

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115655	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Southwell Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 260 Mj Taylor Road Adel, GA 31620	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15406</p> <p>Based on resident and staff interviews, record review, and review of the facility's policy titled, System Policy and Procedures Advance Directives, the facility failed to ensure they had a copy or had followed up to obtain the Advanced Directive for one out of 24 residents reviewed in the initial pool (Resident (R) R80). R80's Family Member (F)80 indicated, at the time of admission, that they had R80's advanced directive documentation; however, did not bring it into the facility at the time of admission.</p> <p>Findings include:</p> <p>Review of the facility policy titled, System Policy and Procedures Advance Directives dated August 2021 revealed, If a patient has an Advance Directive, but does not present the document upon admission, Facility personnel encourage the patient, or his or her representative, to provide a copy as soon as possible .In addition, the Facility personnel member includes a reminder in the patient's medical record which indicates that the patient should be further queried as to whether he/she wishes to provide a copy of the Advance Directive to the Facility .All copies of Advance Directives and any amendments thereto remain in the patient's medical record.</p> <p>Review of the undated Face Sheet provided by the facility revealed R80 admitted to the facility on [DATE]. F80 was designated as R80's emergency contact.</p> <p>Review of R80's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/14/2024 in the electronic medical record (EMR) under the MDS tab revealed R80 was intact in cognition with a Brief Interview for Mental Status (BIMS) score of 13 out of 15 indicating cognitively intact.</p> <p>Review of the Advance Directive Questionnaire dated 8/12/2024 and signed by F80 provided by the facility revealed, I have executed an advance directive and will provide a copy to (Facility name) personnel as soon as possible. I understand that the staff and physicians of (Facility name) will not be able to follow the terms of my advance directive until I provide them a copy.</p> <p>Review of R80's EMR revealed no advanced directives document in the record.</p> <p>Review of the care plan dated 8/13/2024, and provided by the facility, identified the problem area of Advance Directives. The goal was, Full code will be honored, and intervention, No Advance Directive on file.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 115655	If continuation sheet Page 1 of 18

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Long Term Care Forms Social Service assessment dated [DATE] and provided by the facility revealed, Advance Directive: No, Family or Rep Notify . No. All social service documentation was requested following admission. There was no documentation provided showing the Social Service Coordinator (SSC) had followed up with the family to obtain R80's advance directive.</p> <p>Interview on 9/12/2024 at 3:59 pm, the SSC revealed the Admission Director typically obtained residents' advanced directives documentation on admission, and the Admission Director would give her a copy. The SCC revealed when she completed her admission assessment, she followed up if advanced directives had not been provided. The SCC revealed all residents were designated full code (resuscitate in the event their heart stopped beating/they stopped breathing) until advanced directives were provided or completed. The SCC verified there was no advanced directive provided or completed for R80 and stated she had not followed up with F80 to bring the advanced directive to the facility.</p> <p>Interview on 9/12/2024 at 4:27 pm, the Admission Director revealed when residents were admitted to the facility, the Advance Directive Questionnaire was completed. The Admission Director said she asked the resident or responsible party if there were any advanced directives and to provide them at that time. The Admission Director stated if there was an advanced directive, but it was not provided at admission, she would ask them to bring it to the facility. The Admission Director revealed she did not follow up after that and that the SSC was responsible for following up.</p> <p>Interview on 9/13/2024 at 3:07 pm, R80 revealed that F80 assisted with the completion of paperwork when she was admitted to the facility. R80 stated she was not sure about what advanced directive was in place and indicated she deferred the decision whether to be resuscitated to F80.</p> <p>Interview on 9/13/2024 at 5:40 pm, the Administrator verified the staff should follow up to obtain copies of the advanced directive if they were not provided at admission.