STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 36377 Based on observations, resident and staff interviews, and record review, the facility failed to promote care in a manner that maintained or enhanced each resident's dignity and respect by not referring to dependent residents who require assistance with meals as feeders in the resident presence for one of 52 sampled residents (R) (R58). Findings include: 1. During the survey several observations of the Memory Care Unit revealed various incidents of staff referring to residents who required total assistance with meals as feeders. Observation on 12/1/2024 at 12:44 pm, 12/2/2024 at 10:00 am, 12/3/2024 at 10:00 am, and 12/5/2024 at 10:01 am of Memory Hall Unit nursing station revealed a white dry eraser board facing the community area dining room which was open to visitors and residents. Continued review of the board reveals the word feeder written in large black letters. Underneath the word was a written listing of resident names who required full assistance with their meals. Observation of Memory Care Unit mealtime on 12/1/2024 at 1:45 pm Certified Nursing Assistants (CNA) MMMM and CNA NNNN referred to the resident as a feeder when describing the resident who required assistance with their meals. During an interview on 12/1/2024 at 2:13 pm with a Licensed Practical Nurse (LPN) JJJ was asked how many residents required assistance with meals in the Memory Care Unit. LPN JJJ was heard describing the residents as feeders. 2. Record review of R58's Electronic Medical Record (EMR) revealed the following diagnoses not limited to dementia, acute respiratory failure, type 2 diabetes, and Adult Failure to Thrive. A review of the quarterly Minimum Data Set (MDS) for R58 dated 11/1/2024 assessed a Brief Interview Mental Status (BIMS) 5; a score of five out of 15 indicates cognitive impairments. A review of the Activities of Daily Living (ADL) and Nutrition care plan for R58 created on 11/17/2024 identified a problem with self-care deficit and dysphagia (requires monitoring for choking, holding food in mouth, and staff providing assistance with diet). (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation of R58 (Memory Care Unit) on 12/2/2024 at 1:40 pm with LPN III and CNA AA, LPN III was observed assisting the resident with her meal. During the observation, LPN III was heard referring to the resident as a feeder in her description of the resident. LPN III acknowledged her error and reported receiving no in-services regarding using the term feeder.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. 36377 Based on observations, resident and staff interviews, record reviews, and review of the facility's policy titled, Resident Self-Administration of Medication, the facility failed to ensure unauthorized medications were not stored at the bedside for one of 52 residents (R) (R36). This deficient practice had the potential to allow unauthorized access of unsecured medications to residents and visitors. Findings include: A review of the facility policy titled Resident Self -Administration of Medication dated 4/1/2024 documented it is the policy of this facility to support each resident 's rights 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. 2. Resident 's preference will be documented on the appropriate form and placed in the medical record. Record review of R36's medical record revealed the following diagnoses but not limited to Adult Failure to Thrive, chronic kidney disease, and atrial fibrillation. The 5-Day Minimum Data Set (MDS) R36 dated 11/8/2024 assessed a Brief Interview Mental Status Score (BIMS) of 11, which indicates cognitive awareness with little to no cognitive impairment. Record review of R36's Resident Self-Administration of Medication Consent dated 8/28/2024 documented that the resident was not authorized to self-administer medications. Observation on 12/12024 at 3:30 pm of R36 's room revealed the following medication within resting, a bottle of zinc oxide hydro nystatin with an expiration date of 1/15/2025 and a bottle of labeled normal saline 100 ml (milliliters) resting on the top of the resident dresser and with an open view from the doorway. During an interview on 12/1/2024 at 3:30 pm with Licensed Practical Nurse (LPN), LPN JJJ confirmed the unauthorized medication in the resident's room. R36 reported to the nurse that both medications had been in his room for two to three weeks. LPN JJJ acknowledged that the resident is presently taking both medications. LPN JJJ could not provide an explantation as to why the medications were left in the resident's room and stated that the medication should have been left on the treatment cart.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36377 Based on observations, staff interviews, record review, and review of the facility's document titled Room Changes, two policies: titled, Facility Care Center Policy and Dementia Care, the facility failed to ensure six of 16 residents (R), (R36, R37, R48, R58, R101, and R108) were assessed for placement on the Memory Care Unit. This deficient practice had the potential to prevent residents from receiving care that accommodated their individual care needs. Findings include: Record review of the facility policy titled Facility Care Center Policy undated documented Memory care protocol for transitioning residents to a secure unit: IDT team (Interdisciplinary Team) meets to evaluate and determine the residents who is eligible to be transferred to Memory care. On admission familiars meet with the team to discuss residents care plan. Resident may need a additional or more secure environment. Resident may exhibit Elopement risk. Residents who require more frequent monitoring. Resident demonstrates behaviors and /or memory care issues. Record review of the facility policy titled Dementia Care (dated 2/12/2022) documented .4. Care and services will be person-centered and reflect each resident 's individual goals while maximizing the resident 's dignity, autonomy, privacy, socialization, independence, choice, and safety. 6. If needed, the environment will be modified to accommodate individual resident care needs. A review of the facility map revealed that the Memory Care Unit rooms consisted of rooms 200 to Rooms 210. 1. Record review of R36's Electronic Medical Record (EMR) revealed an admitted [DATE]. R36 was admitted with the following diagnoses but not limited to adult failure to thrive, chronic kidney disease, and atrial fibrillation. The resident has an attached catheter due to a diagnosis of obstructive and reflux uropathy (order date 8/27/2024). Record review of the quarterly Minimum Data Set (MDS) for R36 dated 12/5/2024 assessed a Brief Interview Mental Status Score (BIMS) of 11, which indicates cognitive awareness with few episodes of impaired cognition. Section G assessed R36 as dependent for most Activities of Daily Living Skills (ADLs) including bath/showers, dressing, set up assistance for eating, oral care, and personal hygiene. Resident requires partial moderate assistance for bed mobility, substantial maximum assistance for all transfers, including chair-bed transfers, non-ambulatory, and wheelchair dependent (unable to independently self-propel self for long distances 50 feet or more without staff assistance). Record review of the facility form titled Room Changes revealed upon admission on 8/24/2024, R36 was in room [ROOM NUMBER]. On 3/8/2024, R36 was moved to room [ROOM NUMBER] due to high fall risk and dementia. During an interview with a Certified Nursing Assistant (CNA), MMM on 12/1/2024 reported working regularly in the Memory Care Unit as her assigned hall and stated that R36 exhibits no exit-seeking behaviors. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/6/2024 at 11:01 pm with Licensed Practical Nurse (LPN) EEE reported that R36 displays no exiting seeking behaviors and no longer tries to remove himself from bed. During an observation on 12/2/2024 at 12:01 pm, observed R36 sitting in his wheelchair in the Memory Care Unit community dining room. Continued observation revealed two wandering (ambulatory) residents approaching R36, and one of the wandering residents was heard asking R36, If he wants her to pull that nasty bag with pee in it out of him (reference to catheter drainage bag). During the interview at the time of observation, R36 reported that this resident asked him this every day. 2.Record review of R37's EMR revealed the following diagnoses but not limited to dementia, cerebral infarction, contracture of left elbow, left hand, left shoulder, wrist drop of right wrist, and diabetes mellitus. A review of R37's quarterly MDS dated [DATE] assessed a BIMS of 9, which indicates moderate cognitively intact; section GG for functional ability assessed resident as impairment on one side for upper and lower extremities for range of motion (ROM), dependent for transfer and all ADL care except for eating. non ambulatory, wheelchair dependent (inability to self-propel wheelchair). A review of the care plan for R37 revised 5/24/2023 ADL identified the resident as a risk for self-care deficit bathing, dressing, and feeding related to (CVA) cerebral vascular diseases. A review of R37's Census Report revealed that the resident was placed in the Memory Care Unit on 1/11/2022 in room [ROOM NUMBER]. R37 had two hospital stays since 2022, and with each hospital return, R37 was placed back in the Memory Care Unit. During an interview on 12/2/2024 at 1:59 pm with CNA AAA reported that R37 had no exit seeking behaviors, non-ambulatory, and dependent care. During an interview on 12/6/2024 at 2:33 pm, LPN JJJ reported that R37 is total care with no exit seeking behaviors. 3. Record review of R48's EMR revealed the following diagnoses but not limited to dementia, cerebral infarction, atrial fibrillation, type two diabetes mellitus, gastrostomy status, and seizure disorder. Record review of the physician orders for R48 revealed a g-tube for continuous feedings. The order (start date 5/16/2024) read enteral feed-every shift, every shift glucerna 1.5 at 50 milliliters (ml)/hour (hr) times 20 hours, flush with 40 ml H2O (water) every hour, hold feeding for keppra 1 hour before and after administration. May substitute glucerna 1.2 at 63 ml/hr over 20 hours if glucerna 1.5 is not available enteral feed. Record review of the Significant Change MDS for R48 dated 8/29/2024 revealed a BIMS score of 99, which indicates severe cognitive impairments; section GG revealed that the resident is dependent on all ADL care, including bed mobility and transfer services, nonambulatory, always incontinent of bowel and bladder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of facility form titled Room Changes documented R48 on admission was in room [ROOM NUMBER] semiprivate. On 10/7/2023, she was moved for maintenance repairs to room [ROOM NUMBER] semiprivate. On 10/18/2023, she was moved back to room [ROOM NUMBER] after repairs. On 8/27/2024, R48 was moved to room [ROOM NUMBER] due to dementia, feeding tube, and incontinent behaviors. A record review of R48's ADL care plan created on 10/18/2023 revealed a self-care deficit requiring intervention for total assistance with care services, including transfer/bed mobility. A tube feeding care plan created on 10/18/2023 listed an intervention for constant monitoring for aspiration, tube dysfunction, and malfunction. Observations during the week of the survey 12/1/2024 to 2/12/2024 revealed several wandering residents walking up to the resident feeding pump to view the pump as R48 set in a geriatric chair in the community dining. Interview on 12/2/2024 at 2:10 pm with LPN III reported that R48 is dependent care, requires no behaviors, and resident is non-ambulatory. 4.Record review of R69's EMR revealed the following diagnoses but not limited to unspecified dementia, unspecified severity with agitations, schizoaffective disorder, bipolar type, and chronic pulmonary embolism. Record review of the quarterly MDS for R69 dated 9/26/2024 assessed a BIMS of 2, which indicates cognitive impairments with little to no cognition, always incontinent of bowel/bladder, totally dependent for care, non-ambulatory, and unable to independently propel self in wheelchair. Record review of facility form Room Changes documented upon admissions 5/18/2023, R69 was in room [ROOM NUMBER]A due to schizoaffective disorder, bipolar, and dementia. She was switched to room [ROOM NUMBER]B to be closer to the nurse station due to her schizoaffective behaviors, wandering, and high sex drive. Record review of R69's ADL care plan created on 5/10/2023 identified the following problem: R69 had self-care deficits: bathing, dressing, and feeding r/t dementia. The interventions were to provide assistance with ADLs / IADLs as needed and provide meal support per the resident's needs). During an interview on 12/1/2024 at 1:14 pm, CNA MMMM reported R69 is total care for all ADLs (requires cueing and coaching for eating) and nonambulatory (cannot self propel self in a wheelchair due to cognition). During an interview on 12/1/2024 at 1:15 pm, LPN JJJ reported that R69 no longer ambulates and is total care with no behaviors and unable to propel herself independently in the wheelchair. During an interview on 12/2/2024 at 2:11 pm, LPN III reported that R69 has not displayed any behaviors and is nonambulatory. 