STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115636	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Blossom Healthcare & Rehabilitation Center	3051 Whiteside Road Macon, GA 31216

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(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. Based on observation, staff interviews, and review of the facility policy titled Dating & Expired Food Items Policy, the facility failed to ensure that food items were dated when opened. In addition, the facility failed to ensure that food items were not stored or made available for use beyond their expiration dates. The deficient practices had the potential to place the 81 residents who received food and hydration from the kitchen at increased risk of foodborne illness. Findings include: Review of the facility's undated policy titled Dating & Expired Food Items Policy revealed the Policy Statement included, The facility will ensure all food is identifiable, within allowed dates, and safe for service to prevent use of expired, undated, or questionable items. Every food item will be labeled and dated at receipt and when opened/ prepared, with a clear discard date. No item may be served past its use-by/discard date. Updated, unlabeled, or questionable items will be discarded immediately. Observation during the initial kitchen tour on 1/6/2026 from 8:35 am to 9:05 am, with the Dietary Manager (DM) present, revealed the following: Two freezer bags of chicken, unlabeled and missing a use-by/discard date. One freezer bag of chopped ham was labeled with an expired date of 1/4/2026. One plastic container of gravy, missing a use-by date One bag of opened, cut potatoes in a box with no open or use-by date present. In an interview on 1/6/2026 at 9:05 am, the DM confirmed that the chopped ham had expired and stated that staff forgot to throw it out on 1/4/2026. The DM stated the chicken should have been labeled with an open and discard date, and that all open food items should have an open and discard date.

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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(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** Based on observations, staff interviews, and review of the facility's policies titled Medication Storage in the Healthcare Centers and Medication Administration: General Guidelines, and Medication Administration: General Guidelines, the facility failed to ensure one of three medication carts and one of one wound care cart were locked and secured when out of the direct sight of the nurse. In addition, the facility failed to discard expired medical supplies in one of four supply rooms. Additionally, the facility failed to ensure that medications on two of three medication carts were stored in a sanitary manner. These deficient practices have the potential to place residents residing in the facility at risk of unauthorized access to medications, use of expired medical supplies, and avoidable infection related to cross-contamination. The census was 80 residents. Findings include:Review of the facility's policy titled Medication Storage in the Healthcare Centers, revised [DATE], revealed that the Policy Statement included, Medications and biologicals are stored safely, securely, and properly following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, Certified Medication aides, and pharmacy personnel. The Procedure section included, .3. Nurses and medication aides are required to check all medications for deterioration and expiration before administration. Nursing staff and medication aides who administer medications are responsible for the cleaning and organization of medication carts and storage areas. 11. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication destruction, and reordered from the pharmacy if a current order exists.Review of the facility's policy titled Medication Administration: General Guidelines, reviewed [DATE], revealed the Procedure section included, . 16. During routine administration of medications, the medication cart is kept closed and locked. No medications are kept on top of the cart must be inaccessible to patients/residents or others passing by.1. Observation on [DATE] at 9:10 am revealed Licensed Practical Nurse (LPN) LL entered resident room [ROOM NUMBER] to administer medication. Observation revealed the medication cart located in the hallway was unlocked and unattended, and out of the direct eyesight of LPN LL. Further observation revealed that medications were on top of the cart. In an interview on [DATE] at 9:12 am, LPN LL confirmed that she did not lock the medication cart, there were medications on top of the cart, and that the cart was not in her view. She stated that the medication cart should be locked if not in use or in view, and medications should not be left on top of