

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2025
NAME OF PROVIDER OR SUPPLIER  Folkston Park Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  36261 North Okefenokee Drive Folkston, GA 31537	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39786</b></p> <p>Based on resident and staff interviews and record review, the facility failed to protect and maintain the rights and dignity of three of 34 sampled residents (R) (RA, RB, and RC). Specifically, the facility failed to ensure that facility staff nurse, Licensed Practical Nurse (LPN) (LPN CC) treated RA, RB, and RC with dignity and respect in a manner and environment that promoted, maintained, or enhanced their quality of life. The deficient practice had the potential for negative psychosocial outcomes related to fear of retaliation if staff found out that residents reported the nurse.</p> <p>Findings included:</p> <p>Review of the LTCO (Long Term Care Ombudsman) report dated 4/17/2025 reported findings:</p> <p>Staff interaction with residents: Some staff work hard and are good with the residents, but the feedback I get more often is that they are sorely understaffed, and that residents' needs are not being met. On weekends and nights, there have been reports both inside and outside of the facility that staff are either nonexistent, not attentive, or disrespectful to residents. Residents at this facility, for years, have been very apprehensive about filing complaints and grievances as many times I have heard and believe that there is a real fear of retaliation. Other: Lots of management staff turnover, Staff in key roles are not adept and uncooperative.</p> <p>Continued review of the LTCO report revealed: Significant changes in this facility during the past year:</p> <ol style="list-style-type: none"> <li>1. Resident Care: Many residents often do not appear well groomed: i.e., oily hair, need haircuts, long beards, and clean clothes, but do not report for fear of retaliation.</li> <li>2. Residents are afraid of retaliation.</li> <li>3. In a place that is relatively isolated, many residents have no family.</li> <li>4. New DON (Director of Nursing).</li> <li>5. It is difficult to reach the facility on the phone and get return calls from administrative staff.</li> </ol> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6. Number of complaints received in past year: 28.</p> <p>Number of times each complaint code has been used over the past year:</p> <p>Abuse: Psychological-1</p> <p>Rights: Dignity and respect-3</p> <p>Response to complaints-1</p> <p>Other rights and preferences-1</p> <p>Care: Response to requests for assistance-1</p> <p>Policies, Procedures, Practices: Administrative oversight-1</p> <p>Staffing-1</p> <p>1. Review of the electronic medical record (EMR) revealed RA had diagnoses of but not limited to Type 2 diabetes mellitus, hemiplegia and hemiparesis following cerebrovascular disease, acquired absence of left and right leg below knee, depression, anxiety disorder, adult failure to thrive, phantom limbs syndrome with pain, and need for assistance for personal care.</p> <p>Review of the Quarterly MDS (Minimum Data Set) assessment dated [DATE] revealed a BIMS (Brief Interview for Mental Status) score of 15, indicating little to no cognitive impairment. Section GG-Lower extremity impairment, required partial/moderate to set-up assistance (assist) for care. Section N-received antianxiety, antidepressant, anticoagulant, opioid, and antiplatelet medications. Did not receive antipsychotic medications in the look-back period.</p> <p>Review of the care plan dated included but not limited to, has an amputation, bilateral bka (below knee amputation), requires assistance with ADL's (Activities of Daily Living) related to (r/t) bka, failure to thrive, no plans to discharge, is a smoker, requests to smoke, has little activity involvement due to preferring to spend most time in room or bed, risk for falls r/t bilateral bka, has phantom pain, on pain medication r/t chronic pain, is at risk for insomnia r/t taking sedative/hypnotic therapy medication, uses anti-anxiety medications r/t anxiety disorder, uses antidepressant medication r/t insomnia.</p> <p>Review of RA's MAR (Medication Administration Record) revealed night time medications (meds) and orders included but not limited to atorvastatin for cholesterol, eszopiclone for insomnia, melatonin for insomnia, trazodone for insomnia, carvedilol for hypertension, Eliquis for embolism and thrombosis, protein liquid for supplement, artificial tears for dry eyes, dicyclomine for irritable bowel syndrome, Zanaflex for muscle spasms, insulin for diabetes, Tramadol for pain prn (as needed), Norco for pain-(scheduled), pain assessment, monitoring for med side effects r/t antianxiety, anticoagulant, antidepressant, and sedative/hypnotic meds, behavior monitoring for insomnia and changes in sleep, monitor BM (bowel movement), fsbs (finger stick blood sugar) with insulin per sliding scale coverage.