

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 10/03/2024
NAME OF PROVIDER OR SUPPLIER Fountain Blue Rehab and Nursing		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)		
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38517</p> <p>Based on interviews and record review, the facility failed to ensure two residents (R) (R24 and R78) and/or the resident representative (RR) of five residents reviewed for unnecessary medications out of a total sample of 30 residents was informed of the risk and benefits of physician ordered antipsychotic medications. This failure placed the resident and/or representative at risk of not knowing the risks and benefits of the use of medications.</p> <p>Finding include:</p> <p>1. Review of R24's Admission Record dated 10/03/24, located in the resident's electronic medical record (EMR) under the Resident Summary tab revealed the resident was admitted to the facility on [DATE] with diagnoses which included Alzheimer's Disease.</p> <p>Review of R24's Physician Order dated 08/02/23, located in the Orders tab of the EMR revealed, Depakote [to treat certain psychiatric conditions and seizures] 125 mg [milligrams] two times a day and Risperdal [to treat certain mental/mood disorders] 0.5 mg [milligrams] two times a day.</p> <p>Review of R24's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/12/24 located in the resident's EMR under the MDS tab revealed the resident did not have a Brief Interview for Mental Status (BIMS) and was rarely/never understood and was administered an antipsychotic medication on a routine basis during the observation period.</p> <p>Review of the Resident Documents tab and the Nursing Progress Notes tab of the EMR did not document that R24 or her RR was informed of the risks and benefits prior to initiating a new Physician Order for the Risperdal or Depakote.</p> <p>During an interview on 10/02/24 at 1:50 PM, R24's Power of Attorney (POA), Family Member (FM)1 was asked if she was aware of the Physician Order for the Risperdal and why R24 was being administered the medication. POA stated R24 had been placed on a medication that was causing her to be very zombie-like. The POA stated they had a care plan meeting at the facility in July 2024 and asked for all mood-altering medications to be stopped, and they were under the impression that R24 wasn't on anything currently.</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 115636
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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/02/24 at 2:55 PM, The Director of Nursing (DON), DON stated they did not get consents due to having residents sign a consent to treat upon admission. DON stated their staff were going over risks and benefits but were failing to document them. The DON further confirmed R24's Risperdal was discontinued, as discussed in the care plan meeting in July 2024.</p> <p>35690</p> <p>2. Review of the Admission Record, located in the EMR under the Profile tab, revealed R78 had an admitted [DATE]. R78 had a diagnosis of Huntington's Disease. There was no diagnosis listed for depression.</p> <p>Review of R78's admission MDS with an ARD of 07/26/24, located in the EMR under the MDS tab, revealed R78 was unable to be interviewed and was severely impaired cognitively. Staff observed the resident to appear to be feeling down. R78 did not have behaviors.</p> <p>Review of R78's Medication Administration Record (MAR) located in the EMR under the Orders tab, revealed R78 received one tablet, 15 mg (milligrams) of Mirtazapine (an anti-depressant) with a start date of 07/23/24. R78 also received one tablet, 50 mg of Trazodone (an anti-depressant) daily for sleep, with a start date of 09/19/24.</p> <p>Review of R78's EMR revealed no evidence the resident's RR was notified the resident was starting two new medications for depression or that the risks and benefits were explained to the RP.</p> <p>During an interview on 10/02/24 at 11:00 AM, the DON said they did not provide the resident or family information about the risks and benefits for the use of psychotropics. She said the only signed form they had for residents was a Consent to Treat form that is signed upon admission.</p> <p>During an interview on 10/03/24 at 9:57 AM, the MDS Coordinator (MDSC) said they did not discuss with the family the risks and benefits of any psychotropic medication for the resident. She said nursing will only notify the family that the medication has been started.</p> <p>During an interview on 10/03/24 at 1:42 PM, Family Member (FM) 3 said she was aware the physician was going to start a medication for sleep for R78. She said a nurse called and told her they would be starting a medication for R78 to help her sleep, but she did not know any other details. FM3 said she was not made aware of any other psychotropic medications that R78 had started. She said she would have liked to have been informed of both medications and educated on the risks and benefits.</p> <p>A request for a policy related to psychotropic medications and consents was not provided prior to the exit of the survey.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35690</p> <p>Based on interviews and record review, the facility failed to provide one of three residents (R) (R134) reviewed for Notice of Medicare Non-Coverage (NOMNC) of 30 sampled residents, a NOMNC 48 hours before the end of a Medicare-covered Part A stay. This had the potential for the resident to not have the opportunity to appeal the decision to end the Medicare Part A stay.</p> <p>Findings include:</p> <p>Review of the Admission Record, located in the Electronic Medical Record (EMR) under the Profile tab, revealed R134 had an admitted [DATE] and a readmitted [DATE]. The resident discharged from the facility on 06/16/24.</p> <p>Review of the NOMNC provided by the facility, revealed R134's Medicare services would end on 06/16/24. The NOMNC revealed R134 was notified of his last covered day on 06/16/24 when he signed the document.</p> <p>During an interview on 10/01/24 at 9:32 AM, the Social Worker (SW) said she would always have the resident or their family member sign the NOMNC within 48 hours of their last covered day. She confirmed she did not issue R134's NOMNC until 06/16/24, which was his last covered day. She confirmed the NOMNC should have been issued on 06/14/24.</p> <p>During an interview on 10/03/24 at 3:30 PM, the Administrator agreed the NOMNC should have been issued timely, which would have been two days in advance.