STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115654	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49673 Based on observations, interviews, and review of the facility's policy titled, Resident Rights and Dignity Management, the facility failed to ensure one of 13 residents (R) (R17) was able to exercise their right to smoke. Findings include: Review of facility's policy titled, Resident Rights and Dignity Management, dated October 2023, in section self-determination and participation standard revealed, our facility respects and promotes the right of each resident to exercise his/her autonomy regarding what the resident considers to be important facets of his/her life . 3. The resident shall be encouraged to make choices about aspects of his/her life in the facility including: roommates, smoking. Review of the clinical record revealed that R17 was admitted to the facility with the diagnoses of but not limited to, intracranial injury without loss of consciousness, schizoaffective disorder bipolar, chronic obstructive pulmonary disease, and emphysema. Further record review revealed completed smoking and safety assessments dated 11/11/2024, 10/16/2024, 8/16/2024, and 5/5/2024 which confirmed R17 uses tobacco, follows the facility's policy on location and smoking times, and no clinical suggestions. In addition, smoking and safety assessments dated 8/16/2024, 10/16/2024, and 11/11/2024 safety note revealed R17 had no issues and needed reminders of smoking times. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating little to no cognitive impairment. Section GG: Functional Abilities and Goals Status revealed no impairment. Review of the care plan for R17, completed date 12/4/2024, revealed care area Focus: Risk for potential injuries and health complications related to, has preference of smoking. Goal: Will be free from injuries related to smoking. Interventions included cigarettes and lighters to be kept at nurses' station and to be given to resident at scheduled and supervised smoke breaks. Complete smoking assessment quarterly to access safety of smoking outside. Provide resident with proper clothing protector when smoking to prevent potential injuries. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115654	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 1/7/2025 at 1:30 pm of designated smoking area confirmed R17 did not attend smoke break nor have anything to smoke. Interview on 1/7/2025 at 1:39 pm with the Interim Director of Nursing (DON) revealed she was the med-cart charge nurse at the time, she revealed she made a judgement call that R17 was not allowed to smoke based on pneumonia, coughing, and lips turning blue. The Interim DON confirmed that there was no physician order, the care plan was not updated, and there was no smoking assessment completed that would indicate R17 was not eligible to smoke at the facility. Interview on 1/7/2025 at 1:52 pm with the Nurse Practitioner revealed the nurse should have documented and educated R17 that it could not be beneficial to smoke while having medical challenges, but still give R17 the right to choose. Interview on 1/8/2025 at 9:12 am with R17 confirmed he had not attended the smoke break during the designated times. During the interview R17 revealed that he had been a pack a day smoker for 50 plus years, and that the facility reduced him to smoking three to four cigarettes a per day to not smoking at all, and by not being able to smoke is causing him more harm than good.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115654	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center	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)
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** 50940 Based on observations, staff interviews, record reviews, and review of the facility's policies titled, Resident Assessment Instrument (RAI)/Care Planning Management, and Process for Completing the MDS, CAAs and Care plans, the facility failed to ensure that the care plan was followed for three of 15 residents (R) (R24, R7, and R54). Specifically, the facility failed to ensure the care plan was followed for R24 for receiving oxygen therapy, for R7 related to positioning of an indwelling catheter, and for R54 for behaviors related to oxygen use. This deficient practice had the potential for R24, R7, and R54 to not have the care provided to them according to their individual care needs. Findings included: Review of the undated facility's policy titled, Resident Assessment Instrument (RAI)/ Care Planning Management, revealed that the Comprehensive Care Plan is completed within seven (7) days after the care area assessments (CAAs) are completed and reviewed quarterly thereafter. If modifications, deletions, additions are necessary, changes should be made at the time of