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview on 5/4/2025 at 12:56 pm during screening of residents, RA revealed that a facility nurse, LPN CC had a bad attitude toward RA, did not converse when providing care, did not ask if RA was alright, or needed anything, or had a bowel movement in five days, she says nothing. RA reported LPN CC withheld meds at times and gave them late. LPN CC worked on the night shift, and residents wanted their meds timely so they could go to sleep. If RA used the call light, LPN CC would come into RA's room and ask, what you want? RA would tell the nurse what was needed. At times the nurse would turn and walk out without saying anything and not come back with the requested item. Other times the nurse would say, tell the CNA (Certified Nursing Assistant), or at times LPN CC would tell the CNA (who was busy) and they would assist, sometimes much later. RA revealed being told that LPN CC was talking about RA to other residents, telling others not to talk to RA. When RA knew LPN CC was working the night shift, RA got a sick feeling and said it made the resident feel anxious. When asked if RA had reported LPN CC or filed a Grievance, RA revealed no and indicated it was because of fear of retaliation if he talked or reported her. When asked what kind of retaliation, RA said the way they treat you, basically ignore you, will not talk to you, and will not get them things asked for or care needed. RA reported LPN CC did not talk to him now. She just walked in and did what she had to do and left, and if LPN CC found out they reported her, it would be much worse.</p> <p>2. Review of the EMR revealed RB had diagnoses of but not limited to multiple sclerosis (MS), lack of coordination, generalized weakness, major depressive disorder, anxiety disorder, and need for personal assistance.</p> <p>Review of the Quarterly MDS assessment dated [DATE] revealed a BIMS score of 15 indicating little to no cognitive impairment. Section GG, Functional Abilities and Goals-upper and lower body impairment on both sides, required total to moderate assist for all care needs, Section N, Medications-received antianxiety, antidepressant, hypnotic, diuretic, and opioid medications. Did not receive antipsychotic medications.</p> <p>Review of the care plan dated included but not limited to, has multiple sclerosis, incontinent of bladder and bowel r/t MS, neurogenic bladder, and restricted mobility, no plans to discharge, requires assistance with ADL's r/t restless leg syndrome, MS, weakness, history of falls, poor safety awareness, evaluated by therapy and is a Hoyer lift ONLY for transfers, is a smoker, requests to smoke, has a mood problem r/t anxiety, depressive disorder, history of suicidal ideation, and insomnia, risk for falls r/t MS, lower extremity weakness, alteration in musculoskeletal status r/t MS, has pain r/t restless leg syndrome, MS, neurogenic bladder, medication r/t chronic pain, is at risk for insomnia r/t taking sedative/hypnotic therapy medication, uses anti-anxiety medications r/t anxiety disorder, uses antidepressant medication r/t depression.</p> <p>Review of RB's MAR revealed night time meds and orders included but not limited to atorvastatin for hyperlipidemia, Melatonin 2 tablets for sleep r/t insomnia, trazodone for major depressive disorder, Zetia for hyperlipidemia, metoprolol for hypertension, oxybutynin for neuromuscular dysfunction of bladder, artificial tears for dry eyes, buspirone for anxiety, gabapentin for MS, Requip for MS, baclofen for pain, Acetaminophen every 6 hours prn pain, Norco every 6 hours prn pain, monitoring for antidepressant and antianxiety med side effects, pain scale assess, behavior monitoring.</p> <p>Observation and interview on 5/5/2025 at 8:45 pm with RB revealed there was only one staff member that was bad, all of the others were pleasant. Staff nurse [LPN CC] does not care about the residents she sees. She treats them disrespectfully. RB revealed the whole mood of the residents changed when they realized LPN CC was working. LPN CC worked the night shift.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Record review revealed RC had diagnoses of but not limited to essential primary hypertension, atherosclerotic heart disease, repeated falls, muscle weakness, difficulty in walking, unsteadiness on feet, reduced mobility, anxiety disorder, depression, and need for assistance with personal care.</p> <p>Review of the Quarterly MDS assessment for RC dated 3/28/2025 revealed a BIMS score of 11, indicating mild to moderate cognitive impairment. Section GG, Functional Abilities-required set-up or supervision for most care needs. Section N, Medication-received antidepressant and opioid medications. Did not receive antipsychotic medications.