the cart. Observation on [DATE] at 10:59 am revealed that the wound care cart on the 100 Hall was unlocked and unattended. In an interview on [DATE] at 11:00 am, LPN DD confirmed that the wound care cart located on the 100 Hall was unlocked and unattended. She stated that the cart should be locked because it contained medications.2. In a concurrent observation and interview on [DATE] at 12:30 pm, during observation in the Wound Care Room, the Central Supply/Staffing Coordinator confirmed disinfectant wipes expired on 2/2025, and xeroform gauze dressing (wound care dressing) expired on 3/2024.Observation on [DATE] at 12:57 pm, in the Medication Room, located at Nurse's Station Two, revealed sting-free expired [DATE], derma prep expired [DATE], and disinfectant wipes expired 9/2025. In an interview on [DATE] at 12:58 pm, the Central Supply/Staffing Coordinator confirmed the expired sting-free, derma prep, and disinfectant wipes.3. Observation on [DATE] at 11:20 am of the medication cart located on the 100 Unit, revealed one inhaler was stored with no mouthpiece cover, one nasal spray with no cover on the top, and one mouth spray with no cover on the top.Observation on [DATE] at 3:08 pm of the medication cart located on the 300 Unit revealed one nasal inhaler with the top cover missing. In an interview on [DATE] at 11:40 am, LPN AA confirmed the findings on the medication cart on the 100 Unit. In a (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	concurrent interview on [DATE] at 3:07 pm, LPN LL and the Assistant Director of Nursing (ADON) confirmed that the nasal spray on the 300 Unit medication cart was missing a cover.In a concurrent observation and interview on [DATE] at 11:40 am of a medication cart with LPN AA, she confirmed the cart had a sticky substance on it, and a medication box was stuck to the bottom of a drawer of the cart. She stated the nurses should maintain the carts in a clean condition. In an interview on [DATE] at 1:16 pm, LPN DD stated that the nurse who works on the cart was to keep the cart clean.In an interview on [DATE] at 3:23 pm, the Director of Nursing (DON) stated that the Central Supplier personnel stock and check the over-the-counter medication and should check the expiration dates of the supplies. The DON stated that the nurses were responsible for checking medication carts for expired medication and ensuring they were clean. The DON further stated that nurses should lock the medication cart when they walk away from it and should not leave medications on top of the medication cart.

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(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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility policy titled Medication Administration: General Guidelines, the facility failed to ensure three of 34 sampled residents (R) (R61, R19, and R43) were assessed for medication self-administration before allowing medications at the bedside. This deficient practice has the potential to place R61, R19, and R43 at risk of unsafe medication use and not receiving medication according to the prescriber's order.Findings include: Review of the facility policy titled Medication Administration: General Guidelines, reviewed 7/28/2025, revealed the Procedure section included, .4. Patients/residents are allowed to self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications. 1. Review of the Electronic Medical Record (EMR) for R61 revealed diagnoses including, but not limited to, legal blindness, as defined in the USA, and combined forms of age-related cataract, unspecified eye Review of the admission Minimum Data Set (MDS), dated [DATE], for R61 revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 14 (indicating little to no cognitive impairment). Review of the physician's orders for R61 revealed active orders included GenTeal Tears Severe Day/Night ophthalmic gel 0.4-0.3 percent instill one application in both eyes four times a day for dry eyes, Artificial Tears ophthalmic solution 1 percent instill one drop in both eyes four times a day for prophylaxis, and one drop in both eyes as needed for dry eyes daily. There was no physician's order for medication self-administration or medications at the bedside. Review of the care plan for R61, with a start date of 12/2/2025 and a target date of 12/16/2025, revealed no care plan for self-administration of medication or medication being left at the bedside. Review of the EMR revealed no self-administration of medication assessment indicating that R61 was assessed as capable of medication self-administration. Observation on 1/6/2026 at 10:33 am revealed GenTeal Tears Severe Day/Night ophthalmic gel 0.4-0.3 percent and Artificial Tears ophthalmic solution 1 percent on R61's bedside table. In an interview on 1/6/2026 at 10:33 am, R61 revealed that he used two