to prepare them without a recipe. She confirmed that she does not use a recipe when completing the puree process. Interview on 03/31/2026 at 11:32 AM with the Certified Dietary Manager (CDM) confirmed that the DA did not use a recipe. The CDM stated that she realized the process was incorrect once it had already begun but explained that seasoned workers have been doing the work for a long time and tend not to use a recipe. She stated that chicken and dumplings were added to the menu for that evening's dinner and confirmed that the facility does not have a recipe for that dish. Interview on 04/01/2026 at 12:43 PM with the Director of Nursing (DON) revealed that she was unaware that dietary staff were not using recipes. The DON stated that her expectation is that all dietary staff use recipes when preparing all meals, including pureed meals, to ensure that residents receive proper nutritional balance.</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
---	-------	-----------

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  04/01/2026
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, staff interviews, record review, and review of the facility's policy titled Food Storage, the facility failed to ensure that all foods were properly labeled, dated, and discarded, and failed to ensure the cleanliness of kitchen equipment used in the preparation of food for residents. Failure to follow this policy resulted in improper food storage and unsanitary food preparation practices. This deficient practice had the potential to place 83 residents (R) who received an oral diet at risk of contracting a foodborne illness. Findings include: A review of the facility's undated policy titled Food Storage, documented under Food Service Employees, Stock is rotated so that older items are used first. Products are dated to assure First In- First Out procedures are followed. Foods are inspected regularly for damage due to spoilage. Dented, bulging, leaking cans will be discarded, or returned to vendors for appropriate credit. The purpose is to prevent the transmission of disease carrying organisms. Observation tour of the kitchen on 03/30/2026, beginning at 10:15 AM, conducted with the Certified Dietary Manager (CDM), revealed the following concerns, all of which were identified and confirmed by the CDM: Three loaves of raisin bread without an expiration date One pack of hot dog buns without an expiration date Refrigerator contained five one pound containers of Roasted Beef Base with an expiration date of May 2025 Refrigerator contained one one pound container of Roasted Beef Base with an expiration date of November 2025 Refrigerator contained one one pound container of Roasted Beef Base with an expiration date of April 2025 Refrigerator contained one five pound bag of Assorted Grated Parmesan Cheese with an open date of 01/25/2026, but no use by date Refrigerator contained one metal container of French Vanilla Alamera with a use by date of 03/06/2026 The can opener contained a greasy, black substance Interview on 03/30/2026 at 10:46 AM with the CDM confirmed the identified concerns. She stated that it is her expectation that dietary staff require re education on proper labeling, dating, and disposal of out of date food items. Interview on 03/30/2026 at 12:43 PM with the Director of Nursing (DON) revealed that it is the expectation of the facility that dietary staff properly label, date, and dispose of out of date food items.</p>		

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  04/01/2026
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)		
<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observations, staff interviews, and the facility policy, Outside Dumpster Policy the facility failed to ensure the outdoor garbage and refuse area was maintained in a sanitary manner, creating the potential for harboring pests and insects. Findings include: A review of the facility's undated policy titled Outside Dumpster Policy revealed several key requirements. Under General Waste Disposal, dumpster lids must remain closed at all times after use, and trash bags must not be left on the ground or outside the dumpster. In Approved Waste Only, only designated general trash may be disposed of in outside dumpsters. Under Safety Guidelines, staff must report damaged dumpsters or unsafe conditions immediately to maintenance, and the dumpster area must be kept free of debris to prevent slips, trips, and falls. Observation and interview on 03/30/2026 at 10:58 AM of the trash dumpster area, accompanied by the Dietary Manager (DM), revealed that numerous wooden pallets were present behind the dumpsters. The top lids of two of the three dumpsters were open, and the side door of one dumpster was also open. The DM confirmed the presence of the wooden pallets and stated that it was the responsibility of the maintenance department to remove and discard them. She also acknowledged that the side door and top lids of the dumpsters were left open at the time of observation. The DM stated that it was the responsibility of the