occurrence. Modifications are made by resolving the item in the electronic medical record and adding the new information. Care plans are to be accessible for clinical staff to facilitate care plan interventions or to update as indicated due to resident condition change. Review of the facility's policy titled, Process for Completing the MDS, CAAs and Care plans, revised in August 2021 reads .the resident assessments and documentations accurately reflect .resident's medical, physical, cognitive, emotional, and functional status . Director of Nursing .is to ensure that the documentation accurately describes the clinical condition of each resident. Review of the Respiratory System Management, revised in August 2021, under the section Oxygen Therapy Protocol, outlines the following procedures: 1) Verify the physician's order in the resident's clinical record . 1. Review of the electronic record revealed R24 was admitted to the facility with diagnoses of but not limited to chronic obstructive pulmonary disease (COPD) and pneumonia. Review of the physician orders for R24 dated 6/23/2023 revealed an order for oxygen ()2), administer O2 at 2 liters (L) (liters) via nasal cannula (NC) as needed for shortness of breath (SOB). Review of R24's most recent Quarterly Minimum Data Set (MDS) assessment dated [DATE] assessed a Brief Interview for Mental Status (BIMS) score of 15, indicating little to no cognitive impairment. Section I, Active Diagnoses, reported R24's primary medical condition as chronic obstructive pulmonary disease (COPD). Section O, Special Treatments, Procedures, and Programs did not include that R24 was on oxygen therapy. Review of the care plan for R24 revealed a focus on diagnosis of COPD. R24 required supplemental oxygen and had a history of lobar pneumonia. Goal: The resident will display optimal breathing patterns daily through the review date. Interventions included, oxygen settings as ordered, administer aerosol or bronchodilators as ordered, monitor for and document signs and symptoms of acute respiratory insufficiency, including anxiety, confusion, restlessness, shortness of breath (SOB) at rest, cyanosis, and somnolence. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115654	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 1/5/2025 at 3:05 pm and 5:00 pm, and on 1/6/2025 at 10:30 am, revealed oxygen being delivered to R24 via NC, the oxygen flow rate was set on 3 liters. Observation and interview on 1/6/2025 at 10:30 am, inside R24's room, Licensed Practical Nurse (LPN) FF confirmed that the oxygen concentrator was set to deliver 3 liters per minute via nasal cannula. After review of R24's chart, LPN FF confirmed that the provider had ordered 2 liters of oxygen per minute via nasal cannula. Further interview also revealed the nurses are supposed to check the orders and care plans to ensure they are being followed. Interview on 1/8/2025 at 2:50 pm with the Unit Manager (UM) confirmed that nurses are responsible for ensuring that orders and care plans are followed as written by the physician. 46579 2. Review of the electronic medical record revealed that R7 was admitted to the facility with diagnoses of but not limited to neuromuscular dysfunction of bladder, colostomy malfunction, absence of kidney, and chronic viral hepatitis C. Review of the physician orders for R7 revealed that stoma sites were to be monitored, routine colostomy care, and routine urostomy care were to be provided. Review of the Annual MDS assessment dated [DATE], for R7 assessed a BIMS score of 15, indicating little to no cognitive impairment. Section H revealed that she had an indwelling catheter and an ostomy. Review of the care plan for R7 revealed a risk for urinary complications including UTI (urinary tract infection) related to having a urostomy. She (R7) places urostomy bag on floor when staff attempts to place in correct place, she declines stating it does not drain as good. She will disturb colostomy and urostomy at times causing leakage and drainage. She has history of UTI. Observation on 1/5/2025 at 4:39 pm revealed that R7 was laying in her bed talking with visitors. The catheter drainage bag was laying on the bare floor. Observation on 1/7/2025 at 1:23 pm, revealed that R7 was awake, laying in her bed. The catheter drainage bag was laying on the floor next to her bed. Observation and interview on 1/7/2025 at 1:27 pm with LPN DD confirmed that R7's catheter bag was laying on the floor. LPN DD revealed that they have tried everything to get the bag to drain, and laying on the floor is the only way. She then confirmed that any situation like that would need to be care planned but was not sure if it is or not. Interview on 1/7/2025 at 1:56 pm with the Director of Nursing (DON), when asked about the catheter drainage bag needing to be on the floor to drain, the DON confirmed it had not been care planned. She revealed she would need to add to the care plan that staff are placing the bag on the floor and that it needs to be placed on a barrier. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115654	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Review of the electronic medical record revealed R54 was admitted to the facility with diagnoses that included but were not limited to chronic pain, COPD, chronic respiratory failure with hypoxia, dementia with behavioral disturbance, and pneumonia. Review of the 5-day Admission MDS assessment dated [DATE] for R54 assessed a Basic Interview for Mental Status (BIMS) score of 14, indicating little to no cognitive impairment, and there were no behaviors noted during the look back period. Section O-Special treatments included oxygen was coded. Review of the care plan for R54 revealed a diagnosis of COPD related to smoking. He [R54] has a diagnosis of chronic respiratory failure with hypoxia. Oxygen at 3 liters as needed. Resident refuses to keep oxygen tubing in bag at times. Resident places oxygen tubing on the floor. An intervention for this problem is to administer oxygen O2 as ordered. An observation and interview on 1/5/2025 at 3:19 pm with R54 revealed he was receiving oxygen via a nasal cannula (NC), at a rate of 4 liters per minute. R7 revealed when asked what his oxygen flow rate should be set at, R54 stated it should be on 4 liters, because I have emphysema (late stages), and I need it to breathe. An observation on 1/6/2025 at 2:40 pm, revealed R54 was laying in bed receiving oxygen via NC with the concentrator flow rate set on 4 liters per minute. An interview on 1/8/2025 at 10:30 am with LPN KK revealed that R54's oxygen was supposed to be set on 2 liters, but he (R54) would adjust the flow rate himself. LPN KK revealed that R54 had been educated that having the oxygen set higher than ordered could cause him problems related to his COPD. An interview on 1/8/2025 at 12:13 pm with the MDS Coordinator, revealed that R54 behaviors should have been care planned related to him adjusting the oxygen himself. Interview on 1/7/2024 at 1:56 pm with the Director of Nursing revealed that R54's behaviors should be care planned and interventions added.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115654	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center	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)
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579 Based on observations, staff interview, and record review, the facility failed to properly administer respiratory inhalant medications for one of 15 residents (R) (R24) receiving inhaled respiratory medication. Specifically, the facility failed to ensure that the Licensed Practical Nurse (LPN) properly administered inhaled medications by having the resident rinse their mouth after receiving inhaled respiratory medication. Findings include: A facility policy for administrating inhaled medications was requested. There was no policy provided by the facility. Observation on 1/7/2025 at 9:32am to 9:40 am revealed Registered Nurse (RN) EE preparing medications for R24 that included but not limited to Trelegy inhaler. RN EE performed hand hygiene, entered room of R24, and handed the inhaler to the resident. RN EE instructed R24 to take in one puff, hold her breath for as long as she could before removing the inhaler and exhaling. LPN EE then had the resident take her pills. She performed hand hygiene before leaving the room. During an interview on 1/7/2024 at 9:47am with RN EE, she was asked if a resident's mouth should be rinsed after receiving the inhaler. She revealed that some staff do, but not her. Review of the electronic medical record revealed that R24 admitted to the facility with diagnoses of but not limited to chronic obstructive pulmonary disease (COPD) and pneumonia. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE], Section I, revealed that R24's primary medical condition was COPD. Review of the care plan, dated 12/7/2024, revealed R24 had a focus for diagnosis of COPD. She requires supplemental oxygen. She has a history of lobar pneumonia. Intervention included administer aerosol or bronchodilators as ordered, monitor and document any side effects and effectiveness. Review of the physician orders for R24 revealed that R24 was to receive Trelegy inhaler, one puff inhaled, once daily. An interview on 1/7/2024 at 1:56 pm with the Director of Nurses (DON), revealed that it was her expectation that when a resident receives an inhaler, that the mouth would need to be rinsed after it was administered. Interview further revealed that she expects instructions for the nasal sprays to be followed, that includes blow nose prior, and then rinsing mouth after.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115654	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center	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)