</p> <p>Review of the care plan for RC dated included but not limited to, potential for adjustment difficulty r/t facility placement, entered for short-term rehab, history of adult maltreatment prior to admission, risk for psychosocial well-being concern r/t male resident attempting a financial manipulative situation, uses antianxiety medications, uses antidepressant medication r/t depression, risk for generalized pain, on pain med therapy r/t generalized pain, occasionally incontinent of bladder and bowel, requires assistance with ADLs r/t activity intolerance and weakness, behavior problems r/t anxiety, risk for falls r/t gait problem, unaware of safety needs, history of falls.</p> <p>Review of RC's MAR revealed night time meds and orders included but not limited to Aricept for dementia, sertraline for depression, Systane Ophthalmic drops for dry eye syndrome, hydrocodone-acetaminophen every 4 hours prn pain, pain scale assess, monitoring for antidepressant med side effects, behavior monitoring.</p> <p>Observation and interview on 5/5/2025 at 8:50 pm with RC revealed that one staff member was very difficult, and all of the others were good, the nurse was [LPN C] she did not care about the residents and treated them disrespectfully. The whole mood of the residents changed when they realized LPN CC was working. LPN CC worked at night.</p> <p>Review of the Resident Council minutes from June 2024 to April 2025 included but not limited to the following concerns related to resident rights:</p> <p>Night nurse has attitude: 4/16/2025</p> <p>Call lights not being answered at night: 1/15/2025, 12/18/2024, 10/16/2024</p> <p>Short staffed night shift: 11/20/2024, 10/16/2024, 9/18/2024, 8/21/2024</p> <p>Not enough staff: 2/19/2025, 6/19/2024</p> <p>Short staffed every weekend: 2/19/2025, 7/24/2024</p> <p>Meds not passed on time: 4/16/2025, 3/19/2025, 8/21/2024, 7/24/2024, 6/19/2024</p> <p>Not getting changed in a timely manner: 12/18/2024</p> <p>Residents are not gotten up (weekends): 3/19/2025</p> <p>Staff need to stay off phones: 1/15/2025, 12/18/2024, 11/20/2024</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interviews during the Resident Council (RC) review meeting on 5/6/2025 starting at 1:50 pm with five residents revealed issues with night shift LPN CC. Residents revealed they knew how to file a Grievance but did not because they were fearful of retaliation by LPN CC. Asked what they meant by retaliation, and to give specific examples, residents reported LPN CC's bad attitude, she would hold your meds (medications) and/or would not give on time, would intentionally take a long time to give meds, when they asked LPN CC for something she wouldn't do it. She would say, What do you want? We would tell her and she would walk out and never come back or would say tell the CNA, or she would tell the CNA and the CNA would bring what was needed a long time later. One resident reported LPN CC would come in and ask what they wanted, the resident would tell her, LPN CC would repeat the request and say, so you want . (such and such, whatever the request was), turn and walk out and not come back. Residents remarks included, Her bedside manner is brutal. She will make your life miserable. One resident revealed when he knew LPN CC was scheduled to work the night shift he felt sick and anxious. Three residents reported, She is prejudiced against white people, and prejudiced against smokers. She would come in the room and stand over the resident, make negative remarks like, Uh, you smell like smoke. Then she will go and get some kind of spray and start spraying heavily in the rooms of smokers. The spray was strong, it stank, and you could hardly breathe after she sprayed the room. Residents revealed it was normal practice to get meds on time, except for when LPN CC worked. She worked the night shift, and residents revealed they wanted and needed their meds so they could go to sleep. Residents felt LPN CC at times would intentionally withhold meds until late causing residents not to be able to go to sleep, or they would go to sleep and awakened.</p> <p>Interview on 5/7/2025 at 10:12 am with the Administrator and the Regional Operations Manager revealed what they have done to address the complaints about the nurse by multiple residents. The Administrator revealed they started an investigation and suspended the nurse pending investigation. The Administrator revealed, depending on resident interviews, that would determine if LPN CC would be terminated, and if she would file a FRI (Facility Reported Incident) to the State Survey Agency (SA). She revealed they had begun collecting interviews with staff, doing education on abuse and customer service, and have done questionnaires for the residents.