5.Record review of R101's EMR revealed the following diagnoses but not limited to dementia and schizophrenia. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the quarterly MDS for R101 dated 9/27/2024 assessed a BIMS of 3, which indicates cognitive impairment with little to no cognition. Section GG assessed supervision with care services and occasionally incontinent bowel and bladder, with no impairment for upper and lower extremities. Record review of facility form titled Room Changes documented upon admission on 3/7/2024; R101 was in room [ROOM NUMBER]B semiprivate and was moved to room [ROOM NUMBER]A on 3/8/2024 due to schizoaffective disorder and high fall risk. During an interview on 12/3/2024 at 11:17 am with CNA AAA, she confirmed that R101 is in total care and can no longer move independently. She requires total assistance with transfer and bed mobility, and she can stand and pivot. The resident can be dead weight at times. During an interview on 12/1/2024 with LPN III, she confirmed that R101 is total care and requires two-person assistance and uses a lift at times due to muscle weakness. During an interview on 12/2/2024 at 11:33 am with CNA AA, she confirmed that R101 is total care and requires two person assist with total care. During an interview on 12/6/2024 at 11:01 am with LPN EEE, she reported that R101 exhibits' no behaviors, total care and requires two person assistance, total for bed mobility and transfer (lift use at times due to difficulty with standing/pivoting), a total for feeding, and non-ambulatory requiring geriatric chair use. During an interview with MDS Coordinator on 12/6/2024 at 1:15 pm she reported that at the time of R101's admission, placement in the Memory Care Hall, and last MDS assessment completion, R101 was able to assist with her care and now the resident is total care for all ADLs. 6. Record review of R108's EMR revealed the following diagnoses but not limited to dementia, type two diabetes mellitus, chronic kidney disease, obstructive and reflux uropathy, and adult failure to thrive. Record review of facility document titled Room Changes documented R108 upon admission on 5/16/2024; the resident was in room [ROOM NUMBER]B and was moved to room [ROOM NUMBER] on 5/22/2024 due to dementia, feeding tube, and incontinent behaviors. Record review of the physician orders dated 11/17/2024 revealed an order for enteral feed one time a day glucerna 1.5 50cc/hr with 25cc/hr flush continuous feeding. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/3/2024 at 2:18 pm with Director of Nursing (DON), she reported that Memory Care Unit admission criteria are for residents who require frequent monitoring for exit seeking behaviors/elopement behaviors. The residents who require line of eyesight due to constant movements on the floor to ensure safety precautions for those residents and the safety of other residents from harm. She stated that their building is not equipped to house all residents and Memory Care Unit at times serves as the extra room placements for residents who do not always meet the Memory Care Unit criteria. The Memory hall placement is not for nonambulatory residents who are no longer able to ambulate or need more assistance/directional guidance/additional secure environment. Residents who do not display harm to themselves or others should not be placed on this hall. However, due to family members' complaints or stating that they want the residents in the hall, some remain in the Memory Care Unit Hall. She reported that she would try to locate documents to show the family's refusal to consent for their family members to remain in the hall. During an interview on 12/12/2024 at 4:01 pm, DON reported that she agreed certain residents did not meet the requirement for the unit, including residents with feeding tubes, catheters, and residents requiring total care at risk for safety concerns due to wandering residents' behaviors. She agreed that the unit would require more additional staff for monitoring if the unit housed residents who did not meet the unit criteria and care needs required catheters, feeding tubes, and dependent care for turning/repositioning. However, due to family requests, residents remain in the unit, and the facility should have addressed these issues with the family. She confirmed that she could not find documentation of the residents' family requests for the residents to stay in the hall.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
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** 47947 Based on observations and staff interviews, the facility failed to maintain adequate and comfortable lighting levels in one corridor with six rooms in the [NAME] wing. The census was 126 residents. Findings include: 1.Observation on 12/3/2024 at 10:15 am at one corridor with six rooms in the [NAME] Wing revealed that three of seven ceiling lights are not working. An interview with the Maintenance Director (MD) on 12/3/2024 at 10:20 am revealed that staff write requests for repair in the maintenance book; each nursing station has its own book. The MD stated that he sometimes receives verbal requests for repairs. He has a full-time assistant. The MD stated that he did not have a chance to replace the lights yet, but he would do it today. Observation on 12/04/2024 at 10:20 am revealed that three out of seven ceiling lights in the [NAME] Lane corridor on [NAME] Wing are not working. There are two shower rooms and six resident rooms, with 10 residents in this corridor. A review of the maintenance book for the [NAME] Wing revealed no outstanding orders for the ceiling lights. Observation on 12/05/2024 at 3:45 pm revealed that three out of seven ceiling lights at the [NAME] Lane corridor on [NAME] Wing are still not working.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50526 Based on observation, record review, interviews, and review of the facility's policy titled Resident and Family Grievances, the facility failed to ensure their grievance procedures were followed for one of one resident (R) (R73) reviewed for grievances of 52 sampled residents. Findings include: Review of the policy titled Resident and Family Grievances, not dated, section; Policy: revealed the policy of this facility is to support each resident's and family member's right to voice grievances without discrimination reprisal or fear of discrimination or reprisal. Item two under policy explanation and compliance guidelines stated the grievance official is responsible for overseeing the grievance process: receiving and tracking grievances through to conclusion. Further stated the official will also lead any necessary investigations while maintaining confidentiality of all information associated with grievances: issuing written grievance decisions to the resident and coordinating with state and federal agencies as necessary in light of allegations. A review of the electronic medical record (EMR) revealed R73 was admitted to the facility on [DATE] and pertinent diagnoses including but was not limited to anemia, hypertension, rhabdomyolysis and muscle weakness. Record review of the quarterly Minimum Data Set (MDS) assessment R73 dated 9/24/2024 revealed a Brief Interview for Mental Status (BIMS) of 15, which indicates cognitively intact; Section GG, functional status, extensive assistance for activities of daily living (ADLs) with two or more-person assistance. Interview and observation on 12/01/2024 at 1:37 pm with R73 revealed that last September 2023, he had to be assisted with using a mechanical lift. R73 stated the mechanical lift was malfunctioning he told her that and wheels on front locked up and it wasn't rolling, she turned the lift and rolled him backwards while elevated and the lift flipped over resulting in him falling backwards, hit the footboard and fell on a walker. He was seen in the emergency department and admitted for three days. R73 further stated when he returned the mechanical lift was still being used. R73 stated that she filed a grievance. During an interview on 12/03/2024 at 10:49 am, R73 stated he filed a grievance but has not heard back from it. During an interview on 12/03/2024 at 2:27 pm with the Social Services Director (SSD) OOO revealed she did an investigation, and it should all be together in the grievance book. SSD OOO stated she did not hear of any significant injury occurring. She did remember it was a faulty mechanical lift. During an interview with Certified Nursing Assistant (CNA) KKKK on 12/9/2024 at 8:23 pm, revealed that the process for receiving a grievance is to listen, understand, and then report to the nurse or social worker who can take the grievance report. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with Registered Nurse (RN) GGGG on 12/9/2024 at 9:00 am revealed she would gather information to see if it is something she has the authority and means to correct, but if not, she reports to the unit manager. She is unsure who the grievance official is at the facility. During an interview with the Director of Nursing (DON) on 12/9/2024 at 9:20 am confirmed that social services document the information, investigate the grievances, and then follows up with the Administrator. During an interview on 12/10/2024 at 8:46 am with the Administrator and SSD OOO confirmed they have not been able to locate documents of investigation and completion records for the grievance filed by R73. Grievance documentation filed by R73 was not received by the exit of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 36200 Based on record review, staff interviews, and review of the facility policy titled Transfer and Discharge (Including AMA), the facility failed to provide the resident/family with a written explanation of reason for a transfer to an acute care hospital for three of four residents, (R) (R37, R73, and and R573). Findings include: Review of facility policy titled, Transfer and Discharge (Including AMA) (4/1/2024), revealed it is the policy of this facility to permit each resident to remain in the facility, and not initiate transfer or discharge for the resident from the facility, except in limited circumstances. 4.The facility's transfer/discharge notice will be provided to the resident and the resident's representative in a language and a manner in which they can understand. The notice will include all of the following at the time it is provided: a. The specific reason and basis for transfer or discharge. b. The effective date of transfer or discharge. c. The specific location (such as the name of the new provider or description and/or address if the location is a residence) to which the resident is to be transferred or discharged . 1.Review of the medical record for R37 revealed resident was transferred from the facility to the hospital on 12/9/2024. Review of the medical record did not indicate that notification of reason for transfer was provided to the resident prior to transfer to the hospital. 2.Review of the medical record for R73 revealed resident was transferred from the facility to the hospital on 2/23/2024 and 3/14/2024. Review of the medical record did not indicate that notification of reason for transfer was provided to the resident prior to transfer to the hospital. 3.Review of the medical record for R573 revealed resident was transferred from the facility to the hospital on 11/21/2024. Review of medical record did not indicate that R573 was provided notification of reason for transfer prior to the transfer to the hospital. Interview on 12/12/2024 at 11:05 am with Agency Licensed Practical Nurse (LPN) JJJJ who reported that she sends a face sheet and orders of residents when going to the hospital, but she is not aware of other notices. Interview on 12/12/2024 at 11:41 with Administrator reported that they (the facility) send documents to the hospital with residents but confirmed that transfer notices are not being sent with residents upon transfer to the hospital.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. 36200 Based on record review, staff interviews, and review of the facility policy titled Bed Hold Prior to Transfer, the facility failed to ensure that three of four residents, (R) (R37, R73, and R573) were made aware of the facility's bed-hold and reserve bed payment policy before and upon transfer to a hospital from the facility. Findings include: Review of facility policy titled, Bed Hold Prior to Transfer (2023), revealed it is the policy of this facility to provide written information to the resident and/or the resident representative regarding bed hold policies prior to transferring a resident to the hospital or the resident goes on therapeutic leave. 1.Review of the medical record for R37 revealed resident was transferred from the facility to the hospital on 12/9/2024. Review of the medical record did not indicate that notification of the facility's bed-hold policy was provided to the resident prior to transfer to the hospital. 2.Review of the medical record for R73 revealed resident was transferred from the facility to the hospital on 2/23/2024 and 3/14/2024. Review of the medical record did not indicate that notification of the facility's bed-hold policy was provided to the resident prior to transfer to the hospital. 