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50940 Based on observations, staff interviews, record review, and review of the facility's policy titled, Respiratory System Management, the facility failed to ensure that one of 15 residents (R) (R24) receiving oxygen (O2) therapy was administered the therapy in accordance with the physician's orders. This deficient practice had the potential to put R24 at risk for medical complications. Findings include: Review of the facility's policy titled, Respiratory System Management, revised in August 2021, under the section Oxygen Therapy Protocol, outlines the following procedures: 1) Verify the physician's order in the resident's clinical record . Review of the electronic record revealed R24 admitted to the facility with diagnoses of but not limited to chronic obstructive pulmonary disease (COPD) and pneumonia. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] assessed a Brief Interview for Mental Status (BIMS) score of 15, indicating little to no cognitive impairment. Section I, Active Diagnoses, lists R24's primary medical condition as COPD. Review of Section O, Special Treatments, Procedures, and Programs does not include that R24 is on oxygen therapy. Review of the care plan for R24, dated 12/7/2024, revealed a focus on diagnosis of COPD. R24 required supplemental oxygen and had a history of lobar pneumonia. Goal: The resident will display optimal breathing patterns daily through the review date. Interventions included but not limited to, monitor for and document signs and symptoms of acute respiratory insufficiency, including anxiety, confusion, restlessness, shortness of breath (SOB) at rest, cyanosis, and somnolence and ensure oxygen settings are as ordered. Review of the physician orders for R24 dated 6/23/2023 revealed an order for oxygen, administer O2 at 2L (2/liters per minute) NC (through/by nasal cannula) as needed for shortness of breath (SOB). Observations on 1/5/2025 at 3:05 pm, and at 5:00 pm, on 1/6/2025 at 10:30 am, revealed R24 was receiving O2 at three liters via NC. Observation and interview on 1/6/2025 at 10:30 am, inside R24's room, Licensed Practical Nurse (LPN) FF confirmed that the oxygen concentrator was set to deliver 3 liters per minute via NC. After review of R24's chart, LPN FF confirmed that the provider had ordered 2 liters of oxygen per minute via nasal cannula. Continued interview also revealed that it is the responsibility of the nurse to ensure that the residents are receiving oxygen as ordered by the physician and in accordance with the resident's care plan. Interview on 1/8/2024 at 2:50 pm with the Unit Manager (UM) confirmed that nurses are responsible for ensuring that orders and care plans are followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115654	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center	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)
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. 50808 Based on observations, staff interviews, and review of the facility's policy titled, Cleaning Instructions: Ice Machine and Equipment, the facility failed to ensure the ice machine was maintained in a clean and sanitary condition and failed to ensure staff wore appropriate head covering in the food service area. This deficient practice had the potential to affect 82 of the 85 residents receiving an oral diet. Findings include: Review of the facility's undated policy titled, Cleaning Instructions: Ice Machine and Equipment revealed the purpose was, to ensure that ice machine and equipment (scoops and receptacles that are used to hold or transport ice) will be cleaned and sanitized on a regular basis. Procedures explained: 2. Wash the interior thoroughly using a detergent solution. Rinse and drain the interior with clean hot tap water. 6. Clean the exterior of the machine with detergent solution daily. Rinse and allow to air dry. Clean the area underneath and around the machine. Observation on 1/7/2025 at 11:45 am with the Dietary Manager upon inspection of ice machine in the main kitchen, a black substance was visible on the upper inside of the ice machine. A white napkin was used to wipe the upper level of the ice machine. Black substance was noted on the napkin. Observation on 1/7/2025 at 11:50 am in the kitchen with revealed dietary staff/Dishwasher AA and Dishwasher BB did not have on hairnets. Interview on 1/7/2025 11:55 am with [NAME] CC revealed the ice machine was to be cleaned weekly by the maintenance department. She also revealed that all kitchen staff know they are supposed to wear hair nets upon entering the kitchen. Interview on 1/7/2025 at 12:00 pm with Dishwasher AA confirmed that she knew to have a hairnet upon entering the kitchen. She stated she had just come on shift and confirmed she had not put on a hairnet at this time. Interview on 1/7/2025 at 12:05 pm with Dishwasher BB confirmed she came in and started working and forgot to put on a hairnet. She also revealed she was aware of having to place the hairnet upon entering the kitchen. Interview on 1/1/2025 at 1:00 pm with the Dietary Manager revealed that her staff inspects the ice machine daily for cleanliness, and staff have been in-serviced about always wearing hairnets while in the kitchen, and hairnets are available in a bin outside the kitchen before entering.