

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 11/24/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42463</p> <p>Based on observations, resident and staff interviews, record review, and review of the facility's policy titled Resident Self-Administration of Medication, the facility failed to ensure two of 37 sampled residents (R) (R48 and R11) did not have unauthorized and unsecured medicated treatment products at the bedside. This deficient practice had the potential to cause adverse effects for R48 and R11 and allow unsecured medicated treatment accessible to other residents and visitors.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled Resident Self-Administration of Medication revealed the section titled Policy stated, It is the policy of this facility to support each resident's right to self-administer medication. A resident may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely. The Policy Explanation and Compliance Guidelines section included 7. Bedside medication storage is permitted only when it does not present a risk to confused residents who wander into the other residents' rooms or to confused roommates of the resident who self-administers medication. The following conditions are met for bedside storage to occur: (a) The manner of storage prevents access by other residents. Lockable drawers or cabinets are required only if locked storage is effective. (b) The medications provided to the resident for bedside storage are kept in the containers dispensed by the provider pharmacy.</p> <p>1. A review of R48's Electronic Health Records (EHR) revealed diagnoses included, but were not limited to, muscle weakness, type 2 diabetes mellitus without complications, and chronic pain syndrome.</p> <p>Review of R48's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Section C (Cognitive Pattern) documented a Brief Interview for Mental Status (BIMS) score of 11 (indicating moderate cognitive impairment), Section GG (Functional Abilities and Goals) documented R48 was dependent for personal hygiene, toileting, and bathing, Section M (Skin Conditions) documented no ulcers, wounds, or skin problems, and documented R48 had moisture associated skin damage (MASD) and received applications of ointments/medications other than to feet.</p> <p>A review of R48's Physician's Orders revealed an order dated 10/11/2024 and discontinued on 11/22/2204 for triamcinolone acetonide external cream 0.1 percent applied to bilateral buttocks topically every dayshift for MASD buttocks. There was no order for medication self-administration.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 115622	Facility ID: 115622 If continuation sheet Page 1 of 12

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R48's EHR revealed a Self-Administration Assessment Form had not been completed to determine the resident's capability with medication self-administration.</p> <p>During a concurrent observation and interview on 11/22/2024 at 8:35 am, observation revealed two medicine cups of cream and one bottle of antiseptic spray on top of R48's bedside table. In an interview, R48 stated, The staff mixed up those creams and left it there so that they could put it on my backside.</p> <p>During a concurrent observation and interview on 11/22/2024 at 9:00 am, Licensed Practical Nurse (LPN) Wound Nurse DD verified the two medicine cups of creams and a bottle of antiseptic spray on top of R48's bedside table. LPN Wound Nurse DD was unable to identify what kind of creams were in the cup and confirmed that the creams and antiseptic spray should not be left at the bedside.</p> <p>Observation on 11/23/2024 at 8:30 am revealed two bottles of antiseptic spray on the top of R48's bedside table.</p> <p>Observation on 11/23/2024 at 9:50 am revealed R48 was sitting in a wheelchair within reach of her bedside table with two bottles of antiseptic spray on the top of her bedside table.</p> <p>2. Review of R11's EHR revealed diagnoses included, but were not limited to, restless legs syndrome, vascular dementia, adjustment disorder with anxiety, and insomnia.</p> <p>Review of R11's Annual MDS assessment dated [DATE] revealed a BIMS of 01 (indicating severe cognitive impairment), and Section GG (Functional Abilities and Goals) documented R11 was dependent for personal hygiene, toileting, and bathing.</p> <p>Review of R11's EHR revealed a Self-Administration Assessment Form had not been completed to determine the resident's capability with medication self-administration.</p> <p>Observation on 11/22/2024 at 8:40 am revealed one jar of a moisture barrier cream on top of R11's bedside table.</p> <p>During a concurrent observation and interview on 11/22/2024 at 9:00 am, LPN Wound Nurse DD confirmed the jar of moisture barrier cream at R11's bedside. She reported that she was unsure if they still used this kind of cream anymore but had used it in the past. However, they had always kept it at the bedside.</p> <p>Observation on 11/23/2024 at 8:35 am revealed one bottle of perineal cleanser on top of R1's bedside table.</p> <p>During a concurrent observation and interview on 11/23/2024 at 10:01 am, the Director of Nursing (DON) verified two bottles of antiseptic spray on top of R48's bedside table and one bottle of perineal cleanser on top of R11's bedside table. During this time, pictures of the unidentified creams in the two medicine cups were observed. The DON revealed she was not able to say for certain what creams were in the cup. She reported her expectations of staff were to make sure to remove any medicated creams from residents' rooms after using them. The DON further revealed that R11 and R48 were not capable of self-administering medications, creams, or barrier creams and that a medication self-assessment had not been completed for R11 or R18.</p>		