3.Review of the medical record for R573 revealed resident was transferred from the facility to the hospital on 11/21/2024. Review of medical record did not indicate that R573 was provided notification of the facility's bed-hold policy. Interview on 12/12/2024 at 11:00 am with [NAME] Wing Unit Manager Licensed Practical Nurse (LPN) CCC reported that she entered the note for R573 on the day that he went to the hospital but she is not aware of any bed-hold notices and that may be provided by someone in the front office. Interview on 12/12/2024 at 11:05 am with Agency LPN JJJJ who reported that she sends a face sheet and orders of residents when going to the hospital but she is not aware of other notices and she has not sent a bed hold notice with any resident as that is not something that is in her packet to send. Interview on 12/12/2024 at 11:21 am with Human Resources (HR)/Business Office Manager (BOM) LLL it was reported that there is a form that should be sent whenever a resident goes out to the hospital and if someone has private pay insurance and they go to the hospital and want to hold their bed they can but they must follow up with her about this. There is supposed to be a form notifying them of that option. She reported that she is not sure who sends these notices. Interview on 12/12/2024 at 11:41 am with Administrator reported that they (the facility) send documents to the hospital with residents, and they always allow the residents to return. The Administrator confirmed that bed-hold notices are not being sent with residents upon transfer to the hospital.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47947 Based on observations, record review, interviews, and a review of the facility's policy titled Comprehensive Care Plans, the facility failed to develop and implement person-centered comprehensive care plans for one of 53 sampled residents (R) (R36). Specifically, failed to implement a care plan for nutritional intake for R36. Findings include: Review of the policy titled Comprehensive Care Plans, implemented 4/1/2024, section; Policy revealed the facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet resident's medical, nursing, and mental and psychological needs that are identified in the resident's comprehensive assessment. 3. The comprehensive care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. b. Any services that would otherwise be furnished but are not provided due to the resident's exercise of his or her right to refuse treatment. d. The resident's goals for admission, desired outcomes, and preferences for future discharge. 6. The comprehensive care plan will include measurable objectives and timeframes to meet the resident's needs as identified in the resident's comprehensive assessment. The objectives will be utilized to monitor the resident's progress. Alternative interventions will be documented, as needed. 8. Qualified staff responsible for carrying out interventions specified in the care plan will be notified of their roles and responsibilities for carrying out the interventions, initially and when changes are made. 1. Record review for R36 revealed admission to the facility on [DATE] with diagnosis including dementia, adult failure to thrive, and type two diabetes mellitus. Review of R36 annual Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 11 which indicates moderate cognitive impairment. Physician orders review revealed that R36 is at risk for malnutrition due to sepsis, start date 11/1/2024. A review of the care plan for nutritional status revised on 10/14/2024 revealed interventions which included provide, serve diet as ordered and monitor intake and record q (every) meal. Record review under Nutrition - Amount Eaten task revealed that Certified Nursing Assistants (CNAs) are responsible to document what percentage of the meal was eaten during Breakfast, Lunch, Dinner, and PRN (as needed). Further review of past 30 days records revealed that percentage of the meal was only documented for following dates and meals: 11/18/24 - breakfast 11/19/24 - breakfast, lunch, and dinner (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	11/20/24 - breakfast 11/24/24 - lunch 11/29/24 - dinner 11/30/24 - breakfast, lunch, and dinner 12/1/24 - breakfast, and lunch Interview with Director of Nursing (DON) on 12/12/24 at 12:05 pm revealed her expectation for the staff to complete all PCC tasks daily, however facility had computer issues at Memory Care unit, where resident was until 12/11/2024. Some CNAs have to bring their own laptops or tablets to work, but not all CNAs have these devises. Interview with Administrator on 12/12/2024 at 12:15 pm confirmed that facility has ongoing issues with desktop computers. When asked about expectation for care plan implementations, Administrator stated meal intake percentage could be documented on the paper forms.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36377 Based on observations, staff and resident interviews, record review, and review of the facility's policies titled Activities of Daily Living (ADLS), and Nail Care, the facility failed to provide care relating to activities of daily living (ADLs) for four of 53 residents sampled residents (R) (R69, R100, and R101, R113). This deficient practice had the potential to cause risk for unmet needs, a diminished quality of life for residents. Findings include: Review of the policy titled Activities of Daily Living (ADLS), dated 2/12/2022, section; policy statement revealed the facility ensure resident's abilities do not deteriorate unless unavoidable. The policy further stated care and services for activities of daily living will be provided and includes bathing, dressing, grooming including oral care. he responsibility of the person completing the documentation on the Certified Nuse Assistant (CNA) /ADL flowsheet is to code the maximum amount of support the patient/resident received over the entire shift irrespective of frequency. For utilizing Care Assist, ADLs should be documented at the point of care each time care is given. The software will determine the most dependent episode. A review of the policy titled Nail Care dated 4/12/2024, section; policy statement indicates the policy provides guidelines to provide care of residents' nails for good grooming and health. Policy explanation item three stated a routine cleaning and inspection of nails will be provided during ADL care and on an ongoing basis. 1. Record review of the Electronic Medical Record (EMR) revealed R69's diagnoses including but were not limited to unspecified dementia and schizoaffective disorder. The quarterly Minimum Data Set (MDS) dated [DATE] revealed section GG assessed R69 for substantial maximum assist (dependent care) for most ADLs care needs (bathing/showering/personal hygiene). Record review of R69's ADL's care plan revised 9/29/2024 provide assistant care with ADL needs and evaluate needs. Observation on 12/1/2024 at 3:11 pm, R69 observed lying in bed with facial hair (long strand of grayish color facial hair) on her chin. Observation on 12/2/2024 at 8:14 am and 11:30 am, R69 observed sitting in the Memory Care Unit common area/dining room with facial hair (long strand of grayish color facial hair) on her chin. 2. Record review of the EMR revealed R100's diagnoses including but were not limited to atherosclerosis of coronary artery, hypertension and cognitive communication deficit. Record review of R100's quarterly MDS assessment dated [DATE] revealed a BIMS of 6, which indicates severe cognitive impairment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of R100 care plan dated 9/5/2024 indicated a problem of risk for self-care deficit: bathing, dressing. Interventions included evaluate functional abilities; evaluate resident's ability to perform ADLs. Aid with ADLs as needed. Observation and interview on 12/1/2024 at 1:59 pm with R100 revealed he was sitting up in chair with loose fitting pants, hair uncombed and very long fingernails with visible brown debris under all nails. R100 looked at his nails and said yes, they are supposed to cut them, but they do not. Observation made on 12/3/2024 at 10:30 am found R100 lying in bed, eyes closed, fingernails with no change. Observation made on 12/4/2024 at 8:51 am revealed R100 lying in bed on right side and fingernails still very long and visibly dirty. During an interview on 12/4/2024 at 11:37 am with Licensed Practical Nurse (LPN) GGG in absence of Director of Nursing (DON) revealed if anyone was to see a resident with long or dirty nails they should be cleaned first and then if they will allow cut them down. During an interview on 12/9/2024 at 9:20 am with the DON confirmed nail care is included with the ADL policy and should be done regularly, usually with showers. During an interview on 12/9/2024 at 8:19 am with Certified Nursing Assistant (CNA) HHHH revealed residents are given a full body assessment and anything abnormal is immediately reported to the nurse, but we don't leave the resident. CNA HHHH further stated she does mouth care and checks fingernails to clean and trim them if needed. 49681 4. A review of R113's diagnoses revealed but was not limited to displaced intertrochanteric fracture of the left femur and subsequent encounter for closed fracture with routine, healing displayed fracture of lateral epicondyle of right humerus, muscle weakness, difficulty in walking, unsteadiness on feet, muscle weakness, and other lack of coordination. The most recent MDS for R113 revealed a Brief Interview Mental Status (BIMS) was coded as 15, indicating that the resident had no cognitive impairment. Section GG revealed that R113 needs assistance with showering and bathing, touching assistance, and supervision. A review of R113 care plans (partial list) revealed she needs assistance with ADLs. A review of the MDS Activity Daily Living Care Report for R113 documentation of showers revealed: No documentation and the nurse staff did not offer showers on November 28, 2024, and the resident asked for a shower on this day. A record review of ADL showers did not document that R113 refused any showers but for 1 day on December 2, 2024, in the last 30 days. According to records for showers she only was offered showers on 11/6/2024, 11/13/2024, and 12/2/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 12/04/2024 at 10:18 am R113 revealed that she asked a CNA to shower her on 11/28/2024. She was told that the CNA would come back to shower her, but she never came back that day for a shower. Further interview revealed she did not get a shower until a couple of days later. In an interview on 12/4/2024 at 9:50 am R113 revealed she had a shower at 2:30 pm yesterday 12/3/2024 and that she felt so good to have a shower. Further interviews revealed that they have not been giving her showers when she asks for them but because the state is here, she getting showers when she wants them. In an interview on 12/11/2024 at 10:00 am with the Unit Manager CCC revealed that CNAs are responsible for keeping documentation of showers and baths on shower sheets and in the system. They should be offering showers three times a week and when residents request them on any day. In an interview on 12/10/2024 at 11:25 am with Administrator revealed that residents that has a bath or shower she be granted their preference of when. He also explained that the DON is constantly monitoring showers and baths for residents. At one point, there were concerns about ADLs. In an interview with DON 12/11/2024 at 3:00 pm revealed that nursing staff should always have access to review care plans for residents. He also explained that they should be following them daily for ADLs such as eating assistance, showers, and medication monitoring for pain and side effects. 50526 3. Record review of the EMR revealed R101's diagnoses including but were not limited to dementia and schizophrenia. The quarterly MDS dated [DATE] assessed a BIMS of three, which indicates severe cognitive impairment and assistance with ADL care needs. Observation on 12/1/2024 at 1:30 pm until 4:30 pm revealed R101 sitting in Memory Care Unit common area/dining room in a geriatric chair with whisky facial hair coating her chin. Observation on 12/2/2024 at 11:35 with CNA AA and CNA AAA confirmed the facial hair on R101's chin while sitting in the Memory Care Unit common area/dining room in a geriatric chair. Interview on 12/2/2024 at 11:33 am, CNA AA, she confirmed the hair on the R101's chin and stated that this was a dignity issue. She reported that she did not observe the hair on R101 and R69 's chin until was brought to her attention by the surveyor. She stated that R101's hair should had been shaved during bath time or personal hygiene grooming. Interview on 12/3/2024 at 11:37 am with CNA AAA confirmed the hair on R101's chin. She confirmed receiving in-services related to patient care that includes removing resident facial hair. CNA AAA further stated that this care services should be completed during the resident 's bath time. During an interview on 12/1/2024 at 11:44 pm, LPN III, she reported that CNAs are responsible for shaving the resident's hair and removing the facial hair off the resident's shin. She reported that she had not noticed the facial hair on residents R69 and R101's chin until it was brought to her attention by the CNAs. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an Interview on 12/3/2024 at 4:11 pm, the DON reported that CNAs are in-serviced to remove facial hair from the female/male residents face. The DON stated this service should be provided during a bath and grooming. She stated that all staff, both licensed nursing staff and CNAs, are responsible for monitoring residents for grooming.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36200 Based on observations, interviews, and record reviews the facility failed to follow dietary orders for one resident (R) (R572) of 53 sampled residents. Specifically, R572 was on a puree diet but was provided a sandwich on [DATE] which resulted in her choking death. It was determined that the provider's non-compliance with one of more requirements of participation had caused, or was likely to cause serious injury, harm, or death to residents. The Immediate Jeopardy (IJ) was related to State Operations Manual, Appendix PP, 483.12 Quality of Care, F684, at a scope and severity of J. The IJ began on [DATE], R572 choked after receiving and eating a sandwich. Evidence of the eaten sandwich included the paper that the sandwich was wrapped in and a small portion of the bread remaining in front of the resident. The Heimlich maneuver was attempted but was unsuccessful resulting in cardiac arrest and death in the facility. On [DATE] at 5:26 pm, the Administrator, Regional Consultant Interim Director of Nursing (DON) and Director of Nursing (DON) in training were informed of the IJ situation and provided a completed IJ template. A removal plan was requested. The removal plan was accepted by the state survey agency (SSA) on [DATE]. The IJ was removed on [DATE]. Findings include: Review of the Electronic Medical Record (EMR) for R572 revealed an initial admitted [DATE] with diagnosis that included CVA, dysphagia, oropharyngeal phase, cognitive communication deficit, and unspecified dementia. The diet order revealed a regular diet, pureed texture, with thin consistency starting [DATE]. Review of the Regional Dietician (RD) Quarterly Assessment dietary note dated [DATE] revealed that R572 is tolerating a puree diet with variable meal intake and is mostly fed by staff. Review of Progress Notes dated [DATE] at 7:50 am revealed that R572 was sitting at the dining table, Certified Nursing Assistant (CNA) sat at the table with resident stated, she's not acting like herself, writer walked around the table to assess resident, noted a deli sandwich wrap and a cup of coffee sitting in front of her upon closer observation noted that she was cyanotic around her mouth, lips, tongue and oral membranes knowing that resident is on a puree diet ,CNA performed mouth sweep times 2 unsuccessfully, writer performed abdominal thrusts several times unsuccessfully, summoned for help, they arrived with crash cart,911 called, resident expired, DON notified and later pronounce death. Emergency Medical Services (EMS) report received and reviewed. No Cardio-Pulmonary Resuscitation (CPR) initiated by EMS due to Do Not resuscitate (DNR) status. Review of GEORGIA DEATH CERTIFICATE for R572 lists the cause of death as cardiopulmonary arrest. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of care plan for R572 did not indicate that resident had behaviors of taking food from other's plates. During an interview on [DATE] at 1:20 pm with Agency CNA AA, who reported that the night shift staff provided the residents with a snack on the morning of the incident with R572. CNA AA reported that she noticed that R572 was staring off and wouldn't respond when spoken to. It was further reported that R572's breathing was shallow, and the nurse was notified. CNA AA reported that R572 was tilted forward by the nurse, and her breathing improved, but her face was turning colors, and then she slumped over in the chair. CNA AA reported that a snack paper was on the table that said deli. She explained that this is the paper that the sandwiches from the kitchen are contained. CNA AA reported that a small piece of bread was in front of R572. During an interview on [DATE] at 1:40 pm with the DON regarding the death of R572. DON reported that she was aware of the R572's death, but she has not followed up or spoken with the night CNAs that were potentially involved. The DON reported that she had left them messages, but neither has called her back because they are as-needed (PRN) employees. DON reported that since the incident a document is posted to indicate residents' diet preferences in the Memory Care Unit. She reported that all staff on the Memory Care Unit have been educated but she also reported that she does not have any documentation to verify that education was provided as the nurse on the unit would have provided the education. DON acknowledged that she did not have any investigative information related to the death of R572. DON reported that no other resident had choked before. During an interview on [DATE] at 11:03 am with Licensed Practical Nurse (LPN) EEE related to the events that led to the death of R572. It was reported that when she arrived two CNAs from the night shift were there, and R572 was on the get up list for the night shift. It was reported that were CNAs sitting behind R572 in the dining area of the Memory Care Unit. It was reported that the night shift CNAs left at 7:30 am, and another CNA on the day shift noticed R572 not looking right. LPN EEE reported that R572 was cyanotic (bluish color). It was further reported that a cup of coffee and looked like the last bite of a sandwich and a deli wrapper. LPN EEE reported that she knew that R572 had been given a sandwich based on how the resident was looking. LPN EEE reported that she tried performing the Heimlich on R572, but it was unsuccessful. LPN EEE reported that all she was thinking about was saving this resident's life. It was reported that R572's face and hands kept getting increasingly blue, and it was hard for her to see the resident like that. LPN EEE reported that she saw the night shift CNAs from the previous day again the next morning and she had a dietary list behind the desk and showed it to them. When she talked to them about what happened and the deli wrapper in front of the resident, one of the CNAs (CNA CCCC) acknowledged giving R572 a peanut butter and jelly sandwich. LPN EEE reported that prior to this incident, she stressed to day shift and evening shift staff to make sure they are sticking to diet orders of the residents, but she is not sure of what they do on the night shift. LPN EEE reported that while she spoke with staff on the Memory Care Unit after the incident with R572 she did not do a sign off inservice, nor did she get statements about what happened, and she was not aware of any other education being provided. It was further reported that the DON was supposed to meet with the night staff CNAs, but she was unsure of what was said. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During a telephone interview on [DATE] at 12:11 pm CNA BBBB confirmed getting R572 on the morning of [DATE], but she denied giving the resident a snack and would not say if another staff person provided the snack to the resident. CNA BBBB did confirm that snacks on [DATE] consisted of peanut butter and jelly sandwiches, and R572 did not normally get a sandwich. The Kardex should be checked to tell everything that is needed for the residents, including what they eat. CNA BBBB denied any education related to following dietary orders after R572 passed. However, CNA BBBB reported that she was only told that the resident passed when she returned to work, but the cause of death was not revealed. During a telephone interview on [DATE] at 12:20 pm CNA CCCC, confirmed getting R572 up on the morning of [DATE]. CNA CCCC reported that R572 was sitting at the table with two other residents, and those residents were given sandwiches, but R572 was only given coffee with cream and sugar. CNA CCCC reported that R572 was talking when she left at 7:15 am but heard later that R572 choked CNA CCCC reported that R572 was on a puree diet, and this could be found through the Kardex. It was reported that R572 was sitting at her normal table on the morning of [DATE] and had a history of getting other residents' food. During a telephone interview on [DATE] at 12:42 pm with LPN XXX she reported that she was not sure if R572 got snacks the morning of [DATE]. It was explained that snacks included pudding, cookies, and sandwiches, but R572 was on a puree diet, so she would not have gotten a snack. LPN XXX reported that R572 was fine during the night shift and slept through the night. LPN XXX acknowledged that R572 was sitting at the table waiting for breakfast but denied that R572 had a history of taking food off others' plates. It was also reported that after R572 passed, a diet list was provided, but prior to this, CNAs would ask, and she would look up the diet to determine what snacks the residents got. LPN XXX further confirmed that there was no education or investigations related to the cause of death of R572. During an interview on [DATE] at 10:18 am with the Administrator he reported that when there is an unexpected death in the facility of a resident, the situation should be triaged, communicated to nursing leadership, and discussed in the morning meeting. The Administrator reported that he had not been fully informed of the situation with R572 at the time that it happened. The Administrator acknowledged that the DON pronounced R572, and he was not aware of a wrapper being in front of the resident at the time. He reported that he thought that LPN EEE educated the CNAs, but that was not enough. The Administrator reported that once the DON was aware of the circumstances of the death of R572, he should have been made aware, and there should have been in-servicing of the staff. It is reported that the Administrator found out about the circumstances of R572's death on Tuesday night ([DATE]). It was reported that the CNAs working with R572 were called at that time, and they said that they didn't give her the sandwich and that she took it from another resident. He reported that education has since started for staff related to following dietary orders and this has never happened before in two years. The facility implemented the following actions to remove the IJ: 1.Resident #572 expired at the facility on [DATE]. 2.On [DATE] the policy on Therapeutic Diet Orders and Provision of Quality Care was reviewed by the Administrator, Medical Director and Nurse Consultant with no revisions made. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	3.On [DATE], the Dietary Manager started to audit all resident's diet orders on PCC and reconciled with software to ensure accuracy of what's ordered by MD and what's on the meal ticket. 11 residents were on large portions, and this is now reflected in PCC. Staff interviews were conducted by the nurse managers to identify any other residents who tend to retrieve food from other areas, and no other resident was identified to have this behavior. 4.On [DATE], the Regional Nurse educated the Nurse Managers and dietary manager regarding the importance of ensuring that residents are served the appropriate diet, as prescribed by MD to prevent any adverse effects. The DON is on vacation and will receive education upon her return on [DATE]. Facility wide education for monitoring any resident for choking was completed by the nurse consultant on [DATE].Staff were educated using the [NAME] if you see something say something. Education included that any resident noted to have any behavior which poses self-risk, such as taking/grabbing/retrieving food or drinks not meant for them should immediately be reported to the nurse/nurse manager/DON. Residents on a mechanically-altered diet who manifest this type of behavior should sit with peers with similar diet to prevent risk of choking. Staff were also educated to provide direct supervision to residents with that known behavior when food is served. Admin 1 out of 1 100 (percent) %, DON 1out of 1, on vacation will return [DATE], Nurse manager 2 out of 2 100%, social worker 2 out of 2 100%, maintenance 2 out of 2 100%, housekeeping/laundry manger 1 out of 1 100%, rehab manager 1 out of 1 100%, activities 1 out of 2 100% (second is on vacation and will not return to work until next week), business development specialist 1 out of 1 100%, Business office/human resources 2 out of 2 100%, dietary 12 out of 14 85%, medical records 5.The remaining nursing staff and dietary staff will be in-serviced on the next scheduled workday prior to beginning their shift by the nurse manager/ food service director 6.On [DATE] the Regional Nurse implemented a monitoring tool called Diet Audit Tool to note consistency of food/snacks served to residents and to determine resident's tolerance to the food/snacks provided. This will be completed [DATE]. 7.The Administrator reviewed the results of the audit on [DATE]. 8.The Quality Assurance Performance Improvement (QAPI) team comprised of the administrator, nurse managers, MDS nurse, Wound care nurse, SW, rehab director, dietary manager, activities director, business office manager, HR, medical records, business development marketer, nurse consultant and regional director of operations. The medical director attended the meeting via the phone. The DON is on vacation and will be apprised of the QAPI minutes upon return to the facility on [DATE]. 