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115654	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center	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)
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** 46579 Based on observations, staff interviews, record review, and review of the facility's policies titled Hand Hygiene, Indwelling Catheters, Two-Tier Transmission Based Precautions, and Infection Control Manual, the facility failed to ensure infection control practices were followed for two of seven Residents (R) (R435 and R7). Specifically, the facility failed to ensure hand hygiene was performed during medication administration, failed to ensure residents with an indwelling catheter drainage bag was secured properly, and failed to ensure that the infection control policy and procedures were reviewed annually. Findings include: Review of the facility's policy titled, Hand Hygiene, with a revision date of 9/2023, revealed that the facility will follow the Center for Disease Control guidelines for hand hygiene. Hand Hygiene is the single most important procedure for preventing nosocomial infections. The facility requires personnel to wash hands thoroughly to remove dirt, organic material, and transient microorganisms. Hand Hygiene is mandated between resident contact to prevent the spread of infection. Alcohol gel may be utilized for hand hygiene. Hands must be washed after the following, including, but not limited to contact with residents, removal of gloves, contact with contaminated items or surfaces. Review of the facility's' undated policy titled, Two-Tier Transmission Based Precautions policy, revealed that Enhanced Barrier Precautions expand the use of personal protective equipment (PPE) and refer to the use of gown and gloves during high contact resident care activities that provide opportunities for transfer of multi drug resistant organisms (MDROs) to staff hands and clothing. The use of gown and gloves for high contact resident care activities is indicated when contact precautions do not otherwise apply, for nursing home residents with wounds and or indwelling devices regardless of MDRO colonization as well as for residents with MDRO infection or colonization. Review of the electronic medical record revealed R435 was admitted to the facility with diagnoses of but were not limited to acute and chronic respiratory failure with hypoxia, and neuromuscular dysfunction of bladder. 1. Medication (med) administration observation on 1/7/2024 at 8:39 am, with Licensed Practical Nurse LPN DD, observed during med administration for R435 revealed that during the observation LPN DD did not wash or sanitize her hands before preparing medications for administration. After all medications were prepared, LPN DD knocked on the door and then entered the room. There was no observation of LPN DD washing or sanitizing her hands before or after medication administration. Interview on 1/7/2024 at 9:17 am, LPN DD was asked when hand hygiene should be performed LPN DD stated before I go in and then before coming out. She stated, I am not going to deny it, I did not do it. 2. Medication administration observation on 1/7/2024 at 10:05 am, revealed LPN NN was observed pushing a capsule out of the foiled card, and picked it up with her bare hand and then placed it in the medicine cup. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115654	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 1/7/2024 at 10:07 am, with LPN NN revealed she was not supposed to handle the pill bare handed. Still at the cart, she then performed hand hygiene, donned gloves, proceeded with administering the medication to R435. She then returned to the cart, and then with the same gloves on, she opened the cart, doffed the gloves, and then donned a new pair of gloves to remove a straw for the resident without performing hand hygiene after removing the gloves. Interview on 1/7/2024 at 10:14 am, LPN NN was asked when hand hygiene is to be performed. She stated that she is to perform hand hygiene when she is finished with the medication pass for each resident. She was then asked if she