

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2025
NAME OF PROVIDER OR SUPPLIER Harmony Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 176 Lincoln Ave Fitzgerald, GA 31750	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on record review, staff interview, and review of the facility's policy titled Documentation of Wound Treatments, the facility failed to ensure the medical record documentation was completed and/or accurate for three of three residents (R) (R1, R3 and R4) reviewed for pressure ulcers from a total sample of nine residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Documentation of Wound Treatments dated 9/1/2024 under Policy revealed, The facility completes accurate documentation of wound assessments and treatments, including response to treatment, change in condition and changes in treatment. Wound treatments are documented at the time of each treatment. If no treatment is due, an indication on the status of the dressing shall be documented each shift (i.e., clean, dry, intact).</p> <p>1. Review of clinical records revealed R1 was admitted to the facility with the following diagnoses but not limited to: congestive heart failure, chronic obstructive pulmonary disease, hypertension, atherosclerosis, morbid obesity, and peripheral vascular disease.</p> <p>Review of R1's physician's order dated 5/11/2025 revealed, to clean the right leg with normal saline, pat dry, apply absorbent dressing and wrap with Kerlix every other day and as needed.</p> <p>Review of the May 2025 Treatment Administration Record (TAR) revealed there was lack of documentation to indicate if the treatment was provided on 5/11/2025, 5/13/2025, 5/19/2025, 5/21/2025, 5/23/2025, 5/25/2025 and 5/27/2025.</p> <p>2. Review of clinical records revealed, R3 was admitted to the facility with the following diagnoses but not limited to: diabetes, mild protein calorie malnutrition, peripheral vascular disease, chronic venous hypertension with ulcer of the left lower extremity, and hyperlipidemia.</p> <p>Review of R3's physician's order dated 4/1/2025 revealed, to clean wound to coccyx with normal saline, apply calcium alginate to wound bed and cover with foam and or bordered gauze dressing every Tuesday, Thursday and Saturday.</p> <p>Review of the May 2025 TAR revealed there was lack of documentation to indicate if the treatment was provided 5/6/2025, 5/8/2025, 5/13/2025, 5/22/2025 and 5/27/2025.</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
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the June 2025 revealed there was lack of documentation to indicate if the treatment was provided on 6/5/2025, 6/10/2025, 6/19/2025, 6/26/2025 and 6/28/2025.</p> <p>3. Review of clinical records revealed, R4 was admitted to the facility with the following diagnoses but not limited to: congestive heart failure, chronic obstructive pulmonary disease, diabetes, atherosclerotic heart disease, chronic peripheral venous insufficiency, cerebral infarction, and history of diabetic foot ulcer.</p> <p>Review of R3's physician's order dated 5/8/2025 revealed, to cleanse wound to coccyx with normal saline, apply Mesalt to wound bed and cover with bordered gauze every Tuesday, Thursday and Saturday and as needed.</p> <p>Review of the June 2025 TAR revealed there was lack of documentation to indicate if the treatment was provided on 6/1/2025, 6/4/2025, 6/10/2025, 6/13/2025 and 6/19/2025.</p> <p>During an interview with the Director of Nursing (DON) on 7/2/2025 at 12:20 pm, she stated the previous treatment nurse resigned 5/9/2025. The DON revealed nurses were told they were responsible for doing treatments. She stated in June 2025 she was reviewing documentation and realized how bad the documentation on the TAR's was. She stated although the nurses were doing the treatments they were not documenting on the TAR. They educated the staff in June 2025 regarding completing skin assessments and treatments as ordered. The DON provided a copy of a Performance Improvement Plan Worksheet dated 6/5/2025 regarding wound care and lack of appropriate documentation. One of the measurements indicated nursing management will conduct daily checks for one week of wound care documentation, followed by five times weekly for two weeks, followed by three times weekly for one week. However, the DON could not provide documentation this had been done.</p>		