9.All. corrective actions will be completed on [DATE]. 10.The immediacy will be removed on [DATE]. The State Survey Agency (SSA) validated the facility's written IJ Removal Plan as follows: 1. Review of progress note in electronic medical record revealed that Resident #572 expired at the facility on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	2. Confirmed via review of policy titled Therapeutic Diet Orders and Provision of Quality Care was reviewed by Administrator, Nurse Consultant and Medical Director on [DATE] as evidence of signatures. 3. Review of documentation of staff that were interviewed. Confirmed review of all resident diet orders. 4. Education provided by the nurse manager/ food service director and confirmed through review of education documents and staff sign in sheets confirming education of Administrator, DON, Nurse Managers, Social Workers, Maintenance Housekeeping/laundry Manger, Rehab Manager, Activities staff, Business Development Specialist, Business office/Human Resources, Dietary, and Medical Records. No new staff hired during this period. Interviews conducted on [DATE] at 6:43 am with Agency Certified Nursing Assistant (CNA) UUU; on [DATE] at 6:48 am with CNA VVV; on [DATE] at 6:53 am with Agency CNA WWW; on [DATE] at 7:21 am with Licensed Practical Nurse (LPN) XXX; on [DATE] at 7:36 am with Agency LPN YYY; on [DATE] at 9:14 am with Agency CNA AA, [DATE] at 9:15 am with CNA BB; on [DATE] at 9:55 am with Housekeeping (HSK) HH, HSK II, HSK JJ, and HSK KK; on [DATE] at 9:59 am with Laundry LL, Laundry MM, and Laundry NN; on [DATE] 024 at 10 am with HSK Supervisor; at [DATE] at 10:05 am with Agency CNA PP , CNA QQ, and Agency CNA RR; on [DATE] at 10:26 am with Agency CNA UU, CNA SS, and CNA TT; on [DATE] at 10:28 am with CNA VV, CNA WW, and CNA XX; on [DATE] at 10:45 am with Agency CNA YY, Agency CNA ZZ, and Agency CNA AAA; on [DATE] at 11:06 am with LPN BBB, LPN [NAME] Wing Unit Manager CCC and LPN EEE; on [DATE] at 11:36 am with LPN Wound Nurse OOO, LPN FFF, LPN East Wing Unit Manager EEE, and LPN HHH; on[DATE] at 12:15 pm Agency LPN III and LPN MDS; on [DATE] at 12:39 pm Business Development KKK, BOM/HR LLL; Director of Rehab/CNA MMM, and Medical Records NNN; on [DATE] at 12:55 pm with Social Worker OOO, Maintenance Director PPP, Social Worker QQQ and Activities Director RRR all acknowledged being educated related to reviewing dietary orders to ensure that residents are receiving the correct diet when being served a meal. All staff were aware to monitor residents for signs of choking when eating, behaviors of taking meals from others, and notification of someone when something is out of the ordinary. 5. Interview on [DATE] at 6:18 am with CNA BBBB who reported that today is her first time working since Monday or Tuesday of last week. She confirmed that she received education during her shift related to dietary orders, monitoring behaviors, and reporting changes. CNA BBBB was noted to have a copy of the education documented summarizing all of the in-services provided. Interview on [DATE] at 6:47 am with CNA EEEE who reported that she had been off and recently returned to work on [DATE]. CNA EEEE confirmed that she had been educated related to dietary orders, monitoring residents' behaviors during meals upon her return on [DATE]. Documentation reviewed confirmed education of CNA upon return to work. 6. Confirmed by review of Diet Audit Tool dated [DATE] and [DATE] which tracked diet consistency served, appropriate food consistency, and food/snacks tolerated by resident. 7. Review of Diet Audit Tool dated [DATE] and [DATE] was signed by the Administrator on [DATE] confirming review of the audit tools. During interview with the Administrator on [DATE] at 2:30 pm he reported that once the audit tools were completed, he reviewed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	8. Review of QAPI minutes and sign-in sheet confirmed attendance by the Administrator, Nurse Managers, MDS Nurse, Wound Nurse, Dietary Manager, SW, Nurse Consultant, Regional Director of Operations, Rehab Director, and Medical Records. Review of QAPI team notes and signature sheet confirmed DON had been educated as evidenced by her signature on the QAPI sign-in sheet. During interviews on [DATE] at 11:06 am with LPN [NAME] Wing Unit Manager CCC; on [DATE] at 11:36 am with LPN Wound Nurse OOO and LPN East Wing Unit Manager EEE: on [DATE] at 12:15 pm LPN MDS; on [DATE] at 12:39 pm Business Development KKK, BOM/HR LLL, Director of Rehab/CNA MMM, and Medical Records NNN; on [DATE] at 12:55 pm with Social Worker OOO, Maintenance Director PPP, Social Worker QQQ and Activities Director RRR all staff interviewed confirmed that they are a part of the QAPI team, attended the QAPI meeting, and had been made aware of all aspects of the IJ.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36377 Based on observations, residents and staff interviews, record review, and review of the facility policies titled Accident and Supervision, Oxygen Safety, and Resident Rights-Smoking, the facility failed to ensure a safe and secure environment free for residents and staff for three of 53 sampled residents (R) (R9, R73, R96). Specifically, failed to ensure failed to ensure one resident (R) (R9) had secured oxygen cylinders,one resident (R73) was provided with safety equipment during transfer, failed to ensure one resident (R96) was assessed for safe smoking. This failure had the potential to create risks for the safety and well-being of the residents, staff, and visitors in the building. The census was 126. 1. The facility policy titled Oxygen Safety undated documented . It is the policy of this facility to provide a safe environment for residents, staff, and the public. This policy addresses the use and storage of oxygen and oxygen equipment. b. Storage shall be planned so that cylinders can be used in the order in which they are received from the supplier. Empty cylinders shall be segregated from full cylinders. Empty cylinders will be marked to avoid confusion. c Cylinders will be properly chained or supported in racks or another fastening (i. e., sturdy portable carts, approved stands) to secure all cylinders from falling, whether connected, unconnected, full, or empty. Record review of Electronic Medical Record (EMR) for R9 revealed the following diagnoses but not limited to impaired vision and chronic obstructive pulmonary disease. A review of the quarterly Minimum Data Set (MDS) dated [DATE] assessed a BIMS score of 15, which indicates cognitive awareness and an assessment for oxygen therapy. A review of the care plan for R9 dated 6/27/2024, including intervention for oxygen use and monitoring. Record review of R9's Physician Order Form (POF) dated December 2024 listed the following orders dated 6/19/2024. Oxygen (02): 2 Liters Per Minute (LPM) via Nasal Cannula (NC) at night (HS) as needed (PRN), monitor O2 SAT (oxygen saturation) as needed (maintain above 90 percent %) every 24 hours as needed for Shortness of Breath (SOB). Observation of room [ROOM NUMBER] on 12/4/2024 at 1:04 pm revealed R9 sitting in the room in her wheelchair. Continued observation revealed two small oxygen cylinder tanks lying on the floor next to an oxygen holder containing six oxygen cylinders. During an interview on 12/2/2024 at 2:10 pm at the time of observation of R9's room with the Administrator, Register Nurse (RN) GGGG, and Certified Nursing Assistant (CNA) PPPP, all staff confirmed the two oxygen cylinders lying on the floor instead of the oxygen holders. RN GGGG confirmed that the risk could result in a hazardous fire. The Administrator acknowledged being unaware that oxygen was stored in the resident's room. He reported that the oxygen tank holders and oxygen cylinder tanks would be relocated to another area. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Record review of the policy titled Resident Rights-Smoking dated 6/3/2024 documented, that it is policy of (Facility Name) to safeguard the resident's right to smoke safely and to provide appropriate supervision. 2. All residents wishing to smoke will be assessed by the care plan team for the residents' ability to smoke safely. The resident 's ability to smoke safely will be determined based on the care plan team's evaluation of several factors including, but not limited to. cognitive function, visual function, communication function, etc. Any resident who able to demonstrate the criteria indicated above will be permitted to smoke with supervision. Document: Initially, all residents that are smoking will sign the Smoking Policy. Nursing will obtain an order from the Medical Team, then the order will be placed in the electronic medical record. Smokng assessment will be done by Nursing and Social worker quarterly. MDS (Minimum Datat Set) will create care plan. Record review of R96's EMR revealed an admitted [DATE] with the following diagnoses but not limited to bipolar type 2, schizoaffective disorder, chronic obstructive pulmonary disease with (acute) exacerbation, pleural effusion, not elsewhere classified, and heart failure. Observation of the Memory Care Unit patio area on 12/1/2024 at 1:45 pm revealed R96 sitting outside on the patio in a chair with a smoking apron, smoking a cigarette under the observation of Licensed Practical Nurse (LPN) JJJ. LPN JJJ acknowledged that the resident was a smoker and smokes at least twice a day or more. Record review of the admission MDS for R96 dated 9/9/2024 assessed a BIMS score of 13, which indicates cognitive awareness. R96's Admission Package completed on 8/26/2024 included the resident facility smoking assessment (Section M: Smoking History) and smoking consent. Section M, Smoking History, assessed R96 as not a smoker. The consent form listed R96's signature and documented that R96 was not a smoker. During an interview with the Administrator, Director of Nursing (DON), and Activity Director (AD) on 12/3/2024 at 2:47 pm, staff confirmed awareness of R96 being permitted to smoke on the Memory Care unit. They confirmed that R96 was not assessed/evaluated for safe smoking. The DON reported that each resident has to be evaluated and approved by the physician for safe smoking and care planned for smoking. The DON further revealed that the AD is responsible for ensuring each resident is assessed prior to smoking. The AD confirmed being responsible only for ensuring resident smoking supplies are kept with staff. She reported that R96's smoking materials were kept at the Memory Care Unit Nursing station. She stated that most residents who smoke have to sign a smoking agreement. The resident smokes as a group in the facility's designated smoking area (located in another unit). 50526 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Review of the policy titled Accidents and Supervision, dated 4/1/2024, section; Policy revealed the resident environment will remain as free of accidents and hazards as it is possible. Each resident will receive adequate supervision and assistive devices to prevent accidents. This includes identifying hazards and risks, evaluating and analyzing hazard and risk, implementing interventions to reduce hazard and risk, and monitoring for effectiveness and modifying interventions. Item one a states all staff are to be involved in identifying potential hazards in the environment, while still taking into consideration the unique characteristics and abilities of each resident. Ite two b stated both the facility-centered and resident- directed approaches include evaluating hazard and accident risk data, which includes prior accidents/incidents, analyzing potential causes for each accident hazard risk, and identifying or developing interventions based on severity and hazards and immediate risk. Record review of the EMR revealed R73 was admitted to the facility on [DATE] and pertinent diagnoses including but were not limited to anemia, hypertension, rhabdomyolysis, and muscle weakness. Record review of the MDS assessment for R73 dated 9/24/2024 revealed a BIMS of 15, which indicates R73 was cognitively intact.Section GG, functional status, revealed R73 required extensive assistance for activities of daily living (ADLs) with two or more-person assistance. Record review of the care plan for R73 dated 9/30/2024 indicated a problem of risk for falls related to impaired mobility. Goals included but not limited to I want you to keep me free from injury. Interventions included but were not limited to instructed to call for assistance as needed, fall risk assessment on me at least quarterly, be sure that my wheelchair is locked before you place me in it, keep my bed in lowered position with brakes locked when you are not assisting me with care and keep my call light within reach. Observation and interview on 12/01/2024 at 1:37 pm with R73 revealed in September 2023, he was elevated with the use of a mechanical lift, and the mechanical lift was malfunctioning. R73 stated he told the CNA that it wasn't moving right, the wheels on front locked up, and it wasn't rolling. R73 further stated the CNA turned the lift and rolled him backward while elevated, and the lift flipped over, resulting in him falling backward. R73 stated he hit the footboard and fell on a walker. R73 further revealed he was seen in the emergency department and admitted for three days. R73 further stated when he returned the mechanical lift was still being used. During an interview on 12/3/2024 at 2:27 pm with Social Services Director (SSD), OOO revealed she did an investigation and should all be together in the grievance book. SSD stated she did not hear of any significant injury occurring but remembered the mechanical lift was faulty. During an interview on 12/9/2024 at 8:27 am with CNA LLLL, she revealed that if she had any kind of accident, she would call for help without leaving the resident. The nurse will come and assess, and they may ask me to write a statement about what happened. CNA LLLL further added for residents who need a mechanical lift staff always have two people and sometimes three people. She confirmed if that equipment is not working right, they take it to the Maintenance Director (MD) for repair, but they do not mark it as do not use. During an interview on 12/9/2024 at 8:45 am with RN GGGG, she confirmed if any equipment is not working as expected, she would contact maintenance and mark it as inoperable. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/11/2024 at 7:37 am with MD PPP revealed he was not here at that time, and there are no records of mechanical lift repairs; he further stated he is unaware of any mechanical lifts not working at this time. Observation on 12/11/2024 at 7:45 am with MD PPP walked hallways to look at the mechanical lifts, finding one on the east hall. MD PPP stated it works properly based on control allowing the lift mechanism to move up and down. Observed in the [NAME] Hall to check two mechanical lifts, one mechanical lift of which had no controller at all, and the second checked in the same manner as the first. During an interview on 12/12/2024 at 1:33 pm with Administrator revealed the mechanical lift was not in proper working order. He stated the Regional Maintenance person came and said that this did not happen in a day it had to have been out of proper working order for some time and should have been reported. The Administrator stated there was a bend in the bar; photos were provided of the mechanical lift. The Administrator further revealed that the check of seeing if the controller moves to lift in an up and down motion is substandard for a safety check.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36377 Based on observations, staff interviews, record reviews, and the facility policy titled Catheter Care, the facility failed to ensure that one of four residents' (R) (R36) catheter tubing was not coiled and correctly positioned to prevent obstruction of urinary flow. In addition, the facility failed to ensure R36's drainage bag was covered and secure (not dragging the floor) underneath the resident's wheelchair. This deficient practice had the potential to put residents at risk for complications related to urinary health and with the possibility of urinary tract infections. Findings include: A record review of facility policy titled Catheter Care dated February 2023 documented. It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. 2. Privacy gags will be available and catheter drainage bags will be covered at all times while in use. A record review of R36's medical record revealed the following diagnoses but not limited to dementia and obstructive and reflux uropathy. Record review of the Physician Order Form (POF) and Medication Administration Record (MAR) (dated December 2024) listed an order dated 11/5/2024 for a urinary catheter. Record review of a five-day Minimum Data Set (MDS) dated [DATE] documented a Brief Interview Mental Status Score (BIMS) of 11, which indicates little to no cognitive impairment, assessment for an indwelling catheter. A record review of R36 's care plan dated 8/27/2024 documented an intervention to position the catheter bag and tubing below the level of the bladder and provide a dignity bag. Observation on 12/1/2024 from 2:30 pm until 4:00 pm revealed R36 sitting in a room (door open) in a wheelchair with an attached catheter drainage bag. A continued review revealed that the catheter drainage bag was uncovered, the catheter tubing/catheter drainage bag was touching the floor, and the tubing was in a loop position around the resident's foot. Continued review revealed both devices dragging on the floor as the resident propelled himself in the wheelchair in the room. During an interview at the time of observation on 12/1/2024 at 3:30 of R36's catheter, Licensed Practical Nurse (LPN), LPN JJJJ confirmed that the catheter drainage bag was not covered with a dignity bag, tube and catheter drainage bag was touching the floor underneath the wheelchair. She acknowledged that the tubing was coiled around the resident foot and obstructed the urine flow. She confirmed that the tubing was coiled and that the tubing and drainage bag touching the floor were infection control issues. She further reported that this could place the resident at risk of infection. She instructed a certified nursing assistant (CNA) MMMM to help her reposition the resident to prevent the catheter drainage bag and tubing from touching the floor. LPN JJJJ provided a dignity bag for the catheter (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/1/2024 at 4:00 pm with CNA NNNN and CNA MMMM both confirmed receiving training and in-services on ensuring residents had a dignity bag for catheter drainage bag and repositioning the urinary catheter tubing when the resident is in the bed or up to prevent the tubing from touching the floor. During an interview on 12/4/2024, the Director of Nursing (DON) reported that her expectations are that the staff ensure catheter tubing is positioned below the bladder and tubing is not touching the floor. The DON further stated that staff were in serviced about dignity bags and catheters.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
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. 50171 Based on observation, record review, staff interviews, and review of the facility policy titled Oxygen Concentrator, the facility failed to follow physician orders related to oxygen administration for one of one resident (R) (R42) reviewed for receiving oxygen. Findings include: A review of the policy not dated and titled Oxygen Concentrator revealed that oxygen is administered under orders of the attending physician, except in the case of an emergency. Record review of the Electronic Medical Record (EMR) revealed R42's diagnoses, including but not limited to malignant neoplasm of unspecified part of unspecified bronchus or lung, anemia in other chronic diseases, encounter for palliative care, A record review of the most recent Minimum Data Set (MDS) for R42, dated 8/28/2024, revealed section O, the resident requires oxygen therapy. A review of the physician orders revealed an order for oxygen at 4 liters per minute (LPM) per nasal cannula every day and night for shortness of breath with a start date of 11/5/2024. Observation on 12/1/2024 at 2:24 pm revealed R42 lying in bed watching television while receiving oxygen therapy via nasal cannula set at 2.5/LPM. Observation on 12/3/2024 at 10:57 am revealed R42 lying in bed receiving oxygen therapy via nasal cannula set at 3.5/LPM. Observation on 12/4/2024 at 10:45 am and 10:57 am revealed R42 lying in bed receiving oxygen therapy via nasal cannula set at 3.5/LPM. During an interview on 12/3/2024 at 10:53 am with Registered Nurse (RN) GGGG revealed that R42's oxygen should be set on 4 LPM, it was also revealed that the tubbing for the oxygen is changed every Sunday, or if there are issues with the tubbing it is changed more. It was observed that the tubbing on R42's oxygen was changed on 12/2/2024. Interview and rounding on 12/4/2024 at 9:55 am with Unit Manager (UM) revealed R42 oxygen was set on 3. 5 LPM, when asked if Unit Manager could check to see what it should be set at. The Unit Manager confirmed that it should be set on 4 LPM. The UM revealed that she expects the resident's oxygen to be set according to the orders. The UM stated that she would ensure that the nurse checks that all oxygen is set on the correct LPM.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that the resident and his/her doctor meet face-to-face at all required visits. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36377 Based on record review and staff interviews, the facility failed to ensure residents were seen by a physician in the facility at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter, that one of 52 residents (R) (R69) was seen in a timely manner by their primary physician. A record review of the medical record for R69 revealed an admitted [DATE] with a diagnosis that included but was not limited to dementia, chronic pulmonary embolism, hypertension, dysphagia, hyperlipidemia, schizoaffective disorder, and bipolar type. A record review of the quarterly Minimum Data Set (MDS) for R69 dated 9/26/2024 assessed a Brief Interview Mental Status Score (BIMS) of 2, which indicates cognitive impairments with little to no cognitions dependent for Activities of Daily Living Skills (ADL) including incontinent care. Record review of physician progress notes revealed that R69 was seen only by the Nurse Practitioner (NP) directly following R69's admission on 4/26/2023 and a later follow up visit on 5/25/202 by the NP. A continued record review revealed that the resident's primary physician was the facility's Medical Director (MD). A record review of a physician progress note dated 6/26/2023 revealed that the R69 was assessed and seen by the MD. During an interview on 12/10/2024 at 12:27 pm with MD, he reported that he was unaware of the time frame for visiting the residents. During an interview with the Director of Nursing (DON) on 12/11/2024 at 10:13 am, the DON reported that she would try to locate medical records from the physician visits. During an interview on 12/12/2024 at 2:01 pm, the DON reported providing documents of all the physician visits that her staff could find for the requested records except R69. She confirmed that residents should be seen by their primary physician within the first 30 days. She stated that her expectation is for staff to ensure that all newly admitted residents are seen by their physicians.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50526 Based on observations, staff interviews, and a review of the facility's policy titled Medication Storage, the facility failed to secure medications, maintain a lock on medication and treatment carts, ensure refrigerated medications were stored in the refrigerator with appropriate humidity level, and dispose of expired medication for three of five medication carts, one of two treatment carts, and one of two medication rooms. This deficient practice had the potential for staff to administer unsafe medications and biologicals and to use expired items for care. The facility census was 126 residents. Findings include: A review of the facility's policy titled Medication Storage, undated revealed under policy section that this facility policy is to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendation and sufficient to ensure proper sanitation, temperature light, ventilation, moisture control, segregation and security. Policy explanation further describes general guidelines as all drugs and biologicals will be stored in locked compartments (medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls. Further stated item one c is during a medication pass medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart. Item 6 described refrigerated products to have temperatures maintained and charts kept, in the event of refrigerator malfunction the person discovering must promptly report to the maintenance department for emergency repair. Observations on [DATE] at 12:43 pm revealed that the treatment cart was unlocked in the East Hall. Observations on [DATE] at 3:06 pm revealed that the treatment cart was unlocked in the East Hall. Observations on [DATE] at 12:51 pm revealed that the treatment cart was unlocked in the East Hall. Observations on [DATE] at 2:30 pm revealed that the treatment cart was unlocked in the East Hall. Observations on [DATE] at 9:42 am of medication storage room review on [NAME] Hall, escorted by Licensed Practical Nurse (LPN) CCC, revealed hydrocortisone with an expiration date of ,d+[DATE], a box of tuberculin syringes approximately half used that had expired [DATE], and injection needles in the drawer expiration date of 2021. Observation on [DATE] at 12:49 pm revealed that the treatment cart was unlocked in the east hall. Observation on [DATE] at 5:41 pm revealed that the medication cart in the [NAME] Hall was unlocked. During an interview on [DATE] at 9:55 am with LPN CCC confirmed expired items and box being saturated with water and unsure how this happened. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on [DATE] at 2:32 pm with LPN, DDD confirmed that the East Hall treatment cart is unlocked but is supposed to be always locked; verified the contents to be various items for treating wounds, including hydrogen peroxide, wound cleanser, and other medicated items. The treatment nurse locked the treatment cart. During an interview on [DATE] at 11:00 am with Unit Manager (UM) CCC, [NAME] Hall confirmed that all medication should be locked in the cart when they walk away from the medication cart. The UM CCC further revealed once she was aware of issues with the medication cart she re-educates staff on policy. During an interview on [DATE] at 9:15 am with Director of Nursing (DON) confirmed she and the unit managers check the medication storage rooms periodically for expired items as well as any other issues. The DON further confirmed they check temperatures and all medications. During an interview on [DATE] at 5:41 pm with LPN CCC confirmed another staff member left the cart unlocked, and she locked it. In an Interview on [DATE] at 11:00 am with the unit Manager CCC west unit confirmed that all medication should be locked in the cart when they walk away from the medication cart. When this happens and been made aware of issues with the medication cart she re-educates staff on policy. Nurse staff should always be aware that medications should always be behind a locked door when not administering them.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
