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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115622 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/18/2026 |
| NAME OF PROVIDER OR SUPPLIER Eastman Healthcare & Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 556 Chester Highway Eastman, GA 31023 | |
| 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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident and staff interviews, record reviews, and review of the facility policy titled Bed Hold and Returns Policy, the facility failed to ensure two of two residents (R) (R67 and R5) reviewed for hospitalizations were provided with a written bed hold notice upon transfer. This failure had the potential to place the resident and/or resident representative at risk of being uninformed about their rights related to their return to the facility.</p> <p>Findings include:</p> <p>Review of the facility policy titled Bed Hold and Returns Policy, dated [DATE], revealed the Procedure section documented, . 3. Prior to a transfer, written information will be given to the residents and the residents' representatives that explains in detail: a. The rights and limitations of the resident regarding bed holds. b. the reserve bed payment policy as indicated by the state plan c. the facility per diem rate required to hold a bed or to hold a bed beyond the stated bed hold period.</p> <p>1. Review of R67's Quarterly Minimum Data Set (MDS), dated [DATE], revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 07 indicating moderate cognitive impairment.</p> <p>Review of R67's Clinical Resident Profile (face sheet) revealed the resident was his own responsible party.</p> <p>Review of R67's Clinical Census and progress note dated [DATE] revealed R67 was transferred to the hospital from the facility on [DATE]. R67's hospital stay was from 01/12 /2026 through [DATE].</p> <p>Review of R67's clinical record (progress notes) revealed no evidence of the provision of a notice of bed hold was provided to R67 on [DATE] through [DATE].</p> <p>In an interview on [DATE] at 1:00 PM, the Director of Nursing (DON) stated the facility did not provide a written bed hold notice on [DATE] or prior to [DATE]. She stated that the resident expired at the hospital on [DATE].</p> <p>In an interview on [DATE] at 11:26 AM, the Administrator stated that residents were to be given a bed hold notice when they transferred from the facility by the nurse. The next step is for the Business Office Manager or Social Worker to follow up. The Administrator confirmed there was no record of R67 being given a bed hold notice on [DATE]. She stated her expectations are for the staff to follow up and ensure the resident is given notification of the date the bed hold would expire.</p> <p>(continued on next page)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: Facility ID: 115622 | If continuation sheet Page 1 of 2 |

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| <p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>2. Review of R5's Quarterly Minimum Data Set (MDS), dated [DATE], revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 10 indicating moderate cognitive impairment.</p> <p>Review of R5's Clinical Resident Profile (face sheet) revealed the resident's sister was documented as Emergency Contact #1 Next of Kin.</p> <p>Review of R5's progress notes documented the resident was transferred to the hospital on [DATE]. Documentation lacked confirmation that the bed-hold notice was reviewed with or signed by R5 or the sister who was listed as the resident representative on the day of transfer.</p> <p>During an interview with the DON and Administrator on [DATE] at 2:32 PM, both confirmed there was no documentation that the bed-hold policy was reviewed with or provided to the resident or the resident's representative at the time of transfer.</p> | | |