</p> <p>Interview on 5/7/2025 at 10:15 am the Regional Operations Manager revealed they completed interviews with all residents the prior day, and the interviews were being reviewed. She provided a copy of the interview questions which included: Do you believe you are receiving good care from staff? Are there any specific problems that you are having with your care? Are staff polite when they interact with you? Are any members of the staff mean towards you? Have you ever been in seclusion or witnessed any seclusion of any other residents? Have you ever been physically, verbally, mentally, sexually abused or have you ever witnessed such acts? Do you know of any acts throughout the facility where residents are punished for misbehavior? Do you feel safe living at [named facility]?</p> <p>Interview on 5/7/2025 at 11:30 am the Regional Operations Manager revealed to the survey team that they had finished reviewing all the resident interviews and based on answers to the Quality of Care Questionnaire they would be submitting a report (FRI) to the SA.</p> <p>Review of a FRI (202504675) dated 5/7/2025 for staff-to-resident abuse revealed that the Administrator was notified of residents stating LPN CC was giving them attitude, didn't address them, will not speak to them, they were afraid of retaliation by the nurse if they reported, and they may have to wait on care or medication. An investigation was started and included but not limited to interviewing residents and the education of the staff.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview on 5/7/2025 at 2:40 pm during a walk-through of the facility, the Administrator confirmed there were no state agency or Elder Abuse Act posters or signage with information on reporting complaints. She revealed the signs should be by the Ombudsman poster. The Administrator stated, The Ombudsman came about six weeks ago and changed out her contact information on the Ombudsman poster and must have taken down the facility's signs for reporting complaints.</p>

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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>50941</p> <p>Based on staff interviews, record review, and review of the facility's policy titled, Resident Funds: Residents have access to their funds 24 hours a day, 7 days a week, 365 days a year, the facility failed to assure that residents with trust funds were able to get access to requested funds. The deficient practice affected three of 74 residents (R) (R276, R29 and R11) with trust funds.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Resident Funds: Residents have access to their funds 24 hours a day, 7 days a week, 365 days a year revealed under Policy: Resident funds are maintained in accordance with the guidelines of the state, the management of the funds of the resident is the responsibility of the Administrator, Controller, Central Business Office, and the Resident Trust Account Custodian (bank teller). This policy has been established to ensure compliance with maintaining a complete and accurate accounting of resident funds. Under Procedure: Residents have access to their funds 24 hours a day, 7 days a week, 365 days a year.</p> <p>Interview on 5/4/2025 at 11:17 am with R29 stated that he always received his money late. He stated that money was distributed on a first come first serve basis. He stated that it happened all the time, he was used to it.</p> <p>Interview on 5/4/2025 at 1:10 pm with R11 stated that her money came when it came. She stated that she hasn't gotten it this month. She stated that for last month's distribution, she just got her money a week ago. She stated that the facility doesn't send enough money to everyone in the whole facility to get their money. She stated that 1/3 of the residents got their money last week for the month of April 2025.</p> <p>Review of Grievances on 5/6/2025 at 9:45 am revealed that there was only one grievance reported regarding money, which was reported by R231. The grievance was filed on 6/19/2024 to the Social Services Director (SSD). The SSD revealed that R231 stated that the SSD had not done what she was asked by sending a referral for money following the resident. SSD stated that she made a phone call and sent an email while R231 was present.</p> <p>Review of Petty Cash Withdrawal Records revealed that for the months of June 2024 through April 2025, residents were receiving their money that they requested two to three days after the requested date.</p> <p>Interview on 5/6/2025 at 10:10 am with the Business Office Manager (BOM) revealed that if residents were mobile they could come to her office and request money. If they were not mobile, someone (CNA or Nurse) would let me know and I would go to their room and talk to them regarding requesting money. They could get their money as long as we had it in the building. Otherwise, the BOM must send a request to corporate. She stated that she sent up a request, and corporate would issue a check. She stated that she would give the Administrator the check and the administrator would get the check cashed. She stated that the process usually takes two to three days.</p> <p>(continued on next page)</p>		