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. 50171 Based on observations, record review, staff interviews, and review of the facility's policy titled Food Safety, the facility failed to record food temperatures that could potentially affect all residents receiving an oral diet. The facility census was 126. Findings include: A review of the policy dated April 2024 and titled Food Safety revealed the following hot food items and beverage will be served at temperatures that are palatable and safe, as well as handled in a manner that helps prevents burns. Nutrition staff is to monitor hot beverages and the food temperatures at time of service. These temperatures should be recorded on the Food Temperature Log at every meal. A review of the food temperature logbook revealed that temperatures were not logged for the following days during December 2024: Breakfast: 12/5/2024, 12/6/2024, 12/7/2024, 12/8/2024, 12/10/2024, 12/11/2024, 12/13/2024, Lunch: 12/5/2024, 12/6/2024, 12/7/2024, 12/8/2024, 12/10/2024, 12/11/2024, 12/13/2024, Dinner: 12/3/2024, 12/4/2024, 12/5/2024, 12/6/2024, 12/7/2024, 12/8/2024, 12/9/2024, 12/10/2024, 12/11/2024, 12/13/2024, During an interview on 12/11/2024 at 3:45 pm with the Dietary Manager (DM) revealed that the temperatures should be logged at all meals; it was revealed that if the temperatures are not logged, then the residents might get food that is either too cold or too hot. The DM further revealed that if the food is not at the correct temperatures, it could possibly make some of the residents sick.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36200 Based on observations, interviews, record review, and review of Job descriptions for the Administrator and Director of Nursing (DON), the facility administration failed to ensure dietary orders were followed after R572 choked on a sandwich on [DATE] which resulted in her death. The facility also failed to follow up with the investigation of circumstances leading to R572's choking death. It was determined that the provider's non-compliance with one of more requirements of participation had caused, or was likely to cause serious injury, harm, or death to residents. The Immediate Jeopardy (IJ) was related to State Operations Manual, Appendix PP, 483.12 Administration, F835, at a scope and severity of J. The IJ began on [DATE], R572 choked after receiving and eating a sandwich. Evidence of the eaten sandwich included the paper that the sandwich was wrapped in and a small portion of the bread remaining in front of the resident. The Heimlich maneuver was attempted but was unsuccessful resulting in cardiac arrest and death in the facility. On [DATE] at 5:26 pm, the Administrator, Regional Consultant Interim Director of Nursing (DON) and Director of Nursing (DON) in training were informed of the IJ situation and provided a completed IJ template. A removal plan was requested. The removal plan was accepted by the state survey agency (SSA) on [DATE]. The IJ was removed on [DATE]. Findings include: Job Descriptions for Administrator and Director of Nursing (DON) reviewed. Administrator requirements: valid unrestricted Nursing Home Administrator's license in the state. Position Purpose: Leads, guides and directs the operations of the healthcare facility in accordance with local, state and federal regulations, standards and established facility policies and procedures to provide appropriate care and services to residents. Additional tasks include: Follows appropriate safety and hygiene measures at all times to protect residents and themselves. Job Description for Director of Nursing (DON) Purpose: The primary purpose is to plan, organize, develop and direct the overall operation of the Nursing Services Department in accordance with the current Federal, State, and local standards, guidelines, and regulations that govern our facility, ans as may be directed by the Administrator and the Medical Director, to ensure that the highest degree of quality care is maintained at all times. Develop, implement, and maintain an ongoing quality assurance program for the nursing service department. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	1. Review of the Electronic Medical Record (EMR) for R572 revealed an initial admitted [DATE] with diagnosis that included CVA, dysphagia, oropharyngeal phase, cognitive communication deficit, and unspecified dementia. The diet order revealed a regular diet, pureed texture, with thin consistency starting [DATE]. Review of progress notes dated [DATE] at 7:50 am revealed that R572 was sitting at the dining table, Certified Nursing Assistant (CNA) sat at the table with resident stated, she's not acting like herself, writer walked around the table to assess resident, noted a deli sandwich wrap and a cup of coffee sitting in front of her upon closer observation noted that she was cyanotic around her mouth, lips, tongue and oral membranes knowing that resident is on a puree diet ,CNA performed mouth sweep times 2 unsuccessfully, writer performed abdominal thrusts several times unsuccessfully, summoned for help, they arrived with crash cart,911 called, resident expired, DON notified and later pronounce death. During an interview on [DATE] at 1:40 pm with DON regarding the death of R572. DON reported that she was aware of the R572's death but she has not followed up or spoken with the night CNAs that were potentially involved. DON reported that she has left them messages but neither have called her back because they are as needed (PRN) employees. DON reported that since the incident a document is posted to indicate residents' diet preferences on the Memory Care Unit. She reported that all staff on the Memory Care Unit have been educated but she also reported that she does not have any documentation to verify that education was provided as the nurse on the unit would have provided the education. DON acknowledged that she did not have any investigative information related to the death of R572. DON reported that no other resident had choked before. During an interview on [DATE] at 11:03 am with Licensed Practical Nurse (LPN) EEE related to the events that led to the death of R572. LPN EEE reported that while she spoke with staff on the Memory Care Unit after the incident with R572 she did not do a sign off inservice nor did she get statements about what happened, and she was not aware of any other education being provided. It was further reported that the DON was supposed to meet with the night staff CNAs, but she is unsure of what was said. DON was called and informed of the incident resulting in the choking death R572 on [DATE] and she later arrived at the facility and pronounced R572's death. Interview on [DATE] at 9:51 am with LPN Unit Manager (UM) East who reported that typically the DON would look into the circumstances of an unexpected death in the facility. LPN UM East further reported that documentation would be reviewed to see what occurred, how the person was found, and what was going on during the shift leading up to the death. She reported that she heard that R572 choked on a sandwich, but she is not aware of how R572 got the sandwich since she was not on a regular diet. LPN UM East reported that the DON and Assistant Director of Nursing (ADON) would have been responsible for conducting an investigation into R572's death and for any in-services to staff afterwards. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on [DATE] at 10:18 am with the Administrator he reported that when there is an unexpected death in the facility of a resident the situation should be triaged, communicated to nursing leadership, and discussed in the morning meeting. The Administrator reported that he had not been fully informed of the situation with R572 at the time that it happened. The Administrator acknowledged that the DON pronounced R572 and he was not aware of a wrapper being in front of the resident at the time. He reported that he thought that LPN EEE educated the CNAs but that was not enough. The Administrator reported that once the DON was aware of the circumstances of the death of R572 he should have been made aware and there should have been in-servicing of the staff. It is reported that the Administrator found out about the circumstances of R572's death on Tuesday night ([DATE]). It was reported that the CNAs working with R572 on were called at that time and they said that they didn't give her the sandwich and she took it from another resident. He reported that education has since started for staff related to following dietary orders and this has never happened before in two years. The Administrator reported that he would provide documentation of education that is now being provided to staff. Review of calendar for [DATE] and [DATE] revealed the following: CNA CCCC worked 11 pm -7 am shift on the Memory Care Unit on [DATE], 16, 17, 20, 21, 22, 25, 26, 29, and 30. She worked the memory care unit on [DATE], 5, and 6. CNA BBBB worked 11 pm -7 am shift on the Memory Care Unit on [DATE], 19, 20, 21, 25, 26, and 29. She worked ,d+[DATE] on the Memory Care Unit on [DATE] and 5. Review of the documents received from Administrator regarding the choking incident of R572 revealed that education and witness statements were received on[DATE]. The facility implemented the following actions to remove the IJ: 1. The Administration failed to effectively and efficiently oversee the wound care program. The Administration also failed to provide oversight to ensure dietary orders were being followed. 2. The Administrator was re-educated on [DATE] and the DON will be re-educated on [DATE] upon her return by the Regional Nurse on Wound Treatment Management Policy, Skin Assessment Policy, Pressure Injury Prevention Policy, Notification of Change of Condition Policy, and Comprehensive Care Plan Policy. They were also educated on the Therapeutic Diet Orders Policy. 3. On [DATE] the Administrator was re-educated on his job description by the Regional Director of operations and the DON will be re-educated on her job (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	description by the Regional Nurse Consultant upon her return from vacation on [DATE]. 4. Beginning [DATE]-[DATE] the administrator and DON will report with each other to get updates regarding the process of the plan, identified concerns and non-compliance regarding choking incidents, and initiate the process to begin further investigation of the event. No such event has been noted at this time. 5. [NAME] nurse implemented immediate notification form regarding sentinel events which has been placed on green paper and posted at each nurse's station, the time clock and given to each department and completed on [DATE]. 6. The Regional Nurse Consultant and/or Regional Director of Operations will visit the assessment daily beginning [DATE] through [DATE] to ensure compliance and identify any areas of concern with not accurately performing and documenting skin assessment, not providing care to prevent pressure ulcer, not following the care plan related to completing skin assessment and providing treatment, as ordered, and not ensuring the diet [NAME] order for a resident on pureed diet. No concerns noted at this time. 7. The DON will receive a 1:1 counseling from the [NAME] Nurse upon her return to the facility on [DATE] regarding communicating with the administrator unexpected deaths, to notify the administrant or immediately so an investigation can be initiated. All. corrective actions will be completed on [DATE]. The immediacy will be removed on [DATE]. The State Survey Agency (SSA) validated the facility's written IJ Removal Plan as follows: 1. The Administration failed to effectively and efficiently oversee the wound care (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	program. The Administration also failed to provide oversight to ensure dietary orders were being followed. 2. Reviewed in service sign-in sheet dated [DATE]. Topic: Re-education on policies. Two signatures on sign- in sheet: Administrator and DON. 3. Reviewed a copy of Administrator job description, signed and dated by Administrator on [DATE]. Reviewed a copy of DON Job Description, signed and dated by DON on [DATE]. 4. Reviewed that statement that the Regional Nurse reviewed with the DON the Immediate Notification Policy. Signed and dated by DON on [DATE]. 