different eye drops, and he used them in the morning and night. R61 stated that the nurse left the eye drops in the room. In an interview on 1/6 /2026 at 10:39 am, Licensed Practical Nurse (LPN) LL stated the medication should not have been left at the bedside. She stated that they are supposed to watch the residents administer the drops and then return them to the medication cart. In an interview on 1/6/2026 at 10:45 am, LPN DD revealed that she left the eye drops on in R61's room. She stated that she had to go to the bathroom and didn't get back to the room to put them up. 2. Review of the EMR for R19 revealed diagnoses including, but not limited to, unspecified dementia and osteoarthritis. Review of the Quarterly MDS assessment for R19, dated 12/30/2025, revealed Section C (Cognitive Patterns) documented a BIMS score of 7 (indicating severe cognitive impairment). Section I (Active Diagnosis) revealed diagnoses of, but not all-inclusive, dementia, anxiety, depression, and osteoarthritis. Review of the care plan for R19, dated 11/24/2025, revealed the resident had an impaired cognitive function and impaired thought processes related to dementia, difficulty making decisions, and long-term memory loss. Further review revealed no care plan for medication self-administration. (continued on next page)

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the physician's orders for R19 revealed an active order for Voltaren Arthritis Pain external gel 1 percent, apply one gram (gm) topically four times a day, related to bilateral primary osteoarthritis of the knee. Further review revealed no physician's order for self-administration of medication. Review of the self-administration assessment, dated 1/6/2026, revealed that R19 was not capable of storing or self-administering medication. Observation on 1/6/2025 at 10:22 am in R19's room revealed a tube of diclofenac (a generic medication for Voltaren) in a basket on the bedside table and a medicine cup with a cream in it. In a concurrent observation and interview on 1/6/2026 at 11:17 am, LPN LL confirmed the cream in a cup and the tube of diclofenac on the bedside tablet. LPN LL stated the resident had a physician's order for the Voltaren gel and was not assessed for medication self-administration. 3. Review of the EMR for R43 revealed diagnoses including, but not limited to, chronic obstructive pulmonary disease (COPD) and obstructive hypertrophic cardiomyopathy. Review of the Quarterly MDS for R43, dated 10/13/2025, revealed Section C (Cognitive Patterns) documented a BIMS score of 12 (indicating moderate cognitive impairment). Section I (Active Diagnosis) revealed diagnoses including, but not limited to, COPD and obstructive hypertrophic cardiomyopathy. Review of the care plan for R43, dated 10/13/2025, revealed that R43 had altered respiratory status/difficulty breathing related to COPD. Interventions included administering medication and puffers as ordered, monitoring for effectiveness and side effects. Review of the physician's orders for R43 revealed an order dated 8/14/2025 for Advair HFA (Hydrofluoroalkane) inhalation aerosol 115-21 microgram (mcg)/actuation (ACT), two puffs inhaled orally two times a day, and swish and spit after use. Further review revealed an order dated 7/25/2025 for azelastine hydrochloride (HCl) nasal solution 0.1 percent, one spray in both nostrils two times a day, and an order dated 9/19/2024 for Proventil HFA inhalation aerosol solution 108 (90 base) mcg/ACT two puffs inhale orally every six hours as needed for shortness of breath. There was no physician's order for medication self-administration. Review of the EMR for R43 revealed no medication self-administration assessment that indicated the resident was capable of self-administering medication. In a concurrent observation and interview on 1/6/2026 at 10:12 am, observation revealed an Advair inhaler, a Proventil inhaler, and an azelastine nasal spray at R43's bedside. R43 stated the nurses left the medications at the bedside in case she needed them. In a concurrent observation and interview on 1/6/2026 at 11:17 am, LPN LL confirmed that she left the two inhalers and nasal sprays at the bedside. She stated that the resident was on the toilet and asked that she leave them on the bedside table. LPN LL stated the medication should not have been left in the resident's room. She stated R43 was not assessed to safely self-administer medications. In an interview on 1/8/2026, the MDS Coordinator confirmed that R61, R19, and R43 were not assessed to self-administer medication.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 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.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 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: . l. 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.