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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 5/6/2025 at 2:08 pm with the Administrator stated that she felt that \$600.00 was enough on hand for the residents here; however, they probably do get close to running out of money for the residents. She stated that when the petty cash gets low as \$30.00 to \$50.00, they started the process of requesting petty cash. She stated that she felt that the residents wanted the full \$70.00 and a lot of the time it was already at the end of the month or a week before the beginning of the month. She stated that when the residents requested the money during that period, the facility didn't have the money to reimburse. She stated that residents received their money as soon as the BOM informed her. The Administrator verified that they didn't have \$70.00 per resident, they only had the \$600.00 total in the replenishing box (Petty Cash). She stated that the money was expended first come-first served. She stated that it took 24 hours for the residents to receive their money.</p> <p>Interview on 5/6/2025 at 3:14 pm with the Administrator and Regional Consultant along with a team of five surveyors. The surveyors reported one of two main issues that was brought to our attention: What is your process for residents being able to get their money? She stated that the BOM kept up with the resident's accounts, she maintained around \$600.00 dollars in petty cash, and she would replenish the petty cash and when the money started getting low, she would go ahead and request money/a check from corporate. She stated that the check would be received in a couple days. She stated that if it was not enough petty cash, they would have to request money from corporate, even for ten dollars. She stated that the BOM should report that the petty cash was running low to the Administrator, then the BOM would send all the receipts up to corporate, and they (corporate) would reconcile. On average do you monitor how much is requested? It was not acceptable for residents to have to wait a few days, or around the 20th of the month, if they requested money on the 1st, 2nd, or 3rd of the month. She stated that on nights and weekends, Petty Cash ranging around \$30.00 to \$35.00 dollars was left on the nurses' cart if residents requested money.</p> <p>Interview on 5/7/2025 at 9:45 am with Regional Accounts Receivable verified that they (the facility) do not have enough petty cash on hand to fulfil all of the residents requests.</p>		

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<p>F 0574</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The resident has the right to receive notices in a format and a language he or she understands.</p> <p>39786</p> <p>Based on observations and staff interviews, the facility failed to provide information so that residents and/or visitors were aware of how to report complaints, abuse or neglect, to the state survey office. The facility census was 71 residents.</p> <p>Findings include:</p> <p>Tour and observation on 5/4/2025 during initial tour and screening of residents, and tour of the facility on 5/7/2025 at 2:00 pm on Hall 100, Hall 200, Hall 300, the front entrance area, common area, nurses station, and dining area of the facility revealed there were no signs posted with information on how residents could report complaints, abuse or neglect to the state agency (SA).</p> <p>Observation and interview on 5/7/2025 at 2:40 pm with the Administrator and the Team Coordinator for the state survey team during a walk-through, the Administrator confirmed there was no signage or Elder Abuse Act poster with information on how residents and/or visitors could report complaints. The Administrator revealed they did have signs up and they were next to the Ombudsman poster. The Administrator further revealed that the Ombudsman came about six weeks prior and changed out her contact information on the Ombudsman poster and she must have taken down the facility's signs for reporting complaints. The Administrator confirmed the information should be posted on how to contact the state office and report complaints, and she would put one up immediately.</p> <p>A phone call on 5/7/2025 at 2:57 pm was placed to the Ombudsman to inquire if she removed the facility's signs/poster/notice for reporting complaints. There was no answer. A message was left with a request to return the call.</p> <p>Observation on 5/7/2025 at 3:18 pm revealed a small notice had been posted. The notice appeared to be a 8 x 10 size piece of copy paper folded in half with typed information that read, For Concerns/Complaints . The information included a toll free (800) phone number, two (404 area code) Complaint Intake Unit phone numbers, and two email addresses, one for general inquiries and one to request records. The notice with printed information was small, hard to read, and placed beneath the Ombudsman poster at the far end of 200 hall.</p>