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<p>F 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36200</p> <p>Based on staff interviews, record review, and review of the facility policy titled Resident's Rights Regarding Treatment and Advanced Directives, the facility failed to ensure that an Advance Directive Acknowledgement form was completed or all components of the document were thoroughly completed for five of eight residents (R) (R22, R46, R25, R31, and R51) reviewed for Advance Directives. This deficient practice had the potential to affect R22, R46, R25, R31, and R51's ability to make informed decisions about their care.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled Resident's Rights Regarding Treatment and Advanced Directives revealed the Policy section stated, It is the policy of the facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an advanced directive.</p> <p>1. Review of R22's medical record revealed an admitted [DATE]. Further review of the medical record revealed no completed Advance Directives Acknowledgement form.</p> <p>2. Review of R46's medical record revealed an admitted [DATE]. Further review of the medical record revealed an Advance Directive Acknowledgement form was signed, but there was no indication of an Advanced Directive being executed.</p> <p>During an interview on 11/24/2024 at 9:13 am, the Business Office Manager (BOM) confirmed she was unable to locate an Advance Directive Acknowledgement form for R22. She further confirmed R46's Advance Directive Acknowledgement was signed. However, there was no indication on the form if he did or did not execute an Advanced Directive.</p> <p>41914</p> <p>3. Review of R25's medical record revealed an admitted [DATE]. Further review of the medical record revealed R25's Advance Directives Acknowledgement form was signed, but there was no indication of an Advanced Directive being executed.</p> <p>4. Review of R31's medical record revealed an admitted [DATE]. Further review of the medical record revealed R31's Advance Directives Acknowledgement form was signed, but there was no indication of an Advanced Directive being executed.</p> <p>5. Review of R51's medical record revealed an admitted [DATE]. Further review of the medical record revealed R51's Advance Directives Acknowledgement form was signed, but there was no indication of an Advanced Directive being executed.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 11/23/2024 at 9:15 am, the Social Services Director (SSD) confirmed R25, R31, and R51's Advanced Directives Acknowledgement forms did not indicate if the advanced directive had been executed and acknowledged the forms should be completed to indicate if an advance directive had been executed.</p> <p>In an interview on 11/23/2024 at 9:30 am, the Director of Nursing revealed the Advanced Directive Acknowledgement form was completed upon admission by the Admissions Director. Further interview revealed the nursing department did not review the form for accuracy once it was completed.</p>		

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<p>F 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41165</p> <p>Based on observations, staff interviews, and review of the facility's policy titled Safe and Homelike Environment, the facility failed to ensure a clean and comfortable environment for six resident rooms (Rooms 105,107, 501, 503, 502, 504) with shared bathrooms and one shower room (300 Hall), failed to replace the door cover for one resident room (room [ROOM NUMBER]), and failed to ensure one shower room (500 Hall) was functional on three of five units. These deficient practices had the potential to place residents at risk of living in an unsanitary and unsafe living environment and a potential for diminished quality of life. The census was 78 residents.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled Safe and Homelike Environment revealed the Policy section stated, In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. The Policy Explanation and Compliance Guidelines section included 3. Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment.</p> <p>Observations on 11/22/2024 at 8:10 am, 11/23/2024 at 7:40 am, and 11/24/2024 at 7:50 am in the shared bathroom for rooms [ROOM NUMBERS] revealed a stained toilet bowl.</p> <p>Observations on 11/22/2024 at 8:15 am, 11/23/2024 at 7:40 am, 11/24/2024 at 7:55 am, and throughout the survey in the shared bathroom for rooms [ROOM NUMBERS] revealed a stained toilet bowl and a soiled, wet discolored towel on the floor in front of the toilet. Observations further revealed the water in the toilet ran continuously and was audible outside the room.</p> <p>Observation on 11/22/2024 at 7:58 am on the 500 Hall revealed a sign on the outside of the shower room door that read Out of order, closed for construction, Do Not Enter.