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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115636 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/08/2026 |
| NAME OF PROVIDER OR SUPPLIER Blossom Healthcare & Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 3051 Whiteside Road Macon, GA 31216 | |
| 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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on record review, staff interviews, and review of the facility's policy titled Abuse, Neglect, Exploitation or Misappropriation-Reporting and investigation, the facility failed to report an allegation of verbal/mental abuse to the State Survey Agency (SSA) for two of 34 sampled residents (R) (R20 and R46). This deficient practice had the potential to place residents at increased risk of abuse. Findings include:Review of the facility's policy titled Abuse, Neglect, Exploitation or Misappropriation Reporting and Investigating revealed the Policy Statement included, All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. The Policy Interpretation and Implementation section included, Reporting Allegations to the Administrator and Authorities: 1. If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. 2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/certification agency responsible for surveying/licensing the facility. b.The local/state ombudsman. c. The resident's representative. d. Adult protective services. e. Law enforcement officials. f. The resident's attending physician. g . The facility medical director. 3. Immediately is defined as: a.within two hours of an allegation involving abuse or result in serious bodily injury. b. Within 24 hours of an allegation that does not involve abuse or result in serious bodily injury.1. Review of the Quarterly Minimum Data Set (MDS) for R20, dated 11/7/2025, revealed a Brief Interview for Mental Status (BIMS) of 13, indicating little to no cognitive impairment.Review of a grievance dated 12/15/2025 revealed that R20 stated that CNA MM came into her room to perform patient care, and while changing her brief, CNA MM was very rough, pushing in the resident's shoulder while trying to turn the resident.Record review revealed that the allegation of abuse was not reported to the SSA within the required time-frame.2. Review of the Quarterly MDS assessment for R46, dated 12/1/2025, revealed a Brief Interview for Mental Status (BIMS) of 13, indicating little to no cognitive impairment.Review of a grievance dated 12/15/2025 revealed that R46 stated CNA MM handled the resident very rough and was rude to the resident. The documentation was completed by Social Services. Record review revealed that the allegation of abuse was not reported to the SSA within the required time-frame.In an interview on 1/8/2026 at 1:37 pm, the Social Worker revealed that she took both complaints. She stated R20 complained about being handled roughly during Activities of Daily Living (ADL), and R46 complained about verbal abuse by the same CNA. In an interview on 1/8/2026 at 12:45 pm, the Administrator confirmed the allegations documented on the grievances, stated she had interviewed R46 and R20, and confirmed she did not report the allegations of abuse to the SSA, Ombudsman, police, or medical doctor.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Respond appropriately to all alleged violations.</p> <p>Based on staff and resident interviews, record review, and review of the facility's policy titled Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, the facility failed to ensure that allegations of verbal and physical abuse were thoroughly investigated for two of 34 sampled residents (R) (R20 and R46). This deficient practice had the potential to place the residents at increased risk of abuse. Findings include: Review of the facility's undated policy titled Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, revealed the Policy Statement included, All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and federal agencies . and thoroughly investigated by facility management. Findings of all investigations are documented and reported. The Policy Interpretation and Implementation section included Investigation Allegations: 1. All allegations are thoroughly investigated. The Administrator initiates the investigation. 7. The individual conducting the investigation as a minimum: . I. documents the investigation completely and thoroughly. 1. Review of the Quarterly Minimum Data Set (MDS) for R20, dated 11/7/2025, revealed a Brief Interview for Mental Status (BIMS) of 13, indicating little to no cognitive impairment. Review of the facility's grievances revealed a grievance dated 12/15/2025, documenting that R20 stated that Certified Nurse Aide (CNA) MM came into her room to perform patient care, and while changing her brief, the CNA was very rough, pushing in the resident's shoulder while trying to turn the resident. Review of the progress notes for R20 revealed a medication entry note dated 12/14/2025 at 6:29 pm documenting the resident complained of pain to shoulders, was medicated with pain medication as ordered, and stated the CNA was rough when turning her. Further review of the progress notes revealed an entry dated 12/21/2025 documenting a skin assessment completed by a nurse. Continued review revealed no other documentation related to the allegation reported to the nurse on 12/14/2025. Record review revealed no documented thorough investigation of the allegation of abuse by R20. 2. Review of the Quarterly MDS assessment for R46, dated 12/1/2025, revealed a Brief Interview for Mental Status (BIMS) of 13, indicating little to no cognitive impairment. Review of a grievance dated 12/15/2025 revealed that R46 stated CNA MM handled the resident very rough and was rude to the resident. Record review revealed no documented thorough investigation of the allegation of abuse by R46. In an interview on 1/8/2026 at 11:27 pm, the Human Resources Director revealed that the alleged perpetrator was terminated on 12/16/2025 for resident abuse and is not eligible for rehire. In an interview on 1/8/2026 at 12:45 pm, the Administrator stated that she interviewed R46 and R20 about the allegations of the CNA being verbally abusive and handling them roughly during ADL care. The Administrator stated she terminated the CNA. The Administrator further stated that she did not conduct investigations into the allegations of abuse, except for interviewing R46 and R20, and that she had no documented investigations.</p> | | |