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NAME OF PROVIDER OR SUPPLIER  Folkston Park Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  36261 North Okefenokee Drive Folkston, GA 31537	

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39786</b></p> <p>Based on staff interviews, record review, and review of the facility's policy titled, Advance Directive, the facility failed to provide residents and/or their representative with written information regarding the right to accept or refuse medical or surgical treatment for four of 34 sampled residents (R) (R38, R49, R34, and R32).</p> <p>Findings include:</p> <p>Review of policy titled Advanced Directives dated January 2025 revealed under Policy: The facility must inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and formulate an advanced directive. Under Process: Upon admission/readmission, the facility Social Services Director will inform and educate the resident, or POA (Power of Attorney) in writing about the right to refuse medical and surgical treatment and their right to an advance directive.</p> <p>Review of the sample residents revealed four residents' Advanced Directive did not have evidence that options or written information about the right to accept or refuse medical or surgical treatment was provided. The Regional Operations Manager confirmed these four residents' (R38, R49, R34, and R32) Advanced Directive did not include language about being informed of medical and surgical treatment options.</p> <p>1. Review of medical records revealed R38 was admitted to the facility with primary admitting diagnoses of but not limited to hemiplegia and hemiparesis following cerebral infarction, chronic obstructive pulmonary disease, atrial fibrillation, essential primary hypertension, cardiomyopathy, and history of malignant neoplasm of prostate.</p> <p>Review of Physician orders revealed R38 had an order for Full code-attempt resuscitation with a revision date of 12/3/2024.</p> <p>Review of the Quarterly MDS (Minimum Data Set) assessment dated [DATE] revealed R38 was assessed with a BIMS (Brief Interview for Mental Status) score of 13, indicating little to no cognitive impairment.</p> <p>Review of R38's Admission packet dated 2/21/2022 revealed the Admission Packet Control Sheet had a checklist of required paperwork, and under the section Advance Directive Record, an X indicated it had been scanned. Also, the POLST (Physician's Orders for Life Sustaining Treatment) was scanned and on chart.</p> <p>Review of R38's POLST revealed his wishes for cardiopulmonary resuscitation, medical interventions, antibiotics, and artificially administered nutrition/fluids. The POLST was signed by R38 on 2/22/2022.</p> <p>(continued on next page)</p>

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of medical record for R38 revealed no signed acknowledgement or evidence in the record that R38, or a resident's representative, was provided with options and/or written information about the right to accept or refuse medical or surgical treatment.</p> <p>Interview on 5/5/2025 at 12:10 pm with the Corporate Nurse Consultant revealed the Social Services Coordinator/Social Worker (SW) was in charge of getting the advanced directive checklist completed at admission. She confirmed the SW did not complete the advance directive checklist for R38.</p> <p>49681</p> <p>2. Review of the electronic medical record (EMR) revealed that R49 did not have an Advance Directive on file. Resident R49 diagnoses included but not limited to dementia with other behavioral disturbances. R49's MDS revealed a BIMS score of 00, which indicates resident is not cognitively intact.</p> <p>Review of EMR for R49 revealed no signed acknowledgement or evidence in the record that R49, or a resident's representative, was provided with options and/or written information about the right to accept or refuse medical or surgical treatment.</p> <p>Review of Physician orders revealed R49 had an order for Full code-attempt resuscitation.</p> <p>Interview on 5/5/2025 at 12:10 pm with the Corporate Nurse Consultant revealed the Social Services Coordinator/Social Worker (SW) was in charge of getting the advanced directive checklist completed at admission. She confirmed the SW did not complete the advance directive checklist for R38.</p> <p>50879</p> <p>3. Review of the EMR revealed R34 was admitted to the facility with diagnoses that include but are not limited to end stage renal disease, elopement, hypertensive heart and kidney disease with heart failure and stage 5 chronic kidney disease, difficulty walking, and dementia.