</p> <p>Observations on 11/22/2024 at 8:58 am of the 300 Hall shower room revealed an unbagged, unlabeled basin on top of a plastic cabinet, a cardboard box, a blue bed liner, an electric wheelchair, a plastic container with several heel protectors, a cardboard box with a black plastic trash bag and heel protector on top of it, a cart with a basin on top with shampoo, shaving cream and other items inside, a blue brief on top of the cart, several items on the shelves of the cart to include gloves, a shower bed with several trash bags and clothing on top of it, a nebulizer machine, and an air mattress stored in the shower room.</p> <p>In an interview on 11/22/2024 at 9:00 am, Certified Nursing Assistant (CNA) BB stated the 500 Hall shower room had been out of order for at least two months. She further stated the 300 Hall shower room was used for storage to store extra items and equipment.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During concurrent environmental rounds and interviews on 11/23/2024, the Administrator and the Maintenance Director revealed they were unaware of the stained toilets or the toilet running in the shared bathroom for rooms [ROOM NUMBERS]. The Administrator stated she did not know how long the 500 Hall Shower Room had not worked and was inaccessible to residents. The Maintenance Director stated the shower room had not worked for about a month. He stated that they were remodeling it, but he had no help. The Administrator and Maintenance Director verified the stained toilets in the shared bathroom for rooms [ROOM NUMBERS].</p> <p>42463</p> <p>Observation on 11/22/2024 at 8:01 am revealed the cover was missing from room [ROOM NUMBER]'s door. Further observation revealed the shared bathroom for rooms [ROOM NUMBERS] was unkept, not clean and smelled like urine. Observation revealed the shared bathroom had two dirty gowns lying underneath the bathroom's sink, the trash can was overflowing with soiled briefs, and dirty wash clothes were noted in the sink.</p> <p>Observation on 11/22/2024 at 8:30 am revealed the shared bathroom for rooms [ROOM NUMBERS] remained unkept, not clean, and smelled like urine. The shared bathroom had two dirty gowns lying underneath the bathroom's sink, the trash can was overflowing with soiled briefs, and dirty wash clothes were noted in the sink.</p> <p>During concurrent observations and interviews on 11/23/2024 at 8:50 am, the Maintenance Director and Administrator confirmed the missing door cover for room [ROOM NUMBER]. The Maintenance Director stated he was aware and working to fix it. During the interview with the Administrator, she observed photos of the shared bathroom for rooms [ROOM NUMBERS]. She stated the condition of the bathroom was not acceptable and that staff should check residents' rooms during their rounds. She further stated the CNAs and Housekeeping staff were responsible for keeping residents' rooms clean.</p> <p>In an interview on 11/23/2024 at 10:01 am, the Director of Nursing revealed CNAs were responsible for ensuring residents' rooms were cleaned, and if staff observed the rooms dirty, they should clean them up.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36200</p> <p>Based on observations, staff interviews, and record review, the facility failed to ensure that dietary orders were followed for one of 37 sampled residents (R) (R2). Specifically, the facility failed to ensure that a non-spill cup (sippy cup) was provided with meals for R2. The deficient practice had the potential to prevent the maintenance of adequate nutritional (or hydration) status to the extent possible for R2.</p> <p>Findings include:</p> <p>Review of R2's Quarterly Minimum Data Set (MDS) dated [DATE] revealed Section GG (Functional Abilities and Goals) documented R2 required set-up assistance with meals.</p> <p>Review of R2's medical record revealed diagnoses including, but not limited to, dysphagia - oropharyngeal phase, and severe protein-calorie malnutrition.</p> <p>Review of R2's Order Summary Report revealed a dietary order dated 9/11/2024 for regular large portions diet, mechanical soft texture, and regular consistency, a divided plate, and a non-spill cup.</p> <p>During meal observation on 11/23/2024 at 12:50 pm, Certified Medication Aide (CMA) NN was observed assisting R2 with lunch. A review of R2's meal ticket indicated Mech, Soft, CHOPPED with beverages/equipment that consisted of iced tea, water, divided plate, and weighted utensils. Preferences consisted of a sippy cup. CMA NN confirmed that there was no sippy cup on R2's lunch tray.</p> <p>During meal observation on 11/24/2024 at 8:14 am, Certified Nursing Aide (CNA) OO assisted R2 with breakfast by assisting with feeding. After breakfast was completed, CNA OO confirmed there was no sippy cup on the breakfast tray.</p> <p>During an interview on 11/24/2024 at 9:43 am, the Dietary Manager (DM) reviewed R2's breakfast meal ticket and stated the nurses and CNAs have the sippy cups and she does not send them on the meal tray unless nursing staff sends them to the kitchen to be washed and used.