</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18947</p> <p>Based on interviews, record review and review of the facility's policy titled, Compliance Investigations, the facility failed to protect the resident's right to be free from physical abuse by another resident for one of two residents (R) (R22) reviewed for abuse. Specifically, R22 alleged she was slapped hard on the hand by Certified Nurse Assistant (CNA) 1 and the allegation was substantiated by the facility, resulting in CNA 1's termination of employment.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention Policies were requested on 9/13/2024. The facility provided a system wide policy titled Compliance Investigations dated 1/1/2020 addressed the provider system's investigations into potential compliance concerns. The policy did not address expectations related to prevention of abuse in neglect in the long-term care setting.</p> <p>Record review of R22's Admission Record. dated 9/12/2024 provided by the facility indicated the resident was admitted to the facility on [DATE] with diagnoses including but not limited to history of stroke.</p> <p>Review of R22's Admission Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 6/18/2024 indicated a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated the resident was cognitively intact.</p> <p>Review of R22's significant change in status MDS with an ARD of 8/6/2024 and found in the EMR under the MDS tab, indicated a BIMS score of one out of 15, which indicated the resident was severely cognitively impaired.</p> <p>Review of R22's care plan, updated 8/12/2024 indicated R22 had difficulty communicating due to her history of stroke. Interventions included speaking slowly, clearly, and concisely with the resident. The care plan indicated R22 had no behaviors exhibited.</p> <p>Review of the facility's Incident and Accident Log dated 3/1/2024 to 9/13/2024 revealed an incident of potential staff to resident abuse reported by R22 on 9/3/2024.</p> <p>The facility's Incident Report dated 9/3/2024 related to R22's report of potential physical abuse indicated, Resident reported staff was rough during care and would not stop when she was yelling help. She (R22) revealed CNA 1 was loud talking to her and that she slapped her on the hand. Resident stated she stayed awake because she did not know if the CNA would going to [sic] come back and smother me with a pillow.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's document titled, Patient Relations dated 9/10/2024 provided by the facility indicated, Narrative description: On the afternoon of 9/3/2024, I visited with (R22) in her room. She told me she was feeling down because of an incident that occurred the night before. She told me that a CNA came into her room and slapped her on the hand when (R22) tried to tell her that she was hurting her. She stated to me She hit me! and She came in the room angry like she was trying to provoke me. R22 also told me that she was scared of this CNA and tried to stay awake all night because she was afraid the CNA will smother me. The document indicated CNA 1 had been suspended on 9/3/2024 pending results of an investigation into the incident and had been terminated related to the investigation on 9/9/2024.</p> <p>Review of the investigation summary related to R22's allegation of potential physical abuse indicated, Conclusion: As a result of the investigation on September 3, 2024, it was determined that the CNA's behavior and actions were not appropriate, and the CNA (CNA 1) was suspended until further notice. After review of the investigation and interview with the Resident and in coordination with Human Resources, CNA 1 will be terminated.</p> <p>Interview on 9/13/2024 at 11:30 am, R22 confirmed she reported the incident during which CNA 1 allegedly slapped her on the hand and stated, She was really rough with me. I was afraid of her. When she hit me, she didn't hit me easily. She hurt me. I was stunned. I was really afraid.</p> <p>Interview on 9/12/2024 at 3:28 pm the Director of Nursing (DON) confirmed R22's reported allegation of abuse and confirmed CNA 1 had been terminated related to the incident.</p> <p>Interview on 9/12/2024 at 3:34 pm with the health care system's Risk Manager, he confirmed he was responsible for investigating incidents system wide and confirmed CNA 1's employment had been terminated at the conclusion of his investigation into the event.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>18947</p> <p>Based on review of facility policy and interviews, the facility failed to ensure policies were in place to comprehensively address abuse prevention and investigation in the healthcare system's long-term care facility. The healthcare system's policies and procedures utilized to direct the facility's prevention and investigation of abuse did not specifically incorporate elements of the long-term care regulation set related to abuse/neglect.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention Policies were requested on 9/13/2024. The facility provided a system wide policy titled, Compliance Investigations dated 1/1/2020 and addressed the provider system's reporting of potential compliance concerns. The policy did not address expectations related to prevention of abuse and neglect in the long-term care setting, such as the mandatory vetting of staff members prior to hire or the recognition of abuse, nor did it address the specific long-term care requirements related to the investigation of allegations of potential abuse.