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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. Based on observation, staff interviews, record review, and review of the facility's policy titled [facility name] Care Plans Policy, the facility failed to develop or implement a comprehensive person-centered care plan for four of 34 sampled residents (R) (R21, R46, R76, and R4). This deficient practice had the potential to place R21, R46, R76, and R4 at risk of unmet needs, medical complications, and diminished quality of life.Findings include: Review of the facility's policy titled [facility name] Care Plans Policy revealed that the facility's interdisciplinary team is responsible for the development of resident care plans. A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident. 1. Review of the Quarterly Minimum Data Set (MDS) for R21, dated 11/24/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 5 (indicating severe cognitive impairment). Section GG (Functional Abilities and Goals) documented that the resident required substantial/maximal assistance with rolling left and right, sitting to lying, lying to sitting, and was dependent for transfers. Section P (Restraints) documented restraints were not used. Review of the care plan for R21, dated 11/24/2025, revealed a focus area that the resident uses bed rails on both sides of the bed in the form of side rails. Interventions included: Complete a bed rail evaluation. Educate the resident, family, and representative of the risk of bed rail use. Bed rail is necessary to treat the following medical condition or symptom as determined by the interdisciplinary team: positioning. The resident is utilizing assist bars on both sides of the bed. Review of the physician orders for R21 revealed no order for bilateral upper and lower bed rails.Observations on 1/6/2026 at 10:37 am and 1/7/2026 at 10:52 am revealed that bilateral upper and lower bed rails were in the up position on the bed. Observation and interview on 1/8/2026 at 8:32 am revealed bilateral upper and lower bed rails in the up position. R21 stated he was not sure why all four rails were up and stated he did not use the bottom rails.In an observation and interview on 1/8/2026 at 10:24 am, Licensed Practical Nurse (LPN) II confirmed that the resident's bed had bilateral upper and lower bed rails in the up position. In an interview on 1/8/2026, the MDS Coordinator on 1/8/2026 confirmed that the care plan for R21 included upper rail assist for positioning and did not include bilateral upper and lower bedrails. 2. Review of the Quarterly MDS for R46, dated 11/25/2025, revealed Section I (Active Diagnosis) revealed diagnoses including chronic diastolic heart failure and generalized anxiety disorder. Section O (Special Treatments, Procedures, and Programs) documented that the resident received oxygen while a resident. Review of the care plan for R46, dated 11/19/2025, revealed that the resident had altered respiratory status and difficulty breathing related to shortness of breath. Interventions included administering supplemental oxygen per ordered. Review of the physician orders for R46 revealed an order dated 12/2/2025 for oxygen at 2 liters per minute (LPM) via [by way of] a nasal cannula (NC) as needed. Observation on 1/6/2026 at 9:35 am revealed that R46 was receiving oxygen, with the concentrator (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	flow rate set between 4 and 4.5 LPM. Observation on 1/7/2026 at 7:22 am revealed that R46 was receiving oxygen, with the concentrator flow rate set at 3.5 LPM. Observation on 1/8/2026 at 8:29 am revealed that R46 was receiving oxygen, and the concentrator was set between 3 and 3.5 LPM. In a concurrent interview and observation on 1/8/2026 at 10:35 am, Licensed Practical Nurse/Unit Manager (LPN/UM) II confirmed that the oxygen flow rate for R46 was set between 4 and 4.5 LPM, the physician's order was for 2 LPM, and the flow rate was not set to the correct level. In an interview on 1/8/2026 at 2:07 pm, the MDS Coordinator confirmed R46's plan of care for supplemental oxygen as per ordered. She confirmed that she was ordered to receive oxygen at 2 LPM via an NC. 3. Review of the Quarterly MDS for R76, dated 10/27/2025, revealed Section I (Active Diagnosis) revealed diagnoses including chronic obstructive pulmonary disease (COPD) and acute respiratory distress. Section O (Special Treatments, Procedures, and Programs) documented that the resident received oxygen while a resident. Review of the care plan for R76, dated 10/28/2025, revealed the resident had altered respiratory status and difficulty breathing related to COPD. Interventions included administering supplemental oxygen per ordered. Review of the physician orders for R76 revealed an order dated 10/14/2025 for oxygen at 2 LPM via NC as needed and as tolerated per resident every shift. Observation on 1/6/2026 at 10:11 am revealed that R76 was receiving oxygen, with the concentrator flow rate set to 3 LPM. Observation on 1/7/2026 at 7:20 am revealed that R76 was receiving oxygen, with the concentrator flow rate set at 3.5 LPM. In a concurrent interview and observation on 1/8/2026 at 10:32 am, LPN/UM II confirmed the concentrator flow rate for R76 was set at 3 LPM. She confirmed that the physician's order was for oxygen therapy at 2 LPM. In an interview on 1/8/2026 at 2:07 pm, the MDS Coordinator confirmed R76's plan of care for administering oxygen as ordered. 