</p> <p>During an interview on 11/24/2024 at 9:57 am, Licensed Practical Nurse (LPN) MM, the Director of Nursing (DON), and the Assistant Director of Nursing (ADON) reported the dietary order for R2 was changed in September and weighted utensils were no longer needed. The DON reported that the non-spill cup comes from the dietary department. LPN MM also reported that the Dietary Communication Form is utilized to inform dietary of changes. The ADON and DON both confirmed that whatever is listed on the dietary order should be on residents' meal trays.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>36200</p> <p>Based on observations, staff interviews, and facility-provided documents, the facility failed to ensure that dietary staff followed recipes and measured ingredients when preparing puree food to prevent compromising the nutritional value and flavor for five residents who received a puree consistency diet. This deficient practice had the potential to cause the residents who received a puree diet to have a decreased nutritional intake and the potential for weight loss.</p> <p>Findings include:</p> <p>Review of facility-provided puree recipes for green beans, chicken thighs, mixed vegetables, and hot turkey sandwiches indicated a food thickener should be used to thicken puree foods.</p> <p>During an observation on 11/23/2024 at 4:00 pm of puree preparation, [NAME] LL stated no recipes were used to prepare the puree meal. Observation of puree of the mixed vegetables revealed the vegetables initially could not be pureed to a smooth consistency, so an alternate vegetable was used. Observation of the puree of the turkey sandwich revealed that an unmeasured amount of chicken broth was used as the liquid for the turkey sandwich.</p> <p>Observation on 11/24/2024 at 11:08 am of puree preparation with [NAME] LL revealed [NAME] LL preparing pureed green beans and pureed chicken tenders. A 4-ounce (oz) spoon was used to measure the green beans and three chicken tenders were used for protein. [NAME] LL stated that three chicken tenders equaled one serving. Five 4-oz scoops of green beans were used, and butter was poured into the green beans without measuring. One cup of chicken broth was added to the 15 chicken tenders. Once the puree was complete, the green beans and chicken tenders were placed into the oven. [NAME] LL reported that the food would thicken while in the oven, so no thickener was used. She reported that recipes have not historically been used when preparing the puree items.</p> <p>During a telephone interview on 11/24/2024 at 11:37 am, the Registered Dietitian stated that ideally, the dietary staff should follow a recipe, but there was no strict protocol for following the recipe.</p>

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36200</p> <p>Based on observations, staff interviews, and review of the facility policies titled Food Receiving and Storage and Refrigerators and Freezers, the facility failed to label and date food items with a use-by date in the walk-in cooler and walk-in freezer. In addition, the facility failed to ensure a sanitary environment in the kitchen and failed to ensure dietary staff properly used the three-compartment sink for sanitation to prevent cross-contamination. The deficient practices had the potential to place residents who received an oral diet from the kitchen at risk of contracting a foodborne illness. The facility census was 78.</p> <p>Findings include:</p> <p>Review of the facility policy titled Food Receiving and Storage, revised July 2014, revealed the Policy Statement stated, Foods shall be received and stored in a manner that complies with safe food handling policies. The Policy Interpretation and Implementation section included, 1. Food Services, or other designated staff, will maintain clean food storage areas at all times. 7. All foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date).</p> <p>Review of the facility policy titled Refrigerators and Freezers, revised December 2014, revealed the Policy Statement stated, This facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitation, and will observe food expiration guidelines.</p> <p>The Policy Interpretation and Implementation section included 7. All food shall be appropriately dated to ensure proper rotation by expiration dates. Received dates (dates of delivery) will be marked on cases and on individual items removed from cases for storage. Use by dates will be completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened foods will be observed, and use by dates will be indicated once the food is opened.</p> <p>During the initial kitchen tour on 11/22/2024 at 7:46 am with the Dietary Manager (DM), the following was identified:</p> <ol style="list-style-type: none"> 1. Observation of a cart revealed bread consisting of hot dog buns, hamburger buns, loaves with no expiration dates, one box of unlabeled and undated crescent rolls, and two cell phones. 2. Observation of the walk-in freezer revealed three bags of unlabeled and undated frozen meat. 3. Observation of the walk-in cooler revealed a tray of unlabeled and undated sandwiches, three unlabeled and undated open cheese packages, an unlabeled and undated wrapped cucumber, and unlabeled and undated wrapped meat. Further observation of the walk-in cooler revealed peas in a container with a prepared date of 11/21, green beans in a container with a prepared date of 11/20, succotash with a prepared date of 11/19, and [NAME] slaw in a container with a prepared date of 11/21. None of the food items had a use-by date. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>4. Observations near the dry food storage area revealed a white door with black build-up on it and an air conditioner with black dust in the vents. Further observation revealed a brown door leading to the dry food storage area, which had dust build-up on the vents of the door.</p> <p>During an interview on 11/22/2024 at 7:55 am, the DM confirmed the identified items in the walk-in freezer and walk-in cooler were not labeled or dated and stated all items should be dated. The DM stated bread typically comes thawed, and they use it frequently. She reported that she was unaware that bread needed any dates on it.</p> <p>Observation on 11/22/2024 at 2:17 pm of the three-compartment sink and a sanitation bucket revealed the DM used Hydrion Quat Check strips to check the three-compartment sink and sanitizing bucket. The label stated the measurement should be 0 to 1000 parts per million. The DM tried multiple times to obtain a reading on the quaternary strips and had to leave the strips in the water for an extended period, to obtain a reading. Review of a poster on the wall in the kitchen for sanitation range testing indicated the use of Hydrion Papers QT-40 strips with a range of 0 to 500 parts per million.</p> <p>In an interview on 11/24/2024 at 11:20 am, the DM confirmed she was unable to determine if the three-compartment sink sanitizing water was the correct strength due to having the wrong test strips and stated she would order the correct ones. She further confirmed the buildup on the white door, brown door, and air conditioner.</p>		

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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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>35062</p> <p>Based on observation, staff interview, record review, and review of the facility policies titled Enhanced Barrier Precautions (EBP) and Clean Dressing Change, the facility failed to put on (don) Personal Protective Equipment (PPE) and failed to wash/sanitize hands and change gloves during wound treatment for one of 37 sampled residents (R) (R65). The deficient practices had the potential to increase R65's risk of infection due to cross-contamination and the potential to increase the risk of spread of infection to other residents.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled Enhanced Barrier Precautions revealed the Policy section stated, It is the policy of this facility to implement enhanced barrier precautions for the preventions of transmission of multidrug-resistant organisms. The Policy Explanation and Guidelines section included, 4. High-contact resident care activities include: h. wound care: any skin opening requiring a dressing.</p> <p>Review of the facility's undated policy titled Clean Dressing Change revealed the Policy section stated, It is the policy of this facility to provide wound care in a manner to decrease potential for infection and/or cross-contamination. The Policy Explanation and Guidelines section included, 9. Loosen the tape and remove the existing dressing. 10. Remove gloves, pulling inside out over the dressing. Discard into appropriate receptacle. 11. Wash hands and put on clean gloves. 12. Cleanse the wound as ordered, taking care to not contaminate other skin surfaces or other surfaces of the wound. Pat dry with a gauze. 13. Measure wound using disposable measuring guide. 14. Wash hands and put on clean gloves. 15. Apply topical ointments or creams and dress the wound as ordered. Protect surrounding skin as indicated with skin protectant. 16. Secure dressing.</p> <p>Review of R65's Physician Orders dated 11/22/2024 revealed to cleanse the right dorsal foot with wound cleanser, Medihoney, and wrap with kerlix daily and secure with tape daily and as needed. R65 was also receiving Keflex 500 milligrams (mg) (an antibiotic used to treat infection) two times a day for the right dorsal foot infection for 14 days. On 11/7/2024, an order was initiated for EBP related to an arterial wound.</p> <p>Observation of wound care for R65 on 11/23/2024 at 8:55 am revealed Registered Nurse (RN) EE entered the resident's room and started the treatment without donning PPE according to the sign on the resident's door for EBP. RN EE washed her hands, put on gloves, and removed the old dressing. RN EE cleaned the wound to the right dorsal foot with wound cleanser and gauze, applied Medihoney, and covered it with dry dressing and kerlix wrap. RN EE did not wash or sanitize hands or change gloves after cleaning the wound and before applying the medication.</p> <p>During an interview on 11/23/2024 at 9:49 am, RN EE confirmed that she did not put on the PPE for EBP and asked if there was a sign on the door. She stated that she had never changed her gloves after cleaning a wound and before applying the ordered medication.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Eastman Healthcare & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 556 Chester Highway Eastman, GA 31023	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 11/24/2024 at 9:40 am, the Director of Nursing (DON) revealed she expected the nurse to change gloves according to policy. She stated she should have worn the PPE indicated for EBP as indicated on the door.</p>		