5. Confirmed that green immediate notification forms were printed and posted at each nurse's station, the time clock and give to each department. 6. Reviewed Skin Monitoring sheets with dates [DATE] and [DATE]. New skin areas were identified for 15 residents. Regional Nurse Consultant documented that all 15 care plans were updated. Reviewed and verified printed pages for 15 updated care plans related to skin issues. 7. Reviewed the statement that DON was counselled by the Regional Nurse, signed and dated by DON on [DATE].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50526 Based on observations, staff interviews, record review, and review of the facility's policies titled Infection Prevention and Control,, Hand Hygiene, and Wound Treatment Management, the facility failed to ensure an effective Infection Control Program to prevent the spread of infections by not ensuring staff practiced infection control standards for four residents (R) (R16, R69, R35, and R60), related to medication administration (R16), wound care (R69), respiratory equipment storage (R35 and R60), clean and dirty carts (East and [NAME] wing), and the Water management program. This deficient practice had the potential to cause the spread of infection throughout the facility. The census was 126. Findings include: Review of the policy titled Infection Prevention and Control Policy dated 4/1/2024 revealed in section; Policy statement the facility has established and maintains an infection prevention program designed to provide a safe, sanitary and comfortable environment and to help prevent the further development and transmission of communicable diseases and infections as per accepted national standards and guidelines. Review of sections; 2. All staff will follow policies and procedures related to this program. 4. Standard precautions: a. All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services. b. Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures. c. All staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE. e. Environmental cleaning and disinfection shall be performed according to facility policy. 12. a. Laundry and direct care staff shall handle, store, process, and transport linens to prevent spread of infection. e. Soiled linen shall be collected at the bedside and placed in a linen bag. When the task is complete, the bag shall be closed securely and placed in the soiled utility room. 17. Water management: a. A water management program has been established as part of the overall infection prevention and control program. b. Control measures and testing protocols are in place to address potential hazards associated with the facility's water systems. c. The Maintenance Director serves as the leader of the water management program. Review of the policy titled Hand Hygiene undated, further review of sections; Policy stated all staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel resident, and visitors. This applies to all staff working in all locations within the facility. The policy explanation item one states staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. Item six states the use of gloves does not replace hand hygiene. If the task requires gloves, perform hand hygiene prior to donning gloves and immediately after removing them. Page two includes a hand hygiene table including but not limited to direct hand hygiene to be performed between resident contacts before and after use of personal protective equipment (PPE), before preparing or handling medications, after handling contaminated items and when during resident care moving from a contaminated area to a clean area. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the policy titled Wound Treatment Management, not dated, further review of sections; Policy revealed to promote healing of various types of wounds, it is the policy of this facility to provide evidenced-based treatments in accordance with current standards of practice and physician's orders. Policy explanation further included the cleansing method, type of dressing and frequency of dressing change. 1.Observation of medication administration on 12/3/2024 at 9:40 am on [NAME] Hall of R16 revealed that the Licensed Practical Nurse (LPN) CCC touched the resident medication with their hand to remove it from the packaging. During an interview on 12/3/2024 at 9:45 am with LPN CCC confirmed she did touch the tablet and next time will use a different technique if the tablet is difficult to remove from the delivery device. 2. During an observation for wound care on 12/5/2024 at 12:27 pm observed LPN DDD providing wound care to R69 with a pressure ulcer left heel. LPN DDD gathered supplies, which included Sani-wipes, gloves, a trash bag, abdominal pads, kerlix dressing, alginate, and a caddy that contained wound cleanser, scissors, hand sanitizer, and other assorted items. LPN DDD covered the overbed table with a trash bag and placed supplies and a caddy on the table. LPN DDD performed hand hygiene (HH) and put on exam gloves. She cleaned scissors from the caddy with Sani-wipe, removed kerlix dressing and alginate from the packaging, and placed them on the work area on the table. LPN DDD removed the dressing from the resident's heel using wound cleanser to loosen the dressing, then used clean gauze to cleanse further. LPN DDD washed their hands and put on exam gloves. She applied an alginate pad, wrapped kerlix, and removed gloves. LPN HH went out of the room for tape and used tape close to the resident to tear and secure the dressing, then placed the tape back on the overbed table work area. LPN DDD cleansed the scissors again and the wound cleanser bottle and placed them back in the caddy. LPN DDD trash was sealed in a trash bag and disposed of and carried supplies back to the treatment cart. LPN was observed not wearing a gown during wound care for Enhanced Barrier Precautions (EBP). During an interview on 12/5/2024 at 12:56 pm with LPN DDD she revealed while looking at the tape on top of the treatment cart that she meant to leave it in the room and not bring it back out since she used it on the resident. LPN DDD confirmed that R69 was not on EBP, so she had not put on a gown. She also revealed she knows the current Director of Nursing (DON) is filling the role of infection control; however, they have not discussed EBP requirements. During an interview on 12/5/2024 at 9:20 with the DON who confirmed she is filling in as the Infection Control Preventionist (ICP) and others are in training. The DON stated any resident with a urinary catheter, urinary tract infection, or wound should be on EBP. The DON further revealed that items should not be taken into any treatment areas, unclean items or surfaces may contaminate them, and she has not seen the caddy used by LPN DDD. She stated that expectations for any type of isolation are for it to be followed. 3. Record review of the Electronic Medical Record (EMR) revealed R35 was admitted to the facility on [DATE] with pertinent diagnoses including but not limited to paroxysmal atrial fibrillation, hypertension, and chronic obstructive pulmonary disease (COPD). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of the annual Minimum Data Set (MDS) assessment for R35 dated 9/6/2024 revealed a Brief Interview for Mental Status (BIMS) of 15, which indicates R35 was cognitively intact. A review of the care plan for R35 dated 9/13/2024 indicated a problem of potential at risk for altered respiratory status. COPD. Goals included but were not limited to having no complications related to Shortness of Breath (SOB) through the review date, intervention nebulizer treatments, and oxygen therapy as ordered. A review of the physician's orders for R35 dated 9/8/2024 revealed Advair diskus Inhalation Aerosol Powder Breath Activated 250-50 micrograms (mcg), 10/4/2024 ipratropium-albuterol inhalation solution one half - two- and one-half milligrams (mg) per milliliter (ml) one vial inhale orally every six hours as needed for COPD, oxygen (02) via nasal cannula (NC) at two Liters Per Minute (LPM) every shift as needed (PRN) for shortness of breath. Observation on 12/1/2024 at 2:12 pm revealed R35 sitting up on the side of the bed. Observed lying near the head of the bed on the floor was an oxygen nasal cannula tubing, nebulizer tubing with a chamber, and a face mask uncovered, not in a plastic bag. Observation on 12/4/2024 at 8:50 am revealed R35 to be resting in bed, eyes closed. The nasal cannula and nebulizer tubing with chamber remain uncovered on the floor. During an interview on 12/04/2024 at 10:59 am with LPN HHH revealed R35 is no longer on breathing treatments but is on oxygen. LPN HHH confirmed the respiratory treatment equipment should have been removed and the nursing assistant who checks residents in the morning should ensure all oxygen tubing is in a plastic bag to keep it clean. A record review revealed the respiratory treatments had not been discontinued at the time of the survey. 4. Record review of the EMR revealed R60 was admitted to the facility on [DATE] with a pertinent diagnosis including but not limited to hypotension, metabolic encephalopathy, and multiple sclerosis. A review of the quarterly/annual/significant change MDS assessment for R60 dated 9/25/2024 revealed a BIMS of 12, which indicates moderate cognitive impairment. A review of the care plan for R60 dated 10/8/2024 indicated a problem has the potential for altered respiratory status/difficulty breathing related to the thoracic aneurysm; goals included but not limited to resident will have no complications related to shortness of breath though the review date. Interventions included but were not limited to administering medication/puffers as ordered. Monitor for effectiveness and side effects. Monitor /document changes in orientation, increased restlessness, anxiety, and air hunger. A review of the physician's orders for R60 dated 12/2/2024 revealed oxygen at two LPM via NC PRN for shortness of breath (SOB) or oxygen saturation below 90 percent %. Observation on 12/1/2024 at 2:43 pm revealed R60 awake alert, lying in bed; R60 was wearing a NC with O2 at two LPM, tubing not dated. Observation on 12/3/2024 at 10:15 am revealed that the O2 tubing wrapped on the concentrator was not covered. The O2 was not turned on. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115624	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunderbolt Care Center LLC	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation on 12/4/2024 at 9:08 am revealed that the O2 tubing wrapped on the concentrator was not covered. The O2 was not turned on. During an interview on 12/4/2024 at 11:40 am with Unit Manager (UM) East Hall GGG in the absence of the DON, she confirmed the nurses should manage nebulizer equipment and oxygen tubing, and bags should be in rooms. The UM GGG stated that tubing is changed and dated on Sundays, and nurses are responsible. 36377 5. Observation of East Wing Hall on 12/01/2024 at 1:30 pm revealed the dirty and clean linen cart (between room [ROOM NUMBER] and room [ROOM NUMBER]) was positioned side by side. During the observation, a Certified Nursing Assistant (CNA) WWW was observed removing clean linen from the cart and walking away. Later observation at 1:31 pm revealed the DON entering the hall and directing staff to separate the carts. Observation of East Wing Hall on 12/01/2024 at 1:35 pm revealed the dirty linen cart and the clean linen cart (between room [ROOM NUMBER] and room [ROOM NUMBER]) positioned side by side. CNA RR confirmed that the dirty and clean linen carts should have been separated based on infection control procedures. CNA RR separated the carts. During an interview on 12/4/2024 at 4:01 pm, with the DON reported that her expectations are the clean and soiled linen cart should not be side by side. This is an infection control policy, and her staff was in-serviced. Observation on 12/5/2024 at 3:45 pm on the East Wing revealed that a drink cup with a straw and a paper bag from a restaurant was inside a clean linen cart. The staff's personal bag was on the top of this clean linen cart. (see photos) LPN HHH on the East wing confirmed that personal food and drink should not be stored inside a clean linen cart. Observation on 12/6/2024 at 10:00 am revealed that staff personal items (fleece jacket, small pocketbook, and black uniform jacket) were inside a clean linen cart on the [NAME] wing, in the corridor with rooms 219-224. (see photos) LPN RRRR confirmed that personal items should not be inside a clean linen cart; she stated this is an infection control issue. When asked about this cart, LPN RRRR stated that the whole cart needed to be redone because of contamination. During an interview on 12/4/2024 at 4:01 pm, with the DON reported that her expectations are the clean and soiled linen cart should not be side by side. This is an infection control policy, and her staff was in-serviced. 47947 6. During an interview on 12/12/2024 at 10:20 am with the Maintenance Director (MD), he revealed that he is unaware of the facility's water management plan. The MD further revealed that he checks water temperatures weekly and records all readings in the maintenance book. During an interview on 12/12/2024 at 1:10 pm with the Administrator, he confirmed that the facility has a water management policy, but a water management plan was not established.