dietary staff to keep all dumpster doors and lids closed and that her expectation was for all staff to ensure the dumpsters remained closed. A follow-up observation on 03/31/2026 at 9:02 AM revealed that the side door of the trash dumpster remained open and the wooden pallets were still present behind the dumpsters. A subsequent observation on 04/01/2026 at 7:56 AM revealed that the wooden pallets continued to remain behind the dumpsters. Interview on 04/01/2026 at 12:43 PM with the Director of Nursing (DON) revealed that she was unaware of the wooden pallets behind the dumpsters and was also unaware that the dumpster doors or lids had been left open. The DON stated that it was her expectation that both dietary and maintenance staff be re-educated on the facility's Outside Dumpster Policy.</p>		

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  04/01/2026
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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observations, staff and resident interviews, record review, and review of the policy titled Resident Dignity &amp; Safe Feeding Policy, the facility failed to maintain dignity for four of 45 sampled residents (R7, R27, R67, and R83). This failure placed the residents at risk for a reduced quality of life in an environment meant to support their well-being. Findings Include: Review of the facility's policy titled, Resident Dignity &amp; Safe Feeding Policy, revised 7/23/2025 revealed that Prohibited Practices included Do not feed while standing, rush feeding, feed multiple residents at once, or ignore swallowing difficulty. 1. Review of the Quarterly Minimum Data Set (MDS) for R7, dated 02/01/2026, revealed that Section C (Cognitive Patterns) documented that R7 had a Brief Interview for Mental Status (BIMS) score of 00 (indicating severe cognitive impairment). Section GG (Functional Abilities and Goals) documented that R7 was dependent on eating and with oral hygiene. Section I (Active Diagnoses) documented diagnoses of, but not all inclusive, Alzheimer's disease, feeding difficulties, schizoaffective disorder, and dysphagia. Review of the care plan for R7, dated 02/09/2026, revealed that R7 was at risk for decreased quality of life related to inability to perform activities of daily living (ADL) skills independently due to impaired mobility, cognitive deficit, weakness, and poor endurance. Interventions included setting up the meal tray, ensuring the correct texture and diet were served, and assisting with eating as needed. Staff were to provide oral care as needed. She required staff assistance with personal hygiene. Record review revealed that R7 had an order dated 03/07/2024 for a regular diet, mechanical soft texture, regular consistency, Mighty Shake, and chopped meat with meals. Observation on 03/31/2026 at 7:35 AM revealed that Social Service DD was standing to feed R7. Interview on 03/31/2026 at 7:48 AM with Social Service DD revealed that she routinely sits next to residents and talks with them. 2. Review of the Quarterly Minimum Data Set (MDS) for R27, dated 02/20/2026, revealed that Section C (Cognitive Patterns) documented that R27 had a Brief Interview for Mental Status (BIMS) score of 00 (indicating severe cognitive impairment). Section GG (Functional Abilities and Goals) documented that R27 was dependent on eating and with oral hygiene. Section I (Active Diagnoses) documented diagnoses of, but not all inclusive, acute combined systolic and diastolic heart failure, aphasia, dysphagia, and feeding difficulties. Review of the care plan for R27, dated 02/24/2026, revealed that R27 was at risk for decreased quality of life related to inability to perform activities of daily living (ADL) skills independently due to impaired mobility, cognitive deficit, weakness, and poor endurance. Interventions included staff assistance with eating, setting up the meal tray, ensuring the correct texture and diet were served, assisting with eating as needed, and providing oral care as needed. She required staff assistance with personal hygiene. Record review revealed that R27 had an order dated 01/02/2024 for a regular diet, pureed texture, and regular consistency. Observation on 03/31/2026 at 7:38 AM revealed that Licensed Practical Nurse (LPN) BB was standing to feed R27. Interview on 03/31/2026 at 7:40 AM with LPN BB confirmed that she was standing to feed R27. She admitted that she should sit at eye level to feed the resident. 3. Review of the Annual Minimum Data Set (MDS) for R67, dated 03/04/2026, revealed that Section C (Cognitive Patterns) documented that R67 had a Brief Interview for Mental Status (BIMS) score of 00 (indicating severe cognitive impairment). Section GG (Functional Abilities and Goals) documented that R67 was dependent on eating and with oral hygiene. Section I (Active Diagnoses) documented diagnoses of, but not all inclusive, dementia, hypertension, feeding difficulties, and mood disorder. Review of the care plan for R67, dated 03/03/2026, revealed that R67 was at risk for decreased quality of life related to inability to perform activities of daily living (ADL) skills independently due to impaired mobility, cognitive deficit, weakness, diagnosis of dementia, and poor endurance. Interventions included setting up the meal tray, ensuring the correct texture and diet were served, and assisting with eating and oral care as needed. She required staff assistance with personal hygiene. Record review revealed that R67 had an order dated 10/26/2023 for a mechanical soft texture, regular consistency, fortified foods at (continued on next page)</p>		