</p> <p>Interview with the Heath System's Compliance and Accreditation Manager on 9/13/2024 at 10:50 am, she provided the health system's Compliance Investigations Policy and stated the policy was the only policy being utilized related to abuse in the facility. She confirmed the policy only addressed the reporting of potential abuse/timeframes based on the healthcare system's timeframes and did not address the facility's expectations or procedures related to the prevention of abuse, the vetting of staff, staff recognition of abuse, or the elements of an investigation of potential abuse in the long-term care setting.</p> <p>Interview with the Director of Nursing (DON) on 9/13/2024 at 3:29 pm, she stated she thought the facility had old policies and procedures related specifically to the prevention and investigation of abuse in long-term care somewhere, however there had been a push to try to merge the facility's long-term care policies together with the healthcare system's hospital policies related to risk management. The DON stated, We need our own policies and procedures (related to abuse). The DON confirmed the current policies and procedures being utilized by the facility were related to Risk Management rather than to elements required per the long-term care regulation set.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18947</p> <p>Based on staff interviews, record review, review of the facility's abuse policies, and review of the facility's policy titled, Compliance Investigations, the facility failed to ensure an allegation of abuse by one resident (R) (R22) of two residents reviewed for abuse was thoroughly investigated. R22 alleged she was slapped hard on the hand by a Certified Nurse Aide (CNA) 1 and the investigation into the allegation did not include interviews with additional residents or staff members to ensure no other residents had been exposed to potential abuse by CNA 1.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention Policies were requested on 9/13/2024. The facility provided a system wide policy titled, Compliance Investigations. The policy was dated 1/1/2020 and addressed the provider system's investigations into potential compliance concerns. The policy did not address expectations related to the investigation of allegation of potential abuse.</p> <p>Review of R22's Admission Record. dated 9/12/2024 provided by the facility indicated the resident was admitted to the facility on [DATE] with diagnoses including history of stroke.</p> <p>R22's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/18/2024 and found in the EMR (electronic medical record) under the MDS tab, indicated a Brief Interview for Mental Status (BIMS)score of 14 out of 15, which indicated the resident was cognitively intact.</p> <p>R22's Significant Change in Status MDS with an ARD of 8/6/2024 and found in the EMR under the MDS tab, indicated a BIMS score of one out of 15, which indicated the resident was severely cognitively impaired.</p> <p>Review of the facility's Incident and Accident Log dated 3/1/2024 to 9/14/2024 revealed an incident of potential staff to resident abuse reported by R22 on 9/3/2024.</p> <p>Review of the facility's Incident Report, dated 9/3/2024 and related to R22's report of potential physical abuse indicated, Resident reported staff was rough during care and would not stop when she was yelling help. She (R22) states CNA was loud talking to her and that she slapped her on the hand. Resident stated she stayed awake because she did not know if the CNA would going [sic] to come back and smother me with a pillow.</p> <p>Review of the facility's investigation into R22's allegation of potential physical abuse revealed interviews had been conducted with R22 and CNA 1 related to the reported abuse, however the investigation file did not include any documentation to show interviews had been conducted with other residents in the facility to ensure no additional residents had been abused by CNA 1, nor did it include interviews with staff familiar with CNA 1 to ensure staff had not observed or received any reports of abusive behavior by CNA 1.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Director of Nursing (DON) on 9/12/2024 at 3:28 pm, revealed the facility did not have a designated abuse coordinator. She stated all potential abuse was reported to the health system's Risk Manager and the Risk Manager conducted all investigations. The DON stated the Risk Manager spoke with R22 as well as CNA 1 during the investigation, but she was not aware of whether he interviewed any additional staff or residents related to R22's allegation of abuse.