should have performed hand hygiene in between glove use, and she then stated that she thought she did. 3. Review of the electronic medical record for R7 revealed that she was admitted to the facility with diagnoses that included, but were not limited to neuromuscular dysfunction of bladder, colostomy malfunction, absence of kidney, and chronic viral hepatitis C. Review of the care plan for R7 revealed that she is at risk for complications of ostomy that is used for excretion of waste products related to Bowel Obstruction, and urostomy. Interventions in place for this risk include but are not limited to colostomy care as ordered, Enhanced Barrier Precautions. Review of the Annual Minimum Data Set (MDS) dated [DATE], revealed that the resident had a Basic Interview for Mental Status (BIMS) score of 15, which indicated little to no cognitive impairment. Section H revealed that R7 had an indwelling catheter and an ostomy. Observation on 1/5/2025 at 4:56 pm of R7 revealed R7's catheter bag was observed laying on the floor. Observation on 1/7/2025 at 1:23 pm revealed the catheter bag for R7 was laying on the floor. Observation on 1/7/2025 at 1:27 pm, revealed LPN DD verified that the catheter bag was laying on the floor. She stated that they have tried everything to get the bag to drain, and laying on the floor is the only way. She stated that it be a good idea if there was a barrier underneath the catheter bag. Interview on 1/7/2024 at 1:56 pm, with Director of Nurses (DON) revealed that hand hygiene should be performed before and after preparing medications. She then stated that a nurse would need to have PPE on when entering an EBP room, especially when administering a nebulizer treatment. She completed the interview by stating that a catheter bag should never by laying on the floor. She stated that if it needed not be on the floor for any reason, that it needed not be on a barrier, and that it needs not be added on the care plan. 50940 Interview on 1/6/2025, at 4:50 pm with the DON confirmed that the facility has an Infection Control Manual containing their policies and procedures, which is reviewed annually. However, upon reviewing the manual, it was noted that the last revision date was September 20, 2023, indicating that it has been a year and three months since the last update. She further stated that they will now begin working on updating the policies and procedures.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115654	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center	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)
F 0945 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program. 50940 Based on staff interviews, record review, and review of the facility's policy titled, Annual Inservice Education for Long Term Care 2024, the facility failed to establish, implement, and sustain a comprehensive training program for all staff that would include education on standards, policies, and procedures for infection prevention. This deficient practice had a potential to increase the risk of healthcare-associated infections and compromise the quality of care provided to the residents of the facility. Findings include: Review of the facility's undated policy titled, Annual Inservice Education for Long Term Care 2024, revealed that the annual education calendar is to be implemented each year as scheduled, along with any additional educational needs that are identified. The calendar provides a monthly education schedule for 2024, covering a variety of topics, including infection control and prevention, among others. The facility was unable to provide the survey team with documentation of in-service training provided to staff. Interview on 1/6/ 2025, at 4:50 pm with the Director of Nursing (DON) revealed that she could not locate any in-service education provided to the staff by the previous DON. Observation and interview on 1/6/2024 at 10:30 am, during the tour of the facility, there was signage on one of the resident's doors that indicated that the resident was on Enhanced Barrier Precautions (EBP). The surveyor interviewed Licensed Practical Nurse (LPN) FF, who was taking care of the resident, about why the resident was on EBP, what it meant to the facility staff, and the difference between EBP and Transmission-Based Precautions (TBP). LPN FF revealed that if there is signage on a door for EBP, staff are always required to wear PPE. LPN FF expressed confusion about Enhanced Barrier Precautions, questioning why PPE is required when entering the room if the resident is allowed to walk in the hallways without PPE. He was unable to explain the difference between Enhanced Barrier Precautions and Transmission-Based Precautions to the surveyor. He also revealed that he did not know where this information would be documented in the chart.