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  04/01/2026
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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>every meal, with pureed meats. Observation on 03/31/2026 at 7:35 AM revealed that Certified Nursing Assistant (CNA) EE was standing to feed R67. Interview with CNA EE on 03/31/2026 at 7:42 AM confirmed that she was standing while feeding R67. She admitted that she was supposed to sit at eye level to feed R67. 4. Review of the Annual Minimum Data Set (MDS) for R83, dated 02/24/2026, revealed that Section C (Cognitive Patterns) documented that R83 had a Brief Interview for Mental Status (BIMS) score of 00 (indicating severe cognitive impairment). Section GG (Functional Abilities and Goals) documented that R83 was dependent on eating and with oral hygiene. Section I (Active Diagnoses) documented diagnoses of, but not all inclusive, Down Syndrome, epilepsy, protein C resistance, Moyamoya disease, and sleep apnea. Review of the care plan for R83, dated 02/24/2026, revealed that the resident had an activity of daily living (ADL) self care performance deficit. Record review revealed that R83 had an order dated 02/17/2025 for a regular diet, pureed texture, and regular consistency. Observation on 03/31/2026 at 7:35 AM revealed that LPN CC was standing while feeding R83 breakfast. Interview on 03/31/2026 at 7:45 AM with LPN CC confirmed that she was standing while feeding R83 breakfast. She stated that she can stand or sit, but most of the time she sits to feed residents. She explained that residents on the C Hall were different because they have dementia, so staff may sit or stand to assist with feeding. Interview on 04/01/2026 at 9:47 AM with LPN FF revealed that staff are to sit by the residents to assist with feeding. Interview on 04/01/2026 at 11:00 AM with the Assistant Director of Nursing (ADON) revealed that staff are to sit at eye level to feed residents. Interview on 04/01/2026 at 11:29 AM with the Director of Nursing (DON) revealed that staff are to sit next to residents at eye level.</p>

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  04/01/2026
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)		
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, staff and resident interviews, record review, and review of the policy titled, Self Administration of Medications at Bedside Policy, [NAME] County Health and Rehabilitation Center, the facility failed to ensure that one of 46 sampled residents, Resident R23, did not have access to self-administered medications. This failure had the potential to place Resident R23 at risk for adverse consequences. Findings include: Record review of policy titled, Self- Administration of Medications at Bedside Policy [NAME] County Health and Rehabilitation Center revised 05/03/2025 documented I. Policy Statement -Residents who are capable of safely managing their own medications may be permitted to self-administer medication at the bedside in accordance with physician orders, facility assessment, and applicable state and federal regulations. IV. Eligibility Criteria: Residents are not eligible if they: Have cognitive impairment affecting safety. Have a history of medication misuse. Are at risk for harm to self or others. V. Assessment Process A. Initial Assessment: Completed by license nurse: Cognitive status. Physical ability (vision, dexterity) Understanding medications. B. Physician ordered required. Must include Approval for self-Administration and any limitations. Record review of resident R23's Quarterly Minimum Data Set (MDS) dated [DATE] revealed in section (C) a Basic Interview for Mental Status (BIMS) score of 05 indicating severe cognitive impairment. Record review of the care plan dated 07/18/2025 with a target date of 04/13/2026 for R23 revealed she is at risk for impaired communication due to impaired cognition. R23 has impaired cognitive function/impaired thought processes with a diagnosis of dementia, severe with other behavioral disturbances, metabolic encephalopathy, and cognitive communication deficit. Record review R23 Physician Orders revealed there is no order for residents to have medications at her bedside to self-administer. Record review of the medical records for R23 there was no assessment done for medication self-administration. Observation on 03/30/2026 at 9:00 AM during the initial tour of the facility revealed R23 was observed with approximately eight different pills. R23 stated that she was taking them slowly because she did not feel