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed R34's BIMS score of 13, indicating intact cognition.</p> <p>Interview on 5/5/2025 with the Corporate Nurse Consultant revealed the Social Worker Coordinator was in charge of getting the advanced directive check list completed at admission. She revealed the SW did not complete the advance directive checklist for R34.</p> <p>50941</p> <p>4. Review of the EMR revealed that R32 did not have an Advance Directive on file.</p> <p>Interview on 5/5/2025 at am with the Corporate Nurse Consultant, (CNC), revealed and verified that R32 did not have an Advance Directive. CNC stated that the Social Worker Coordinator, oversaw getting the advanced directive check list completed at admission. She revealed that the SW did not complete the advance directive checklist for R32.</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>49675</p> <p>Based on record review, staff interview, and the facility policy titled, Advance Beneficiary Notices (ABN) 2025, the facility failed to provide the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) to the resident or responsible party upon discharge from Medicare Part A services to indicate that they understood the contents of the form for three of 34 sampled residents (R) (R32, R42, and R56).</p> <p>Findings include:</p> <p>Review of the undated facility policy titled Advance Beneficiary Notices 2025 revealed under Policy: It is the policy of this facility to provide timely notices regarding Medicare eligibility and coverage. 5a. For Part A items and services, the facility shall use the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN), Form CM-10055.</p> <p>Review of a Beneficiary Notice-Residents discharged Within the Last Six Months form, provided by the facility, revealed that R32 was discharged from Medicare Part A skilled services on 1/6/2025 and remained in the facility. R42 was discharged from Medicare Part A skilled services on 3/21/2025 and remained in the facility. R56 was discharged from Medicare Part A skilled services on 2/13/2025 and remained in the facility.</p> <p>There was no evidence provided that the SNFABN was provided to R32, R42, or R56 and or their responsible party.</p> <p>Interview on 5/7/2025 at 10:35 am with the Minimum Data Set (MDS) Coordinator revealed prior to surveyors coming into the facility, she was not aware she was to use the SNFABN form when residents discharged from Medicare Part A services. The MDS Coordinator confirmed that she did not provide SNFABN forms to R32, R42, and R56 and or their representatives. She revealed when she found out about the ABNs on 5/6/2025, she called all three resident representatives and notified them.</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49681</p> <p>Based on observations, resident and staff interviews, record review, and review of the facility policy titled, Freedom of Abuse, Neglect, Exploitation and Abuse Prevention: Fast Alerts, the facility failed to report abuse and neglect for two of 34 sampled residents (R) (R11 and R21) to the State Agency (SA).</p> <p>Findings include:</p> <p>Review of the facility policy titled Freedom of Abuse, Neglect, Exploitation and Abuse Prevention: Fast Alerts revealed under Reporting/Investigation/Response Policy: .Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment including injuries of unknown source and misappropriation of resident property are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. Under Administrator Duties: .Immediate Response: .6. Verbal notification to RNSs (Regional Nurse Supervisor) then to the State Health Department and other regulatory agencies per individual state reporting requirements.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] for R11 revealed a Brief Interview for Mental Status score of 15, indicating intact cognition.</p> <p>Interview on 5/4/2025 at 10:30 am with R11 revealed that Licensed Practical Nurse (LPN) CC was mean to them, she ignored them, and she did not ask how they were feeling.</p> <p>Interview on 5/5/2025 at 8:45 pm with R11 revealed that LPN CC was very difficult. R11 said, There is only one staff member that is bad, all of the others are pleasant. R11 stated LPN CC did not care about the residents. She treated them disrespectfully. R11 revealed the whole mood of the residents changed when they realized LPN CC was working.</p> <p>On 5/6/2025 at 2:30 pm during a resident council meeting, R11 revealed that LPN CC sprayed air freshener in the air in their room because she said they smelled like smoke and frowned her face at them. The spray hit their faces because she sprayed so much of it. The residents stated that she told them she made her own spray, and she brought it from her home because their room smelled like smoke. She would come in the room and stand over us, make (sniff gesture) and make negative remarks like, Uh, you smell like smoke. She would spray something in the rooms of smokers, it was strong, it stank, and you could hardly breathe. R11 revealed it was not normal practice to not get medications on time, except for when LPN CC was working and intentionally withheld our medications.