4. Review of the electronic medical record (EMR) for R4 revealed diagnoses including, but not limited to, acute respiratory failure with hypoxia, unspecified atrial fibrillation, and a personal history of COVID 19. Review of the Quarterly MDS assessment for R4, dated 11/22/2025, revealed that Section O (Special Treatments, Procedures, and Programs) documented that the resident received oxygen while a resident. (continued on next page)

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	115636	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Blossom Healthcare & Rehabilitation Center	3051 Whiteside Road Macon, GA 31216

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the care plan for R4 revealed no care area for the use of oxygen. A review of the physician orders for R4 revealed an order dated 6/9/2025 for oxygen at 2 LPM via NC. Observations on 1/6/2026 at 9:43 am and 2:43 pm revealed R4's oxygen flow rate was set at 3 LPM. Observation on 1/7/2026 at 10:11 am revealed R4's oxygen flow rate was set at 3 LPM. In an interview on 1/7/2026 at 10:11 am, LPN FF confirmed that R4's oxygen was set at 3 LPM, and it should be set at 2 LPM. In an interview on 1/8/2026 at 2:10 pm, the MDS Coordinator confirmed that her responsibilities include completing assessments, developing care plans, and conducting restorative assessments. She confirmed there was no care area for oxygen on R4's care plan and acknowledged that it was her error that oxygen therapy had not been added to the resident's care plan and stated that the care plan has since been updated to accurately reflect the resident's oxygen use. Cross-Reference F700 and F695

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observations, staff interviews, record review, and review of the facility document titled PICC Lines Procedures, the facility failed to ensure one of one resident (R) (R87) with a peripheral inserted central catheter (PICC) [a long, thin tube inserted into a small arm vein, threaded to a large vein near the heart] from a total sample of 34 residents received care in accordance with professional standards. This deficient practice had the potential to place R87 at increased risk of medical complications. Findings include:A review of the facility's undated document titled PICC Lines Procedures revealed the PICC Maintenance and Care section included, . Aspirate to assess blood flow before every flush and infusion.Review of the physician's orders for R87 revealed an order dated 1/6/2026 for daptomycin (an antibiotic medication used to treat infections) intravenous solution 750 milligrams (mg) every 24 hours. Further review revealed an order dated 1/6/2026 for: Flush single-lumen PICC line to RUE (right upper extremity) using SASH (saline, antibiotic, saline, heparin) protocol one time a day.Observation of medication pass on 1/7/2026 at 9:41 am revealed that Licensed Practical Nurse (LPN) AA applied personal protective equipment, cleaned the PICC line lumen (an individual access point of the PICC line), connected a five milliliter (ml) syringe of 0.9 percent normal saline to the lumen, flushed the line, and did not aspirate (draw back) to check for blood return to verify patency, disconnected the syringe, and connected the daptomycin infusion. In an interview on 1/7/2026 at 9:42 am, LPN AA stated that she flushed the PICC line with normal saline and did not aspirate to check for blood flow before infusing the antibiotic. She stated she should have checked for blood return prior to infusing the antibiotic. She stated that it was standard practice to aspirate to check for blood return.In an interview on 1/7/2026 at 3:12 pm, the Assistant Director of Nursing (ADON) stated that the nurse should draw back blood to check patency of the PICC line before infusing medications. The ADON stated that the SASH protocol was used to maintain the PICC line.In an interview on 1/8/2026 at 3:23 pm, the Director of Nursing (DON) stated that management of PICC lines included enhanced barrier precautions, hand hygiene, and SASH, including blood return to check for patency.