well. She reported that the nurse had given her morning medication with some water and that she was taking it by herself at the bedside. She stated that she was not supposed to take medication without supervision and that she was unsure whether she had an order for self-administration. The medications were removed by Licensed Practical Nurse (LPN) GG. The Assistant Director of Nursing (ADON) entered the resident's room with LPN GG, and both confirmed that the resident had a medication cup containing eight medications at her bedside and that she did not have an order for self-administration and was not to take medications unsupervised. An interview on 04/01/2026 at 10:00 AM with ADON revealed that residents do not have orders to self-administer medications. She confirmed that the medication in the cup was the resident's morning medication. The ADON stated that the resident should never have been left with medication at the bedside. In a further interview, the ADON stated, It is very important that the medication nurse watch residents take their medication because anything can happen; she can choke on medication. An interview on 04/01/2026 at 10:43 AM with the Administrator confirmed that R23 should never have been left with medication, stating this was a dangerous practice and that staff know better than that. A phone interview on 04/01/2026 at 11:09 AM with LPN GG admitted that she should have quickly secured the medication and locked it in the cart before checking on another resident. LPN GG stated that only residents who are assessed and have a physician's order for self-administration may take medications independently, and that she is required to watch residents take their medications.</p>		

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  04/01/2026
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, staff interviews, record review, and review of the facility's policy titled Medication Administration - General Guidelines, the facility failed to administer a medication at the correct time for one of eight sampled resident(R) (R6), whose medication was ordered to be given on an empty stomach, and failed to crush and administer medications separately for one of eight sampled R (R60). These failures occurred among eight residents with gastrostomy tubes observed during medication administration. This deficient practice had the potential to place R6 and R60 at risk for medical complications and abnormal laboratory results. Findings Include: Review of the facility's policy titled, Medication Administration-General Guidelines, effective date 4/1/2016 under Procedures revealed, A. Preparation. 7. Tablet crushing/Capsule opening: Crushing tables may require a physician's order, per facility policy.d. Medications should be crushed and administered individually if administered via tube. B. Administration. 12. Medications are administered within 60 minutes of scheduled time, except before, with or after meal orders, which are administered based on mealtimes. 1. Review of the Quarterly Minimum Data Set (MDS) dated [DATE] for Resident R6 under Section I (Active Diagnoses) revealed diagnoses that included, but were not limited to, hypothyroidism, Alzheimer's disease, and atrial fibrillation. Review of the care plan dated 03/18/2026 revealed that the resident had a diagnosis of hypothyroidism and was at risk for complications related to the condition, such as increased fatigue and sluggishness, increased sensitivity to cold, hoarseness of voice, increased blood cholesterol, increased forgetfulness, depression, muscle aches, pain, stiffness, and swelling of joints. Interventions included administering medications as ordered and notifying medical providers of any adverse side effects. Review of the physician's order dated 07/10/2023 revealed that R6 was to receive levothyroxine sodium 50 micrograms orally once daily for hypothyroidism. Observation and interview on 03/31/2026 at 9:04 AM with Licensed Practical Nurse (LPN) BB confirmed that the resident had already eaten breakfast. LPN BB confirmed that the medication was scheduled for 9:00 AM and that the label on the medication package instructed administration in the morning before breakfast. Interview on 04/01/2026 at 10:34 AM with the Consultant Pharmacist revealed that levothyroxine is to be administered on an empty stomach and should be scheduled at 6:00 AM, prior to breakfast. He confirmed that the resident was scheduled to receive the medication at 9:00 AM, after breakfast. Interview on 04/01/2026 at 11:29 AM with the Director of Nursing (DON) revealed that medications such as levothyroxine are to be administered at 6:00 AM on an empty stomach before breakfast. She stated that breakfast is served between 7:30 AM and 8:00 AM. She confirmed that the resident was scheduled to receive the medication at 9:00 AM. 2. Review of the Quarterly Minimum Data Set (MDS) dated [DATE] for Resident R60 under Section I (Active Diagnoses) revealed diagnoses that included, but were not limited to, cerebral infarction, epilepsy, gastrostomy status, and dysphagia. Review