

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  03/05/2026
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on staff interviews and record review, the facility failed to provide Form CMS^10055, Skilled Nursing Facility Advance Beneficiary Notice (SNFABN), in a timely manner to two of three sampled residents(R) (R13 and R73) reviewed for liability notices. This failure prevented the residents or their responsible parties from having the ability to make an informed decision regarding the cost of continued therapy services. Findings include: 1. Review of R13's electronic medical record (EMR) admission Record located under the Profile tab indicated the resident was admitted to the facility on [DATE]. Review of R13's document provided by the facility titled, Notice of Medicare Non-Coverage indicated R13's skilled therapy services would end on 12/10/2025. Review of R13's SNF/ABN, provided by the facility indicated that R13 signed the SNF ABN on 12/22/2025. The form indicated that the resident's signature acknowledged receipt of and understanding of the notice eleven days after therapy services ended. Review of R13's EMR indicated the resident remained in the facility after the end of their skilled therapy services. Interview on 03/04/2026 at 3:45 PM, the Administrator stated that R13 still had skilled benefit days remaining. 2. Review of R73's EMR admission Record located under the Profile tab, indicated the resident was admitted to the facility on [DATE]. Review of R73's document provided by the facility titled, Notice of Medicare Non-Coverage, indicated R73's skilled services ended on 12/18/2025. Review of R73's SNF/ ABN provided by the facility indicated that the resident signed the SNF ABN on 12/22/2025. The form indicated that the resident's signature acknowledged receipt of and understanding of the notice four days after their therapy services ended. Review of R73's EMR indicated the resident remained in the facility after the end of their skilled therapy services. Interview on 03/04/2026 at 3:45PM, the Administrator stated that R73 still had skilled benefit days remaining. Interview on 03/05/2026 at 01:35 PM the Social Services Director (SSD) stated that she completed the SNFABN documents but was not aware of a specific time frame as to when the documents should have been completed. When asked if they had a policy and procedure for the NOMC/ABN, the SSD stated he did not have one and knew if the facility had a policy. Interview on 03/05/2026 at 1:50 PM with the Therapy Director stated that she lets the team know during morning meetings as to when a resident will be coming off therapy services. The Therapy Director further stated that the SSD completes the SNFABN forms. Follow up interview on 03/05/2026 at 2:17 PM with the Therapy Director confirmed that she completes the facility form Last Day of Therapy Notification with the information as to when the resident will receive their last day of skilled therapy services. She further stated that the Social Worker was given the information three days prior to the resident's therapy services ending. Interview on 03/04/2024 at 3:30 PM with the Administrator confirmed that during morning meetings the team discusses whose skilled services will end. The Administrator stated that the SSD was to notify the residents or representatives.</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

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  03/05/2026
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, staff interviews, and review of the facility policy titled Bed Hold Notice Upon Transfer the facility failed to notify the ombudsman and to provide a resident and their representative with the required written transfer and bed-hold notices following an emergency hospital transfer for one of two sampled residents (R) (R87). This failure limited the residents' and representative's ability to understand appeal rights and access ombudsman information, placing them at risk for potential denial of readmission. Findings include: Review of the admission Record located in the electronic medical record (EMR) under the Profile tab revealed that R87 was originally admitted to the facility on [DATE] and was readmitted on [DATE]. R87 had diagnoses including osteomyelitis (bone infection) and acquired absence of the left foot (amputation). Review of R87's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/21/26, located in the EMR under the MDS tab revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition. Review of Alert Notes dated 02/02/2026 and located in the EMR under the Prog Notes tab revealed, I received a call from [name and place] Vascular, she stated . to let them know he was hospitalized . Resident admitted to [hospital]. Review of a Health Status Note dated 02/02/2026 and located in the EMR under the Prog [Progress] Notes tab revealed, Resident out of facility to an appointment with Vascular . Review of an admission Note dated 02/13/2026 and located in the EMR under the Prog Notes tab revealed, Resident arrived at facility via stretcher . Interview on 03/05/2026 at 10:10 AM with the Social Services Director (SSD) reported that he had no role in providing bed hold or written transfer notices to residents or their representatives. Interview on 03/05/2026 at 10:12 AM with the Business Office Manager (BOM) reported the nurses completed the bed hold forms when residents sent out to the hospital and provided the bed hold form to her by sliding them under her door. The BOM was unaware of any written notice of transfer and did not notify the ombudsman of any transfers or discharges. Interview on 03/05/2026 at 10:15 AM with Licensed Practical Nurse 3 (LPN) confirmed when a resident was transferred to the hospital, she sent information with them to include a bed hold notice. LPN3 made a copy of the bed hold notice and put it under the door of the BOM. Interview on 03/05/2026 at 10:10 AM with the BOM revealed that since R87 went directly from an appointment to the hospital, she did not have a bed hold form for his hospitalization. Interview on 03/05/2026 at 10:25 AM with the Administrator revealed that residents were provided with a bed hold policy at the point of leaving. The Administrator was unsure about any written notice of transfer that included appeal rights and the ombudsman's contact information and did not have a policy. The Administrator notified the ombudsman when residents transferred to other facilities, discharged home, or if a 30-day notice was issued, but she did not notify the ombudsman of hospital transfers. Interview on 03/05/2026 at 11:00 AM with the Administrator provided the Notice of Transfer/Discharge form from corporate and confirmed the facility had not been using it. Review of the facility's policy titled, Bed Hold Notice Upon Transfer, dated 07/01/2024, revealed, Before a resident is transferred to the hospital or goes on therapeutic leave, the facility will provide the resident and/or the residents' representative with written information that specified: a. The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility, b. The reserve bed payment policy in the state plan policy, if any. c. The facility policies regarding bed-hold period to include allowing a resident to return to the next available bed . In the event of an emergency transfer of a resident, the facility will provide within 24 hours written notice of the facility's bed-hold policies .</p>		