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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. Based on observations, staff interviews, record review, and review of the facility's policy titled Oxygen Therapy Policy, the facility failed to ensure four of 29 residents (R) (R43, R46, R76, and R4) with oxygen orders received oxygen as ordered by the physician. This deficient practice has the potential to place residents R43, R46, R76, and R4 at increased risk of respiratory complications.Findings include: Review of the facility's policy titled Oxygen Therapy Policy, revised 4/2024, revealed the policy statement was, It is the policy of the facility that oxygen therapy was administered per a physician's order or as an emergency measure until a physician's order can be obtained. The Follow the steps below to administer oxygen therapy section included, .8. Turn on the oxygen supply and set the flow meter to the rate ordered by the physician. 1. Review of the Quarterly Minimum Data Set (MDS) assessment for R43, dated 10/13/2025, revealed Section I (Active Diagnosis) documented diagnoses including chronic obstructive pulmonary disease (COPD) and obstructive hypertrophic cardiomyopathy. Section O (Special Treatments, Procedures, and Programs) documented that the resident received oxygen while a resident. Review of the medication administration record (MAR), dated 1/1/2026 through 1/31/2026, for R43 revealed an order dated 9/20/2024 for oxygen at 3 LPM via NC, as tolerated per resident, every shift and every day. Observations on 1/6/2026 at 10:12 am and 1/7/2026 at 7:25 am revealed that R43 was receiving oxygen via an NC, and the concentrator flow rate was set between 4 and 4.5 LPM. Observation on 1/8/2026 at 8:31 am revealed that R43 was receiving oxygen via an NC, with the concentrator flow rate set to 4 LPM. In an interview on 1/8/2026 at 10:34 am, Licensed Practical Nurse (LPN) Unit Manager (UM) II confirmed that R43's oxygen flow rate was set between 4 and 4.5 LPM. She stated that the nurse should ensure the oxygen flow rate was set to the physician-ordered setting. 2. Review of the Quarterly MDS for R46, dated 11/25/2025, revealed Section I (Active Diagnosis) revealed diagnoses including chronic diastolic heart failure and generalized anxiety disorder. Section O (Special Treatments, Procedures, and Programs) documented that the resident received oxygen while a resident. Review of the physician orders for R46 revealed an order dated 12/2/2025 for oxygen at 2 LPM via NC as needed. Observation on 1/6/2026 at 9:35 am revealed that R46 was receiving oxygen, with the concentrator flow rate set between 4 and 4.5 LPM. Observation on 1/7/2026 at 7:22 am revealed that R46 was receiving oxygen, with the concentrator flow rate set at 3.5 LPM. Observation on 1/8/2026 at 8:29 am revealed that R46 was receiving oxygen, and the concentrator was set between 3 and 3.5 LPM. In a concurrent interview and observation on 1/8/2026 at 10:35 am, LPN/UM II confirmed that the (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	oxygen flow rate for R46 was set between 4 and 4.5 LPM. She confirmed that the physician's order was for 3 LPM, and the flow rate was not set to the correct level. 3. Review of the Quarterly MDS for R76, dated 10/27/2025, revealed Section I (Active Diagnosis) revealed diagnoses including chronic obstructive pulmonary disease (COPD) and acute respiratory distress. Section O (Special Treatments, Procedures, and Programs) documented that the resident received oxygen while a resident. Review of the physician orders for R76 revealed an order dated 10/14/2025 for oxygen at 2LPM via NC as needed and as tolerated per resident every shift. Observation on 1/6/2026 at 10:11 am revealed that R76 was receiving oxygen, with the concentrator flow rate set to 3 LPM. Observation on 1/7/2026 at 7:20 am revealed that R76 was receiving oxygen, with the concentrator flow rate set at 3.5 LPM. In a concurrent interview and observation on 1/8/2026 at 10:32 am, LPN/UM II confirmed the concentrator flow rate for R76 was set at LPM. She confirmed that the physician's order was for oxygen therapy at 2 LPM. In an interview on 1/8/2026 at 10:42 am, LPN/UM II stated that she checked oxygen flow rates on concentrators after medication pass. In an interview on 1/8/2026 at 1:42 pm, the Assistant Director of Nursing (ADON) stated that oxygen flow rates should be checked every shift. 