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] for R21 revealed a Brief Interview for Mental Status score of 15, indicating intact cognition.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 5/6/2025 at 4:46 pm with R21 revealed retaliation by staff if he talked. When asked what kind of retaliation, he stated you can just tell by the way LPN CC treated you, they basically ignored you. R21 reported one nurse, LPN CC would not speak to him, never asked if he was ok, never asked if he needed something, never asked if he had a bowel movement, never talked to him. She just walked in and did what she must do and left. He suspected or had been told LPN CC was telling other residents not to talk to him. Residents had concerns about retaliation if they talked or reported anything on LPN CC.</p> <p>On 5/6/2025 at 5:00 pm interview with the Administrator and the Regional Operations Manager revealed they both were informed of allegations of LPN CC made by several residents.</p> <p>Interview on 5/7/2025 at 10:12 am with the Administrator and the Regional Operations Manager revealed they started an investigation and suspended LPN CC pending investigation. They stated depending on resident interviews will tell us if she will be terminated, and we will decide if we will do a report to the State Agency. We have begun collecting interviews and doing training on abuse and customer service and have done questionnaires for the residents. The Regional Operations Manager also revealed they had completed interviews with all residents yesterday and they were in review. She later revealed that they had started a FRI (facility reported incident)/state report to submit to SA.</p> <p>Interview on 5/7/2025 at 3:00 pm with the Administrator confirmed that when she received information from the survey team, she felt it was more of a customer service issue with LPN CC. However, today she discussed and thought more about what was revealed, that this should have been reported as neglect and verbal abuse allegations. She confirmed that she should have reported this within 2 hours as the regulation instructed. She was informed of the allegations on 5/6/2025 around 5:00 pm and reported to the State Agency on 5/7/2025 at 1:10 pm.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50879</p> <p>Based on observations, staff interviews, and review of the facility policy titled, Food Handling Procedures, the facility failed to maintain the cleanliness of the facility minimizing the risk of food-borne illness and to promote safe food handling practices. The deficient practice had the potential to place residents who received an oral diet from the kitchen at risk of foodborne illnesses.</p> <p>Findings include:</p> <p>Review of the facility policy titled Food Handling Procedures with a review date of 4/14/2025 revealed under Subject: HAZARD ANALYSIS AND CRITICALCONTROL POINT (HACCP) FOR FOOD PREPERATION: Is a process control system that identifies critical points in the production and service of food items to prevent food safety and sanitation hazards. Under Procedures: . identify critical control points at which procedures may result in a food safety hazard</p> <p>An observation on 5/4/2025 at 9:56 am of the two-door stand-up refrigerator inside the kitchen revealed a clear plastic container labeled breakfast meat with a used by date of 4/5/2025 and a box of bell peppers with a use by date of 4/27/2025. There was a sealable plastic bag with meat opened with no use by date.</p> <p>An interview on 5/4/2025 at 9:59 am with the Dietary Manager (DM) confirmed that the meat did not have a use by date. The clear plastic container labeled breakfast meat had a use by date of 4/5/2025 and the bell peppers had a use by date of 4/27/2025. The DM stated that the date on the breakfast meat was wrong, the breakfast meat has the wrong use by date but she discarded the item. The DM also discarded the bell peppers and the meat in the sealable plastic bag. The DM revealed that staff discard leftovers after 3 days.</p> <p>An observation on 5/4/2025 at 10:50 am of the ice machine on the 300 hall revealed a black flakey substance and the machine had a rusty substance. The DM confirmed the ice machine on the 300 hall had a black flakey substance and rust on the machine. The facility turned the machine off on the 300 hall and the Administrator ordered a new ice machine for the hall. The DM stated the facility was getting additional ice until the new ice machine was delivered.</p>