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  03/05/2026
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, and staff interviews, the facility failed to complete a baseline care plan for two of 27 sampled residents (R) (R85 and R29). This failure had the potential to result in the residents' medical, nursing, mental, and psychosocial needs not being met, increasing the risk for adverse outcomes. 1. Review of R85's Electronic Medical Record (EMR) located under the Minimum Data Set (MDS) tab revealed a revealed an admission date of 10/31/2025.</p> <p>Review of the EMR located under the Evaluation tab revealed no documentation that R85's base line care plan had been completed.</p> <p>Interview on 03/03/2026 at 4:05 PM the MDS Coordinator (MDSC) stated that it is the nurse's responsibility to complete the base line care plan at the time of admission. The MDSC also stated that it does not look like the baseline care plan for R85 was completed.</p> <p>Interview on 03/03/2026 at 4:15 PM with the Administrator stated that R85's base line care plan was not done. The Administrator confirmed that the baseline care plan would be located in the EMR under the Evaluation tab. The Administrator also stated that the care plan lets staff know how to care for a particular resident. The Administrator confirmed the facility did not have a policy for base line care plan.</p> <p>Interview on 03/04/2026 at 1:15PM with Licensed Practical Nurse (LPN)4 stated that she does not know about doing a base line care plan at the time of admission. LPN4 stated that all the charge nurse does when a resident is admitted is the Nursing Admission/readmission Evaluation document.</p> <p>2. Review of R29's EMR admission Record located under the Profile tab indicated the resident was admitted to the facility on [DATE] with diagnoses of diabetes mellitus, muscle weakness, dementia, major depressive disorder and hypertension.</p> <p>Review of R29's EMR Physician Orders under the Orders tab indicated Regular Diet, Mechanical soft with chopped meats texture regular/thin liquids consistency and full code status.</p> <p>Review of the EMR revealed no documentation that the baseline care plan was developed upon admission, or that the baseline care plan was generated, provided or reviewed with R29 or their representative.</p> <p>Interview on 03/04/2026 at 08:41 AM with the MDSC stated that the baseline care plan is conducted by the unit nurse. The MDSC further stated that the baseline care plan for R29 had not been completed.</p> <p>Interview on 03/04/2026 at 09:00 AM with the Director of Nursing (DON) revealed that when a resident was admitted the admission assessment was completed by the nurse, and an initial baseline care plan was generated. The DON further stated there was miscommunication and the baseline care plan for R29 was not completed.</p> <p>Interview on 03/04/2026 at 3:00 PM, Unit Manager 2 (UM2) confirmed that R29's baseline care plan had not been completed.</p>		

