STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115622	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastman Trails of Journey LLC	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interviews, record review, and review of facility policy titled Food Safety Requirements Policy, the facility failed to ensure food was stored, sealed, and labeled correctly. This deficient practice had the potential to cause food contamination and foodborne illness among 63 residents consuming facility-prepared food.Findings include:A review of the Food Safety Requirements Policy, revised 2025, documented the facility adheres to a date marketing system to ensure the safety of ready-to-eat, time/temperature control for safety food.Observation and walk through 02/15/2026 at 10:20 AM with [NAME] AA revealed the following concerns:1.In the walk-in freezer a bag of pepperonis was observed sealed but not dated.2. In the walk-in freezer a bag of filet fish was observed undated and unlabeled.3. In the walk-in freezer a bag of chicken fingers was observed opened, not sealed, and undated.Interview on 02/16/2026 at 3:42 PM with the Dietary Manager (DM) confirmed the concerns and stated that moving forward he and the kitchen staff will routinely monitor the dates and labels of all foods stored in the walk-in freezer.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. Based on record review and staff interview, the facility failed to notify the resident and/or resident's responsible party when their personal funds were within $200 of the Social Security Income (SSI) limit and when accounts had exceeded the limit for four of 63 Residents (R) (R3, R27, R31, R38) with accounts reviewed for personal funds. The deficient practice placed residents at risk related to resource limits of qualifying for Medicaid during the renewal period.Findings include:Review of the Resident Fund Management Service (RFMS) Resident Statement Landscape and RFMS Trial Balance report dated 01/30/2026 revealed the following resident trust fund accounts exceeded the SSI limit of $2000.There was no documented evidence that the resident or responsible party were notified of the amounts exceeding the SSI limit.1. Record review of R27's account revealed a current balance of $3,639.77.2. Record review of R31's account revealed a current balance of $2,050.38. 3. Record review of R38's account revealed a current balance of $2,297.15. 4. Record review of R3's account revealed a current balance of $2,714.10. Interview and review of the residents' personal fund accounts with the Business Office Manager (BOM)/Financial Coordinator on 02/16/2026 at 2:00 PM revealed the SSI limit for the State of Georgia was $2000. The BOM/Financial Coordinator confirmed the facility had not notified the resident and/or the resident's responsible party of the excess in the account as of 02/16/2026. The BOM/Financial Coordinator stated that she was informed to keep resident fund accounts under $2000 to qualify for Medicaid. She confirmed that the Patient Liability for resident's accounts had already been pulled out for the month of February 2026 and that the remaining balance showing was the actual balance left in the cited resident accounts.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and review of the facility's policy Resident Environmental Quality, the facility failed to provide a safe, clean, comfortable, and homelike environment for two of five hallways (200 Hall and 400 Hall) and four of 41 occupied rooms (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER] and room [ROOM NUMBER].) Specifically, the hallways had flooring that was missing, creating an uneven walking surface and the rooms exhibited dirty fans, missing floor tiles and one dirty bathroom. The deficient practice had the potential to affect residents' comfort and safety. Findings Include: Review of the facility policy titled Resident Environmental Quality, not dated, documented The facility will be designed, constructed, equipped and maintained to provide safe, functional sanitary, and comfortable environment for residents, staff, and the public. Under General Guidelines, the facility personnel are responsible for reporting, broken, defective, or malfunctioning equipment or furnishings immediately upon identification of the issue. 1. Observation on 02/15/2026 at 1:17 PM revealed that dust and grime had accumulated on a portable fan in room [ROOM NUMBER]. Observation on 02/15/2026 at 5:32 PM revealed that dust and grime had accumulated on the portable fan in room [ROOM NUMBER] and was still present. Observation on 02/16/2026 at 8:45 AM revealed that dust and grime accumulation was still present on the portable fan in room [ROOM NUMBER]. An observation and concurrent interview with the Administrator, Director of Nursing and Maintenance on 02/16/2026 at 4:45 PM confirmed the dust and grime accumulation was on the portable fan in use in room [ROOM NUMBER]. 2. Review of the Quarterly Minimum Data Set (MDS) for R47 dated 11/14/2025, revealed that Section C (Cognitive Patterns) documented that R47 had a Brief Interview for Mental Status (BIMS) score of 15 indicating little to no cognitive impairment. Section I (Active Diagnosis) documented diagnoses of, but not all inclusive, hypertension, paranoid schizophrenia, myocardial infarction, morbid obesity with alveolar hypoventilation. Review of the care plan dated 11/18/2025, revealed that R47 is often asked by staff to shower/bathe due to pungent odor around her and in her room. An observation and concurrent interview with R47 in room [ROOM NUMBER] on 2/15/2026 at 12:42 PM revealed a smell of sewage in bathroom, duct tape on toilet seat, and black substance in the bottom of the toilet. R47 states that the toilet was backing up into the shower and that five to six months ago someone ran a device down the toilet. She states the toilet has not been used for four months. An observation on 02/15/2026 at 5:29 PM revealed that the bathroom continues to smell of sewage, duct tape on the toilet seat, and black substance in the bottom of the toilet. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An observation on 02/16/2026 at 11:53 AM revealed that restroom continues to smell of sewage, duct tape over the seat, and dark black substance at bottom. An observation and concurrent interview with Maintenance Director on 02/16/2026 at 4:45 PM confirmed a smell of sewage, duct tape on toilet seat, and dark substance on the bottom of the toilet. He confirmed he was not aware of the duct tape, smell of sewage, and dark substance in the toilet. He states the water was turned off to the toilet, which leads to the smell from the p-trap. He stated he does not conduct observations on rooms unless the nurses place a maintenance request into maintenance system or notify him of a repair need. An observation and concurrent interview with the Administrator on 02/16/2026 at 4:45 PM confirmed a smell of sewage, duct tape on toilet seat, and dark substance on the bottom of the toilet bowl. The Administrator confirmed she was not aware of the smell, duct tape, or dark substance in the toilet. She stated that leadership completes angel rounds every morning and nursing staff should notify housekeeping and maintenance of the need for repair and cleaning. 3. A daily environment tour of the facility hallways (Hall 100, Hall 200, Hall 300, and Hall 400) was conducted on 02/15/2026 at 1:30 PM, 02/16/2026 at 9:00 AM, 02/17/2026 at 10:00AM, and 02/18/2026 at 9:07 PM which revealed a damaged, uneven floor tile with dark thick brown substances in the flooring groove exposing the cement floor underneath on the 400 Hall and the 200 Hall. Observation of the flooring in the hallway of room [ROOM NUMBER] exit on 02/15/2026 at 2:00 PM, 02/16/2026 at 10:01 AM and 3:01 PM 02/17/26 at 10:01 AM, revealed missing floor tiles causing an uneven floor in the doorway. Observation of room [ROOM NUMBER] on 02/15/2026 at 2:00 PM, 02/16/2026 at 10:01 AM and 3:01 PM 02/17/26 at 10:01 AM, revealed a fan with blades coated in dark greyish thick substance and small particles of black speckle substance. Interview with the Administrator and Maintenance Supervisor on 02/17/2026 at 5:01 PM, revealed the floor was caused by water infiltration and poor installation. Both staff confirmed that the damage was an accidental tripping hazard for ambulatory residents who are either walking or using a walker. The Administrator stated that the uneven floor directly in front of some of the room entrances was due to missing tiles which cause the floor to be uneven and is a hazard for most residents who do not pick up their feet and walk with a shuffle. The Administrator stated a company will be coming out within the next two weeks to install new tiles. Both staff confirmed the dirty fan in the resident room and stated it is the responsibility of the maintenance director to clean the fan. The Maintenance Director stated that he was not familiar with the condition of the fan. The Administrator confirmed not being aware of the condition of the fan. She stated that all staff are responsible for reporting any issues with cleanliness in the building.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **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. Findings include: 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. 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. Review of R67's Clinical Resident Profile (face sheet) revealed the resident was his own responsible party. 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]. 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]. 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]. 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. 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. Review of R5's Clinical Resident Profile (face sheet) revealed the resident's sister was documented as Emergency Contact #1 Next of Kin. Review of R5's progress notes documented the resident was transferred to the hospital on [DATE]. (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 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.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility's policy titled Oxygen Administration, the facility failed to ensure that one of 13 residents (R) (R1) receiving oxygen was administered oxygen therapy in accordance with the physician orders. This deficient practice had the potential to place R1 at risk for respiratory complications and a diminished quality of life.Findings include:Review of the electronic health record (EHR) for R1 revealed diagnoses including but not limited to acute respiratory failure with hypoxia.Review of R1's admission Minimum Data Set (MDS) dated [DATE] revealed for Section O (Special Treatment Procedures, Program) R1 was receiving continuous oxygen therapy. Section C (Cognitive Patterns) revealed a Brief Interview Mental Status (BIMS) score of 08, which indicated moderate cognitive impairment.Review of the physician orders for R1 dated 12/17/2025, documented O2 at 2LPM via NC continuously (oxygen at two liters per minute by nasal cannula continuously) every shift for SOB (Shortness of Breath). Observation on 02/15/2026 at 1:30 PM and 5:24 PM, revealed R1 in the room receiving oxygen from an oxygen concentrator by nasal cannula at a flowrate of 1.5 LPM instead of the physician ordered 2 LPM.Observation on 02/16/2026 at 9:01 AM, revealed R1 in the room receiving oxygen from an oxygen concentrator by nasal cannula at a flowrate of 1.5 LPM instead of the physician ordered 2 LPM.During an interview and observation on 02/16/2026 at 2:05 PM with the Director of Nursing (DON), it confirmed that the oxygen was set on a flowrate of 1.5 LPM instead of 2.0 LPM as ordered by the physician. The DON stated that R1 was not known to have a history of changing the oxygen setting on the concentrator. She stated her expectations are for nursing staff to monitor the resident oxygen flow rate during each resident room visit.