4. Review of the electronic medical record (EMR) for R4 revealed diagnoses including, but not limited to, acute respiratory failure with hypoxia, unspecified atrial fibrillation, and a personal history of COVID 19. Review of the Quarterly MDS assessment for R4, dated 11/22/2025, revealed that Section O (Special Treatments, Procedures, and Programs) documented that the resident received oxygen while a resident. A review of the physician orders for R4 revealed an order dated 6/9/2025 for oxygen at 2 LPM via NC. Observations on 1/6/2026 at 9:43 am and 2:43 pm revealed R4's oxygen flow rate was set at 3 LPM. Observation on 1/7/2026 at 10:11 am revealed R4's oxygen flow rate was set at 3 LPM. In an interview on 1/7/2026 at 10:11 am, LPN FF confirmed that R4's oxygen was set at 3 LPM, and it should be set at 2 LPM. 5. Review of the clinical record for R6 revealed diagnoses including, but not limited to, COPD with acute exacerbation. Review of the Quarterly MDS for R6, dated 10/29/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 10 (indicating moderate cognitive impairment). Section O (Special Treatments, Procedures, and Programs) documented that the resident received oxygen while a resident. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the physician orders for R6 revealed an order dated 10/22/2025 for oxygen at 2 LPM via an NC as needed and as tolerated. Observations on 1/6/2026 at 10:33 am, 2:20 pm, and 1/7/2026 at 8:45 am revealed R6 receiving oxygen via an NC with the flow meter set at 3 LPM. In an interview on 1/6/2026 at 2:20 pm, R6 stated that she did not change her oxygen setting. In a concurrent observation and interview on 1/7/2026 at 11:15 am, LPN FF confirmed that R6's oxygen was set at 3 LPM and was ordered to be set at 2 LPM. In an interview on 1/8/2026 at 3:23 pm, the Director of Nursing (DON) stated that nurses were to check oxygen concentrator flow rates when they go into the room to check on the residents. She further stated that the oxygen flow rate should match the physician's order.

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. Based on observations, resident and staff interviews, review of the facility's policy titled Side Rail Usage Policy, and review of the facility's protocol titled Restraint- Least Restrictive, the facility failed to ensure that one of 34 sampled residents (R) (R 21) was free from bedrail restraint. This deficient practice had the potential to place R21 at risk of medical complications and a decreased quality of life. Findings include:Review of the facility's undated policy titled Side Rail Usage Policy revealed the Policy section stated, The facility discourages the use of side rails because of the potential safety and dignity issues associated with side rail usage. The Procedure section included, .2. Side rails will only be used if a resident needs the side rail(s) as an enabler to enhance bed mobility. 3. Procedure for side rail usage: a. A physician's order must be obtained for the use of any rail(s). b. The order must include type of rail and location (i.e., resident's right, left, or both). c. The reason for use of the rail(s). 7. The Side Rail Screen Assessment is to be completed on admission and whenever an order is received.Review of the facility's protocol titled Restraint-Least Restrictive, revised 2/2025, revealed Restraints include, but are not limited to: Bed rails to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility while in bed.Review of the Face Sheet for R21 revealed diagnoses including, but not limited to, history of transient ischemic attacks (TIA), cerebral infarction, muscle weakness, unsteadiness on feet, muscle wasting, lack of coordination, history of falling, and macular degeneration.Review of the Quarterly Minimum Data Set (MDS) for R21, dated 11/24/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 5 (indicating severe cognitive impairment). Section GG (Functional Abilities and Goals) documented that the resident required substantial/maximal assistance with rolling left and right, sitting to lying, lying to sitting, and was dependent for transfers. Section P (Restraints) documented restraints were not used. Review of the physician orders for R21 revealed no order for bilateral upper and lower bed rails.Review of the bed rail assessment, dated 6/18/2025, documented bilateral assist rails for positioning.Review of the Assist Bar Consent Form, dated 6/16/2025, for R21 documented that the purpose of assist bars was to assist with repositioning or mobility. Observations on 1/6/2026 at 10:37 am and 1/7/2026 at 10:52 am revealed that bilateral upper and lower bed rails were in the up position on the bed. Observation and interview on 1/8/2026 at 8:32 am revealed bilateral upper and lower bed rails in the up position. R21 stated he was not sure why all four rails were up and stated he did not use the bottom rails.In an observation