

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115624	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2025
NAME OF PROVIDER OR SUPPLIER Thunderbolt Care Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3223 Falligant Avenue Savannah, GA 31404	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on staff interviews and record review, the facility failed to provide the services of a Registered Nurse (RN) for at least eight consecutive hours a day for seven days a week for five days (4/26/2025, 4/29/2025, 5/1/2025, 5/7/2025, and 5/13/2025) of a 30-day review. This had the potential to affect all residents residing in the facility. The facility census was 115 residents.</p> <p>Findings include:</p> <p>A facility assessment and staffing policy requested of the Regional Nurse on 5/15/2025 and 5/16/2025; the facility failed to provide the assessment.</p> <p>The daily staffing post requested of the Regional Nurse for the previous 30 days on 5/15/2025 and 5/16/2025; the facility failed to provide documents.</p> <p>A review of the past 30-day timecard punches and two-week staffing grid revealed there was no RN on duty for a minimum of eight consecutive hours per day on 4/26/2025, 4/29/2025, 5/1/2025, 5/7/2025, and 5/13/2025.</p> <p>A review of employee timecard punches revealed an RN on duty for 4.25 hours in the building on 4/26/2025. The Director of Nursing (DON), Assistant Director of Nursing (ADON), and Infection Preventionist (IP) did not have time punches for 4/26/2025.</p> <p>A review of employee timecard punches revealed the DON on duty for the 2-week staffing grid had a time punch on 4/29/2025 at 8:24 am and no time punch out. ADON had a time punch on 4/29/2025 for 7.62 hours. The IP did not have a time punch for 4/29/2025.</p> <p>A review of employee timecard punches revealed the ADON on duty for 6.98 hours in the building on 5/1/2025. The DON had a time punch in on 5/1/2025 at 8:00 am and no time punch out. The IP had a time punch in on 5/1/2025 at 9:00 am and no time punch out.</p> <p>A review of employee timecard punches revealed the ADON on duty for 7.35 hours in the building on 5/7/2025. The DON had a time punch in on 5/7/2025 at 12:53 pm and no time punch out. The IP did not have time punches for 5/7/2025.</p> <p>A review of employee timecard punches revealed the ADON on duty for 6.82 hours in the building on 5/13/2025. The DON and IP did not have a time punch for 5/13/2025.</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
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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview on 5/15/ 2025 at 12:28 pm with Licensed Practical Nurse (LPN) EEE revealed that she has worked at the facility for 10 years on day shift and sometimes works weekends. LPN EEE stated RN coverage is provided by the DON and Assistant Director of Nursing (ADON) for an unknown amount of time, and sometimes they do not have coverage on the weekends</p> <p>An interview on 5/15/ 2025 at 1:15 pm with LPN T revealed that she has worked at the facility for two months and works day and evening shifts. LPN T stated that the ADON and DON are known as the RNs at the facility, and they will assist if needed.</p> <p>An interview on 5/15/2025 at 9:25 am with the Infection Preventionist (IP) RN revealed that she is also staff development and works on Tuesday and Thursday in the facility. She stated that she does not provide direct care to residents on the floors.</p> <p>An interview on 5/15/2025 at 9:25 am with the Assistant Director of Nursing (ADON) revealed that she is the assistant to the DON, and she does not provide direct care to the residents on the floor. The ADON confirmed she was not providing direct resident care today.</p> <p>An interview on 5/15/2025 at 9:29 am with the DON revealed that she does not provide direct care to the residents on the floor, and the facility currently has eight full-time RN positions open, several PRN (as needed) positions. She stated the facility attempts to use agency RNs to cover shifts.</p> <p>The Regional Nurse (RN) hours in the building could not be verified due to the employee being exempt.</p> <p>The Administrator was not available for an interview on 5/15/2025 or 5/16/2025.</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation and staff interview, the facility failed to maintain the daily nurse staffing data for a minimum of 18 months. The facility census was 115.</p> <p>Findings include:</p> <p>An interview on 5/15/2025 at 4:35 pm with the Scheduler revealed that she did not know where to find the daily nurse staffing information. She stated that it was normally in the Director of Nursing (DON) 's office, in storage, or was thrown away.</p> <p>Observation on 5/15/2025 at 4:50 pm revealed the Scheduler and the Regional Nurse creating daily nurse staffing information from the employees' punch reports.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews, record reviews, and a review of the facility policy titled Medication Storage, the facility failed to ensure the central supply closet that contained over the counter medication was closed and locked for one of one central supply closets. This failure placed residents and visitors at risk of having unauthorized access to residents' medications. The facility census was 115.</p> <p>Findings include:</p> <p>Review of policy titled Medication Storage Revised: [DATE] revealed It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security.</p> <p>Policy Explanation and Compliance Guidelines</p> <p>1.General Guidelines: a. All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls.</p> <p>Observation on [DATE] at 11:15 pm revealed the central supply room was unlocked and open with access to medications and supplies including but not limited to baby aspirin, aspirin, B complex, B12, Benadryl, bisacodyl suppositories, Claritin, calcium 350 mg, vitamin C, stool softeners, Mylanta, multivitamins, Mucinex, MiraLax, Robitussin, Tylenol, Tums, prebiotics, omeprazole, milk of magnesia, vitamin E, vitamin D, Pro Slim, and Zinc 50 mg. The following medications were noted to be expired: six bottles of Zinc 50 mg and one package of AZO urinary pain relief (30 count).</p> <p>An interview on [DATE] at 11:20 pm with LPN DD revealed that she attempted to notify the Assistant Director of Nursing (ADON) and the Regional Director of Operations (RDO), to inform them that the State Survey Agency (SSA) was in the building and that the central storage door was open. LPN DD stated she left messages requesting a return call. LPN DD confirmed that the central storage room door was open and not locked. She stated that the Director of Nursing (DON) and ADON are supposed to be accessible 24 hours a day.</p> <p>An interview on [DATE] at 11:35 pm with Licensed Practical Nurse (LPN) DD revealed that the central supply room door was unlocked. The LPN DD stated she did not know what to do because if she locked the door, she would not have a key to get back into the room if she needed supplies. LPN DD stated she would reach out to the Assistant Director of Nursing (ADON) for directives.</p> <p>Observation and interview on [DATE] at 11:37 pm of LPN DD locking the central supply room. LPN DD stated that she was unable to reach the ADON, but wanted to go ahead and lock the door even though she did not have a key.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview on [DATE] at 12:01 am with LPN EE revealed that she attempted to contact the ADON and RDO again to let them know the central supply room was now locked and staff did not have a key. LPN EE stated she did not receive an answer.</p> <p>An interview on [DATE] at 2:39 pm with Central Supply FF revealed that she leaves the key to central supply at the front desk when she gets off so that staff can access the supply room. She stated the supply room door was locked when she left at 6:00 pm on [DATE]. Central Supply FF stated that she completes rounding daily to ensure the door is locked. She stated that the staff are aware that there is a key available at the front desk.</p>		