STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115644	A. Building B. Wing	06/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keysville Nursing Home & Rehab	1005 GA Highway 88 Blythe, GA 30805

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews and record review, the facility failed to transmit a Discharge Minimum Data Set (MDS) within 14 days after completion for one of 17 sampled residents (R) (R20). Findings include:Review of R20's clinical record revealed resident deceased on [DATE] at 5:50 AM.Review of the MDS listing for R20 revealed a Quarterly MDS on [DATE]. Further review of the current MDS listing revealed that there were no updates or modifications to the MDS since R20's death on [DATE].During an interview with the MDS Coordinator on [DATE] at 2:10 PM, she stated that she was responsible for updating the MDS when a resident is discharged or passed away. She acknowledged that she failed to update the MDS within 14 days of R20's death.During an interview with the Administrator on [DATE] at 1:15 PM the Administrator stated that the MDS Coordinator was responsible for updating the MDS and expected the MDS Coordinator to do so within 14 days of any changes.

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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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and facility policy review, the facility failed to develop and implement a baseline care plan within 48 hours of admission for one of 12 newly admitted residents (R) (R5) reviewed for baseline care planning. This deficient practice had the potential to delay communication of the resident's immediate care needs and interventions to staff responsible for providing care. Findings include: A review of the facility policy titled, Baseline Care Plan, last reviewed May 2026, facility policy, Baseline Care Plan, revealed that the facility would develop and implement a baseline care plan for each resident within 48 hours of admission. The plan would include initial goals on admission orders, physician orders, dietary orders, therapy services, social services, and PASSAR (Preadmission Screening and Annual Resident Review) recommendations.A medical record review revealed that R5 was admitted to the facility on [DATE] with diagnosis of but not limited to, a past medical history of spinal fusion, spinal stenosis, anemia, hyperlipidemia, depression, anxiety, polyneuropathy, and hypertension.A continued review revealed that the facility failed to develop a baseline care plan until 05/18/2026.During an interview on 06/06/2026 at 12:20 PM, the MDS Coordinator stated she is responsible for creating a baseline care plan within 48 hours of a resident's admission and had failed to complete R5's baseline care plan within that required time.During an interview on 06/07/2026 at 9:16 AM with the Administrator, the Administrator explained that baseline care plans should be conducted within 48 hours of a resident's admission. She added that comprehensive assessments should be conducted by or before the next review date documented in the medical record.A medical record review revealed that R5 was admitted to the facility on [DATE] with diagnosis of but not limited to, a past medical history of spinal fusion, spinal stenosis, anemia, hyperlipidemia, depression, anxiety, polyneuropathy, and hypertension. A continued review revealed that the facility failed to develop a baseline care plan until 05/18/2026.During an interview on 06/06/2026 at 12:20 PM, the MDS Coordinator stated she is responsible for creating a baseline care plan within 48 hours of a resident's admission and had failed to complete R5's baseline care plan within that required time.During an interview on 06/07/2026 at 9:16 AM with the Administrator, the Administrator explained that baseline care plans should be conducted within 48 hours of a resident's admission. She added that comprehensive assessments should be conducted by or before the next review date documented in the medical record.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and review of the facility policy titled, Comprehensive Care Plans, the facility failed to develop a comprehensive care plan for two of 17 sampled residents (R) (R7 and R5) related to Foley catheter. The deficient practice had the potential for R7 and R5 to have needs and services go unmet. Findings include: A review of the facility policy, Comprehensive Care Plans, last revised May 2026, revealed under Policy Explanation and Compliance Guideline: 1. That the care planning process would include an assessment of the resident's strengths and needs. 2. The comprehensive plan would be developed within seven days after the comprehensive MDS (minimum data set) assessment. All Care Assessment Areas (CAAs) triggered by the MDS would be considered in developing the plan of care. 1. Review of the electronic medical record (EMR) revealed R7 was admitted to the facility on [DATE] with diagnoses of, but not limited to, hypertension, diabetes mellitus, and Alzheimer's disease, and benign prostatic hyperplasia. Review of the quarterly minimum data set (MDS) assessment, dated 05/25/2026, revealed a Brief Interview for Mental Status (BIMS) score that the resident could not complete, section H (bladder and bowel) documented that R7 required an indwelling catheter. Review of the care plan for R7 revealed no plan for an indwelling catheter. Review of the physician's orders for R7 included an order dated 02/11/2026 that specified to assess catheter site and perform catheter care every shift for urinary retention. In an interview on 06/07/2026 at 3:44 PM, the Infection Preventionist (IP) stated the care plan should show foley care. In an interview on 06/07/2026 at 11:18 AM the Director of Nursing (DON) stated nursing has oversight to be sure the care plan is accurate. The DON confirmed the paper care plan does not accurately reflect the care needs of R7. In an interview on 06/08/2026 at 09:30 AM the MDS Coordinator confirmed the care plan was not complete. 2. A review of the MDS OBRA (Omnibus Budget Reconciliation Act) admission Assessment, dated 05/20/2026, Section V-Care Assessment Area (CAA) Summary, revealed that R5's assessment triggered urinary incontinence and indwelling catheter. A review of the physician's orders (MD) dated 05/14/2026 revealed R5 had an indwelling Foley and required Foley catheter care. A review of R5's care plan revealed that R5 did not have a care plan for Foley catheter. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 06/06/2026 at 12:20 PM with the MDS Coordinator, the MDS Coordinator stated she had not yet updated the care plan but would begin working on it immediately. She explained that while she had completed the baseline care plan, the updated comprehensive care plan still needed to be completed. During an interview on 06/07/2026 at 9:16 AM with the Administrator, the Administrator explained that baseline care plans should be conducted within 48 hours of a resident's admission. She added that comprehensive assessments should be conducted by the next review date documented in the medical record, in accordance with facility policy and regulations.

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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 policy titled Oxygen Administration, the facility failed to ensure oxygen delivered via nasal cannula was administered at the physician-prescribed flow rate for one of 12 residents (R) (R28) receiving oxygen therapy. This deficient practice had the potential to result in inadequate or excessive oxygen delivery, placing the resident at risk for adverse outcomes.Findings Include:Review of facility policy, Oxygen Administration (reviewed/revised May 2026), states that oxygen is administered under physician orders except in an emergency. The physician's order for (R28) included oxygen at 2L/min (liters per minute) via nasal cannula continuously.Observations on 06/06/2026 at 8:17 AM and 2:52 PM, and 06/07/2026 at 9:48 AM, R28 was wearing oxygen at 3 LPM (liters per minute). Licensed Practical Nurse (LPN) BB confirmed that the ordered oxygen flow rate should be 2 LPM for R28. LPN BB verified the oxygen rate for R28 was set at 2 LPM. The nurse further stated that oxygen flow rates were checked each shift.During an interview on 06/07/2026 at 10:30 AM, LPN BB confirmed that the ordered oxygen flow rate should have been 2 L/min. After reviewing the observation, the nurse verified the oxygen was set at 3 L/min and adjusted it to the ordered rate of 2 L/min. The nurse further stated that oxygen flow rates are checked once each shift.Interview on 06/07/2026 at 11:17 AM with the Director of Nursing (DON) revealed the charge nurse should monitor oxygen levels every shift and as needed.