and interview on 1/8/2026 at 10:24 am, Licensed Practical Nurse (LPN) II confirmed that the resident's bed had bilateral upper and lower bed rails in the up position. She stated the bed should not have all four bed rails in the up position and that bed rail use required a physician's order and a bed rail assessment every six months.In an interview on 1/8/2026 at 10:28 am, Certified Nurse Aide (CNA) HH stated that she had just left R21's room after providing restorative care. She confirmed the bed had bilateral upper and lower bed rails in the up position. She stated that she should have notified the nurse that the resident had four rails up to verify that the resident was supposed to have four rails up.In an interview on 1/8/2026 at 10:45 am, the Director of Nursing (DON) stated the resident should not have bilateral upper and lower bed rails in the up position. She stated that bed rails were used to assist with turning and repositioning. She further stated that bilateral upper and lower bed rails in the up position could be a restraint.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record reviews, and review of the facility's policy titled Soiled Laundry and Bedding Policy, the facility failed to ensure that laundry staff followed infection control processes while performing laundry services. In addition, the facility failed to ensure infection control measures were followed for one of 16 sampled residents (R) (R76) receiving oxygen. These deficient practices had the potential to place residents at risk for infections due to contamination. The census was 80 residents.Findings include:Review of the facility policy titled Soiled Laundry and Bedding Policy revealed that Soiled Laundry and bedding shall be handled, transported, and processed according to best practices for infection prevention and control. The Onsite Laundry Processing section included 1) hand hygiene procedures as well as appropriate personal protective equipment (PPE), includes gloves and gowns are available and used while sorting and handling contaminated linens.1. Observation on 1/7/2026 at 10:09 am revealed that, during the placement of clean linens, the Laundry Aide held clean laundry against her shirt.Observation and interview on 1/7/2026 at 10:33 am revealed that the Laundry Aide was sorting dirty linen without a gown on. She confirmed that she did not have a gown on and did not have access to a gown. She stated she was never informed that she needed to wear a gown while sorting laundry.In a concurrent observation and interview on 1/7/2026 at 11:03 am, the Housekeeping and Laundry Supervisor confirmed that the Laundry Aide was not wearing a gown while sorting linen and confirmed she did not have access to gowns.2. Review of R76's most recent Quarterly Minimum Data Set (MDS) dated [DATE] revealed Section I (Active Diagnosis) revealed diagnoses including, but not limited to, chronic obstructive pulmonary disease (COPD) and acute respiratory distress.Review of the care plan for R76, dated 10/28/2025, revealed that R76 had altered respiratory status and difficulty breathing related to chronic obstructive pulmonary disease.Review of the Physician Orders for R76 revealed an order dated 10/14/2025 for oxygen at two liters per minute (LPM) via nasal cannula (NC) as needed as tolerated per resident every shift. Further review revealed an order dated 10/14/2025 for ipratropium-albuterol inhalation solution 0.5-2.5 milligram (mg)/3 milliliter inhalation orally. Observation on 1/6/2026 at 10:11 am in R76's room revealed that a nebulizer tubing and mask were lying on the nightstand, uncovered and exposed to the environment. Further observation revealed that the oxygen tubing connected to the portable oxygen tank was lying over a rollator.Observation on 1/7/2026 at 7:20 am in R76's room revealed the nebulizer tubing and mask remained on the nightstand, uncovered and exposed to the environment. Further observation revealed that the oxygen tubing connected to the portable oxygen tank was lying over a rollator.In a concurrent interview and observation on 1/8/2026 at 10:32 am, Licensed Practical Nurse (LPN)/Unit Manager II confirmed that R76's nebulizer mask and tubing were lying with the mask down on the nightstand and uncovered. She further confirmed that the portable oxygen tubing was lying uncovered over the rollator.In an interview on 1/8/2026 at 10:42 am, LPN GG stated that nasal canula tubing should be stored in a protective bag when not in use.In an interview on 1/8/2026 at 1:42 pm, the Assistant Director of Nursing (ADON) stated that oxygen and nebulizer tubing should be stored in a protective bag when not in use.