</p> <p>Interview with the Risk Manager on 9/12/2024 at 3:34 pm, he confirmed he conducted the investigation into R22's allegation of potential abuse by CNA 1. He confirmed he interviewed R22 and CNA 1 during his investigation and stated he also obtained information about R22 from the resident's primary nurse, reviewed the facility's grievances, reviewed R22's medical record, completed a physical assessment of R22, and had R22 demonstrate to him how she had been slapped. The Risk Manager revealed he had not obtained statements from additional residents or staff members related to the allegation to ensure no further abuse had occurred.</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15406</p> <p>Based on staff interviews, record review, and review of the facility's policy titled, System Policy and Procedures Behavioral Health, the facility failed to ensure one of three residents (R) (R36) who was reviewed for Pre-Admission Screening and Resident Review (PASARR) services was referred to the state-designated authority for Level II PASARR after a new mental illness diagnosis of schizoaffective disorder was added during her stay.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, System Policy and Procedures Behavioral Health dated 1/30/2023 and provided by the facility revealed, [Facility name] staff reviews admission orders, history and physical, consultation report, as well as Pre-Admission Screening and Resident Review (PASARR) recommendations for diagnosis of mental disorder or psychosocial adjustment difficulty. When diagnosis is indicated, appropriate services and treatment are provided.</p> <p>Review of the untitled, undated admission record provided by the facility revealed R36 was admitted to the facility on [DATE].</p> <p>Review of the PASARR Level I assessment dated [DATE] and provided by the facility revealed R36 had no serious mental illness diagnosis at the time of admission.</p> <p>Review of the Annual Minimum Data Set (MDS) with an assessment reference date (ARD) of 11/3/2023 in the electronic medical record (EMR) under the MDS tab revealed R36 had diagnoses including anxiety disorder, schizophrenia, and dementia. Section C reported a Brief Interview for Mental Status Score (BIMS) of two out of 15, which indicated the resident's cognition was severely impaired.</p> <p>Review of the Quarterly MDS with an ARD of 7/31/2024 in the EMR under the MDS tab revealed R36 had a BIMS score of six out of 15, which indicated severely impaired in cognition.</p> <p>Review of a psychiatry Office Clinic Note dated 1/11/2023 and provided by the facility revealed R36 saw a psychiatrist on this date and a diagnosis of schizoaffective disorder was initiated. The note read, She does report long history of mental health issue. Speaks of when she first began seeing psychiatrist in [location]. They told me then, sometimes my mind will be okay and sometimes it won't. Speaks of a time when she had to go get shots to calm me down. Unable to give any specific detail about this .Evidence of paranoia noted . Acting out with staff at times, refusing care, can be difficult to redirect .</p> <p>Interview on 9/12/2024 at 1:59 pm, Registered Nurse (RN) (RN 1) revealed a psychiatrist started seeing R36 on 1/11/2023 and a diagnosis of schizoaffective disorder was added at that time.</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 9/12/2024 at 3:51 pm, the Social Services Coordinator (SSC) revealed that when there was a mental illness diagnosis, the facility should request a PASARR Level II. The SCC stated she did not have access electronically to request PASARRs. The SSC stated she could not see the PASARRs; however, if she had been aware of R36's schizoaffective disorder diagnosis added after admission, that would have been a trigger to request a PASARR Level II. The SSC stated other staff such as the Admissions Director had access and could request PASARR Level II.</p> <p>Interview on 9/13/2024 at 10:13 am, the Compliance and Accreditation Manager revealed R36 had not been referred to the state-designated authority for Level II PASARR after the mental illness diagnosis of schizoaffective disorder was added.</p> <p>Interview on 9/13/2024 at 5:42 pm, the Administrator stated R36 should have been referred for a PASARR Level II once the schizoaffective disorder diagnosis was added.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 11599</p> <p>15406</p> <p>Based on observation, interviews, and record review, the facility failed to implement the comprehensive care plan for three residents (R) (R35, R71 and R25) of 21 sampled residents. Specifically, the failure created the potential for R25 to have inadequate care for an indwelling urinary catheter, and R35 and R71 to have inadequate care for edema in their lower extremities.</p> <p>Findings include:</p> <p>1. Review of R35's undated Face Sheet provided by the Director of Nurses (DON) revealed R35 was admitted on [DATE] with diagnoses of combined systolic and diastolic heart failure and vascular dementia.</p> <p>Review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/12/2024 located under the Resident Assessment Instrument (RAI) tab revealed a Brief Interview for Mental Status (BIMS) score of seven out of 15 which indicated R35 was severely cognitively impaired.