

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115625	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Wynfield Park Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 223 W.Third Avenue Albany, GA 31701	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>21213</p> <p>Based on interview, record review, and review of the facility's policy titled, Laboratory, Radiological, and other Diagnostic Services, the facility failed to ensure that laboratory tests were obtained as ordered by the physician, for one of 13 sampled residents (R) (R1).</p> <p>Findings included:</p> <p>Review of the facility's policy Laboratory, Radiological and other Diagnostic Services, with review date 12/29/2023, under Procedure documented, Orders for laboratory, radiological and other diagnostic services should be provided as instructed by the physician's order.</p> <p>Review of the medical record revealed R1 resided at the facility from 7/30/2024 through 8/17/2024. R1 admitted with diagnoses of but not limited to, CKD (chronic kidney disease) stage 3-4, hypertension, atrial fibrillation, chronic right hip pain, gout, and OA (Osteoarthritis) right knee.</p> <p>Review of physician's orders dated 7/30/2024 included laboratory tests for, Vitamin D Panel every six months for a diagnosis of pain in the right hip; Complete Blood Count (CBC) and Comprehensive Metabolic Panel (CMP) every six months for a diagnosis of hypertension; Uric Acid level every six months for a diagnosis of gout. Further review of the physician orders revealed a start date of 7/31/2024 for the laboratory tests.</p> <p>Review of the Nurse Practitioner note dated 7/31/2024, revealed that the admission laboratory tests were pending. However, there was no evidence in the clinical record that blood samples for the laboratory tests were obtained from R1 as ordered.</p> <p>Interview on 11/4/2024 at 12:40 pm, the Administrator confirmed that the laboratory tests were not obtained. She revealed that the laboratory service did not draw the samples, and the facility did not follow-up to ensure the laboratory tests were completed.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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