of the care plan dated 02/24/2026 revealed a focus area indicating that R60 required tube feeding to meet nutritional and hydration needs due to dysphagia following cerebral infarction. Interventions included flushing the tube with 15 mL of water before and after medication and 15 mL with each medication. Review of the record revealed a consent dated 08/14/2025 to crush all medications. Review of physician orders dated 08/14/2025 revealed instructions to flush the tube with 15 mL of water before and after medications and 15 mL with each medication every shift. Observation on 03/31/2026 at 8:32 AM of LPN BB revealed that the nurse placed all medications into a crushing pouch and crushed them together. She prepared supplies on the bedside table, including an enteral feeding tube clog remover. LPN BB applied gloves but did not wear a gown. She obtained water from the bathroom. The residents' door and curtain were left open. She flushed the tube with 60 mL of water, then administered liquid anti-seizure medications, followed by a 15 mL water flush. LPN BB mixed all crushed medications together in 45 mL of water. She attempted to administer the mixture but was unable to do so because the tube became clogged. She kneaded and (continued on next page)</p>		

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  04/01/2026
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>squeezed the feeding tube and inserted the clog remover to clear the obstruction. After repeated attempts, she was able to flush the tube with 15 mL of water. She added more water to the crushed medication mixture and administered it, followed by a 15 mL flush. She then resumed enteral tube feeding. Interview on 03/31/2026 at 9:00 AM with LPN BB confirmed that she crushed all of R60's medications together and administered them together. She stated that she knew she was not supposed to crush or administer medications together but explained that there were a lot of medications. She admitted that the tube became clogged after administering the crushed medications together. Interview on 04/01/2026 at 10:34 AM with the Consultant Pharmacist confirmed that medications administered through a gastrostomy tube should be crushed separately and administered separately. Interview on 04/01/2026 at 11:29 AM with the DON on revealed that medications administered through a gastrostomy tube are to be crushed individually and administered separately with 5 mL of water between each medication, or according to the physician's order.</p>		

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  04/01/2026
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observations, staff interviews, and review of the facility's policy titled Medication Storage in the Facility, the facility failed to ensure that one of two medication rooms was free of expired medications. This deficient practice had the potential to place residents at risk of receiving expired medications. Findings Include: A review of the facility's policy titled Medication Storage in the Facility, effective 4/1/2026, documented under section Expiration Dating (Beyond-Use dating). a. Blister-pack cards and medication vials-12 months from the date of dispensing (where the manufacturer's expiration date is longer than 12 months). C. Drugs dispensed in the manufacturer's original container will carry the manufacturer's expiration date. Once opened, these will be good to use until the manufacturer's expiration date is reached unless the medication is: 1. In a multi-dose injectable vial, an ophthalmic medication, 3. An item for which the manufacturer has specified as usable life after opening. D. When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated. Observation and concurrent interview on 03/31/2026 at 2:25 PM with the Assistant Director of Nursing (ADON) in the medication room for Hallways A and B revealed the following expired or improperly dated items: One box of povidone-iodine swab sticks expired 09/2025 Five bottles of mineral oil enemas expired 01/2025 One bottle of Prostate expired 02/12/2026 One bottle of fiber laxative expired 02/2026 A tuberculin vial stored in the medication room refrigerator without an open date or expiration date The ADON stated she was unsure when the vial had been opened. The ADON also confirmed that a Levemir FlexPen (long acting insulin) was ordered on 03/03/2024 for a resident and that the manufacturer's expiration date was 01/31/2026. The ADON stated she is responsible for the medication room. She explained that stock medications are arranged with the oldest items in the front and newer items in the back. She reported that her inventory list indicated that stock medications would not expire until May, and she acknowledged that her list needed to be updated. Interview on 03/31/2026 at 3:19 PM with the Director of Nursing (DON) revealed that medications should not be expired in the medication room or in medication carts. She stated that unit managers check and audit medication carts weekly and that the ADON is responsible for the medication room.</p>		