</p> <p>Review of R35's Physician Orders, provided by the DON, revealed an order dated 4/24/2024 for Above the knee Grad Compression Stocking.</p> <p>Review of R35's Care Plan, dated 8/22/2024 provided by the DON, revealed a problem of Fluid volume excess, with a goal to remain free of edema. The interventions included, .compression stockings as ordered; elevate extremities if edema present.</p> <p>Observations of R35 on 9/10/2024 at 11:24 am; 9/10/2024 at 3:46 pm; 9/11/2024 at 8:53 am; 9/11/2024 at 5:00 pm; and 9/13/2024 at 9:04 am revealed the compression stockings had not been put on the resident.</p> <p>Interview on 9/11/2024 at 5:00 pm, Licensed Practical Nurse (LPN2) confirmed R35 did not have TED (thrombo-embolic deterrent) hose (compression stockings that help prevent blood clots in the legs) on and stated, They may be in the laundry. I don't know if he has a second pair.</p> <p>Interview on 9/13/2024 at 9:12 am, LPN 1 confirmed R35 was not wearing TED hose and stated, They had to be put in the laundry, and we have only one pair.</p> <p>2. Review of R71's undated Face Sheet, provided by the DON, revealed R71 was admitted on [DATE] with diagnosis chronic systolic congestive heart failure.</p> <p>Review of R71's annual MDS with an ARD of 7/23/2024 revealed a BIMS score of 10 out of 15 which indicated R71 had moderate cognitive impairment.</p> <p>Review of R71's Physician Orders, provided by the DON, revealed an order, dated 7/12/2024, for Above the knee grad (graduated) compression stockings, wear in the daytime, may remove at night.</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R71's Care Plan, dated 6/20/2024, provided by the DON, revealed a problem of Fluid volume excess, with a goal to remain free of edema and have a decrease in fluid overload. The interventions indicated, graduated compression stockings (TED hose) to be worn daily, may be removed at night.</p> <p>Observations of R71 on 9/10/2024 at 12:12 pm; 9/10/2024 at 2:17 pm; 9/11/2024 at 9:20 am; and 9/11/2024 at 4:45 pm revealed R71 was not wearing his compression (Ted hose) stockings.</p> <p>During an interview on 9/11/2024 at 5:04 pm, R35's physician stated, I do expect both residents to have them (TED hose) on when I order them.</p> <p>Interview on 9/13/2024 at 3:25 pm, the DON stated, We follow the physician's orders. We have extras [NAME] hose, so we don't need to order another pair of [NAME] hose for either resident.</p> <p>3. Review of the undated Face Sheet provided by the facility revealed R25 was admitted to the facility on [DATE].</p> <p>Review of R25's admission MDS with an ARD of 8/26/2024 and provided by the facility revealed R25 was moderately impaired in cognition with a BIMS score of 11 out of 15. The MDS assessment also documented R25 utilized an indwelling urinary catheter.</p> <p>Review of All Active Orders dated 8/23/2024 through 9/12/2024 and provided by the facility revealed, Urinary Catheter Care LTC (Long Term Care) (Foley Care LTC) every 12 hr. (hours). The frequency that nurses were to change the indwelling urinary catheter was not documented in the orders.</p> <p>Review of the Care Plan dated 8/28/2024 and provided by the facility revealed a problem of LTC Urinary Incont (incontinence) indwelling cath [catheter]. The goal was, Optimal level of bladder function without complications. Interventions were in pertinent part, .Check urinary bag for proper placement, Change catheter according to MD (Medical Doctor) orders.</p> <p>Observation and interview on 9/10/2024 2:41 pm and on 9/11/2024 at 4:58 pm, R25 was in bed and her catheter bag was wrapped in a sheet and lying directly on the floor near the bed. R25 revealed she did not know how long it had been on the floor.</p> <p>During an observation and interview on 9/11/2024 at 5:00 pm, Registered Nurse (RN) 2 entered R25's room and verified the catheter bag and tubing were lying directly on the floor. RN 2 stated the catheter bag should not be on the floor due to the possibility of infection, and it could be stepped on and pulled out.</p> <p>Interview on 9/13/2024 at 11:44 am, RN 2 verified there were no physician's orders specifying when the indwelling urinary catheter should be changed even though the care plan directed changing it in accordance with physician's orders.</p> <p>Interview on 9/13/2024 at 4:55 pm, the DON revealed staff knew the catheter bag and tubing should be below the bladder but not placed directly on the floor.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115655	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Southwell Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 260 Mj Taylor Road Adel, GA 31620	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15406</p> <p>Based on observation, staff and resident interviews, and record review, the facility failed to ensure one of one resident (R) (R25) reviewed for indwelling urinary received appropriate care and services to prevent urinary tract infections (UTI). Specifically, there was no physician orders for the size of the indwelling urinary catheter and how often to change it and R25's catheter and/or tubing were observed resting on the floor for three out of four days of the survey. These failures created the potential for R25's catheter to become dislodged and for R25 to get a UTI. The sample size was 31 residents.