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  03/05/2026
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, observations, staff interviews, and review of the facility's policy titled Hemodialysis, the facility failed to ensure safe and coordinated dialysis care for one of one sampled resident(R)(R87). Specifically, the facility did not complete required pre` and post`dialysis assessments, did not maintain effective communication with the contracted dialysis provider, and did not have a formal written contract or agreement with the dialysis agency responsible for providing services to the resident. These failures placed the R87 at risk for compromised health, safety, and continuity of care.Findings include:Review of the admission Record, located in the electronic medical record (EMR) under the Profile tab revealed that R87 was originally admitted to the facility on [DATE] with diagnoses of end stage renal disease and dependence on renal dialysis.Review of R87's Care Plan located in the EMR under the Care Plan tab revealed a Focus area revised 07/03/2025, [R87] needs dialysis type hemo r/t [related to] ESRD [end stage renal disease]. Residents had dialysis Tuesday, Thursday and Saturday. [name of dialysis center with address and phone number]. Interventions included, Do not draw blood or take B/P [blood pressure] in arm with graft, encourage resident to go for the scheduled dialysis appointments, monitor labs and report to doctor as needed, and monitor vital signs as indicated. Notify MD [doctor] of significant abnormalities.Review of R87's Orders tab in the EMR revealed the only orders related to dialysis were: staff to utilized Enhanced Barrier Precautions while providing direct patient care related to wounds and AV [arteriovenous] fistula [used for dialysis access] dated 10/08/2025 and Hemodialysis on Tuesday, Thursday, and Saturday at [name of dialysis center], dated 07/18/25. There were no orders regarding the assessment of the dialysis site or of the resident pre- or post-dialysis.Review of R87's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/21/2026 located in the EMR under the MDS tab, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating intact cognition. R87 received dialysis.Review of R87's Dialysis Communication Forms located in a binder kept in a pocket on the back of R87's wheelchair from 01/01/2026 to 03/03/2026 revealed communication on 14 dates out of 16 dialysis treatments. The forms included three sections: Pre-Dialysis Information, Dialysis Center Information, and Post-Dialysis Information. The pre-dialysis portion included vital signs, medications administered prior to dialysis, shunt/catheter location/status, and additional information such as changes in condition, physician orders changes, and new labs. It was not filled out, or was partially filled out, on 12 of the 14 forms. The dialysis center information included pre- and post-weights, fluid removed, meal/snack intake, shunt/catheter location/status, additional information, vital signs, and new orders/recommendations. It was missing weights, fluid removed, and/or vital signs on nine dates. The post-dialysis information included assessment of the shunt/catheter as well as vital signs. When fully completed, on seven occasions, it was signed by the dialysis center.Interview on 03/04/2026 at 11:21 AM with Licensed Practical Nurse (LPN) 3 reported that the facility nurse filled out the top, pre-dialysis, section of the communication form. Sometimes R87 left for dialysis before nursing filled it out. When R87 returned from dialysis, nursing made a copy of the communication form to be scanned into the EMR and placed the original back in the binder which is kept on the back of R87's wheelchair. The dialysis center completed the post-dialysis assessment.Interview on 03/04/26 at 11:57 AM with Unit Manager (UM) 1 stated she tried to check the communication forms once or twice a week and tried to call to get post-weights. Often, she left messages which were not returned. UM1 verified the missing documentation on the communication forms from 01/01/26 to 03/03/26.Interview on 03/04/2026 at 2:46 PM with the Director of Nursing (DON) reported the expectation is that the facility's nurses fill out the pre-dialysis portion of the communication form and that the dialysis center fill out the dialysis portion. The DON stated she would need to check who was to fill out the post-assessment portion. The DON expected that there were orders to assess the dialysis site.Interview on 03/04/2026 at 2:47 (continued on next page)</p>		

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  03/05/2026
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PM with the Administrator stated that R87's dialysis center refused to provide a contract or a formal agreement with the facility. The dialysis center informed the Administrator that they do not offer agreements to any nursing facilities. Review of the facility's policy titled, Hemodialysis dated 09/01/2024 revealed, 3. The facility will coordinate and collaborate with the dialysis facility to assure that: . d. There is ongoing communication and collaboration for the development and implementation of the dialysis care plan by nursing home and dialysis staff . 5. The licensed nurse will communicate to the dialysis facility via telephonic communication or written format, such as a dialysis communication form or other form, that will include, but not limit itself to: a. Timely medication administration . d. Physician/treatment orders, laboratory values, and vital signs; . d. Nutritional/fluid management including documentation of weights, . dialysis treatment provided and resident's response, . f. Dialysis adverse reactions/complications and/or recommendations for follow up observations and monitoring, and/or concerns related to the vascular access site; . 8. The nurse will monitor and document the status of the resident's access site(s) upon return from the dialysis treatment to observe for bleeding or other complications.</p>		