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35690</p> <p>Based on interviews and observation, the facility failed to ensure three residents (R) (R52, R6, and R285) of 30 sampled residents had enough clean linen, specifically pillowcases, to ensure every resident had enough for all of their pillows. This had the potential for the residents not to have a home-like environment.</p> <p>Findings include:</p> <p>A request was made for a policy related to linens, and was not provided prior to the exit of the survey.</p> <p>1. Review of R52's Admission Record, located in the Electronic Medical Record (EMR) under the Profile tab, revealed R52 had an admitted [DATE].</p> <p>Review of R52's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/05/24, located in the EMR under the MDS tab, revealed R52 had a Brief Interview for Mental Status (BIMS) score of seven out of 15, which indicated R52 was cognitively impaired.</p> <p>During an interview on 10/01/24 at 11:03 AM, Family Member (FM)2 said she saw the facility was out of pillowcases several weeks ago when she came to visit R52. She said she bought pillowcases for R52 and wrote his name all over them.</p> <p>During an observation on 10/02/24 at 9:41 AM, R52 had a pillow on his bed with a pillowcase that belonged to him. It had his name written on the pillowcase.</p> <p>2. Review of R6's Admission Record, located in the EMR under the Profile tab, revealed R6 had an admitted [DATE].</p> <p>Review of R6's Quarterly MDS with an ARD of 08/07/24, located in the EMR under the MDS tab, revealed R6 had a BIMS score of 13 out of 15, which indicated R6 was cognitively intact.</p> <p>During an interview on 10/01/24 at 4:15 PM, R6 said quite often they run out of pillowcases, and staff have told her they are out and she would need to wait. She said she would like to have enough pillowcases so all of her pillows could be covered. R6 had two pillows with cases on her bed and three pillows without cases on a chair out of reach.</p> <p>3. Review of R285's discharge MDS with an ARD of 09/02/24, located in the EMR under the MDS tab, revealed R285 had a BIMS score of two out of 15, which indicated R285 was severely cognitively impaired.</p> <p>During an observation on 10/01/24 at 3:57 PM, R285 was lying in bed with a pillow under his head, without a pillowcase.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/01/24 at 4:01 PM, the Director of Nursing (DON) confirmed there were no pillowcases in the Station Two or Station Three linen closet, which were the only two places pillowcases were stored. The DON said all residents should have pillows in their rooms, and every pillow should have a pillowcase. The DON confirmed R285 did not have a pillowcase on the pillow he was sleeping on and should have one.</p> <p>During an interview on 10/02/24 at 9:31 AM, Unit Manager (UM) 1 confirmed there was one pillowcase in the Station Two linen closet and no pillowcases in the Station Three linen closet. She said she would always expect to see a pillowcase on all pillows and said, If a resident has a pillow, there should be a case on it.</p> <p>During an interview on 10/03/24 at 9:35 AM, the Housekeeping Supervisor (HSKS) revealed residents were using more pillows, but she had not been ordering more pillowcases. She said if a resident had more pillows, there should be more pillowcases. She said she ordered pillowcases at least once a month. She agreed it was a problem if residents did not have enough pillowcases.</p> <p>During an interview on 10/03/24 at 3:22 PM, the Administrator agreed that every resident should have enough pillowcases so every pillow they have on their bed has a pillowcase.</p>

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35690</p> <p>Based on interviews and a review of the In-Service Deficiency Report, the facility failed to ensure an effective training program for all new and existing staff was implemented and maintained. The failure to ensure an effective training program was in place had the potential to impact all of the residents in the facility related to safety, person-centered environment, and the number of adverse events or other resident complications.</p> <p>Findings include:</p> <p>Review of the In-Service Deficiency Report (undated) provided by the facility revealed 19 training topics that should be provided to employees annually. Training topics included: Elopement, EOP (Emergency Operation Plan) Training, Performance Evaluation, Abuse Policy and Procedure (provided quarterly), Communication Training, Fire Safety, Trauma Informed Care, CPR (Cardiopulmonary Resuscitation) Care Verification, Employee Health and Safety, Elope Drill, Tornado Drill, Dementia Management, Disaster Drill based on HVA (Hazard Vulnerability Analysis), Behavior Health Management, Compliance and Ethics Program, QAPI (Quality Assurance Performance Improvement) Program, 90 Day Eval[uation] Nurse Aides, Competency Evaluation, Employee Annual TB (Tuberculosis) test/screening.</p> <p>During an interview on [DATE] at 2:00 PM, the Director of Nursing (DON) said they did not have a formal training program for all staff. She said she would try and provide training on different topics but always had difficulty with staff attendance. She agreed it was important to have a training program for staff because the training could impact resident care and safety. The DON said she had covered topics such as dementia training, wound care, skin care, abuse, elopement, infection control, and proper handwashing. She said she knew that all staff had not attended every training but she was uncertain how to ensure staff did attend and ways to hold staff accountable for attending. She confirmed there was no documentation to show which staff had been trained in which areas and which had not.</p> <p>During an interview on [DATE] at 3:22 PM, the Administrator and the Director of Clinical Operations (DCO) agreed they did not have a formal training program for all existing staff, and the training they provided did not ensure all staff attended. The Administrator said moving forward, they will be holding in-services monthly at multiple times throughout the day to ensure all shifts were able to receive the training and ensure all the necessary topics were covered. The DCO agreed having a training program for all staff was important to ensure they were knowledgeable and could provide quality care to residents.</p>		