</p> <p>Findings include:</p> <p>Review of the undated Face Sheet provided by the facility revealed R25 was admitted to the facility on [DATE].</p> <p>Review of R25's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/26/2024 and provided by the facility revealed R25 was moderately impaired in cognition with a Brief Interview for Mental Status (BIMS) score of 11 out of 15.</p> <p>During an interview on 9/12/2024 at 12:38 pm, the Medical Director, who was also R25's attending physician, revealed he was not sure why R25 had a catheter. The Medical Director stated the rationale for the catheter was likely in the History and Physical (H & P) note.</p> <p>Review of the Physician's History and Physical Consultation Note dated 8/23/2024 and provided by the facility revealed, No dysuria [painful or uncomfortable urination] or frequency. Foley catheter in place for some reason. The rationale/diagnosis was not documented.</p> <p>Review of All Active Orders dated 8/23/2024 through 9/12/2024 and provided by the facility revealed, Urinary Catheter Care LTC [Long Term Care] (Foley Care LTC) every 12 hr. [hours]. Specific information such as the size of the catheter, frequency nurses were to change the catheter, or whether urinary output should be monitored was lacking. The reason for use of the catheter was not documented.</p> <p>Review of the Care Plan dated 8/28/2024, provided by the facility, revealed a problem of LTC Urinary Incont [incontinence] indwelling cath [catheter]. The goal was, Optimal level of bladder function without complications. Interventions indicated, Eval [Evaluate] for symptoms of UTI. Promote hydration, proper cleansing. Check for physician diagnosis of urinary retention or other medical justification for use of continuous foley. Anchor drainage tube of foley to prevent tension. Check urinary bag for proper placement. Change catheter according to MD [Medical Doctor] orders.</p> <p>During an interview on 9/10/2024 at 2:41 pm, R25 stated she did not know why she had the catheter, and she had not used one at home prior to admission.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Southwell Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 260 Mj Taylor Road Adel, GA 31620	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 9/10/2024 2:41 pm and on 9/11/2024 at 4:58 pm, R25 was lying in bed and her urinary catheter bag was wrapped in a sheet and the catheter bag and tubing were lying directly on the floor near the bed. R25 stated she did not know how long it had been on the floor.</p> <p>During an observation on 9/11/2024 at 5:00 pm, the Registered Nurse (RN)2 entered R25's room and verified the catheter bag and tubing were lying directly on the floor. RN2 stated there was usually a hook for the catheter bag so it could be hung on the bed frame; however, she stated she did not see a hook as she looked under the bed. RN2 stated R25 would not have been able to put the bag on the floor. RN2 stated that Certified Nursing Assistants (CNAs) were responsible for securing the bag. RN2 stated the catheter bag should not be on the floor due to the possibility of infection, and it could be stepped on and pulled out.</p> <p>During an interview on 9/11/2024 at 5:13 pm, CNA4 stated she was assigned to R25, and the catheter had been hooked on the side of R25's bed earlier. CNA4 stated, It must have fallen off. CNA4 stated the catheter bag, and tubing should not be on the floor. CNA4 verified R25 would not have been able to put the catheter bag on the floor herself.</p> <p>During an observation on 9/13/2024 at 10:05 am, R25 was seated in her wheelchair in her room. The catheter bag was in a privacy bag attached to the chair; however, the tubing was resting on the floor.</p> <p>During an observation and interview on 9/13/2024 at 10:28 am to 10:34 am, the Compliance and Accreditation Manager stated the facility did not have a policy and procedure for catheters. During the observation of R25's catheter tubing on the floor while R25 was in the wheelchair, the Compliance and Accreditation Manager verified the tubing was resting on the floor.</p> <p>During an interview on 9/13/2024 at 11:44 am, RN2 verified there were no physician's orders specifying when the catheter should be changed. RN2 stated the physician's order should document the size of the catheter and when it should be changed. RN2 stated R25 had an appointment on 9/18/2024 to see a urologist and that was why no attempt had been made in the facility to remove the catheter. RN2 stated the catheter had been inserted in the hospital prior to the resident's admission to the facility and an attempt had been made in the hospital to remove it. RN2 stated there was hospital documentation that indicated R25 had urinary retention and obstruction.</p> <p>Review of the hospital Insert Urinary Catheter (Order [number]) dated 8/19/2024 and provided by RN2 revealed, Indicate reason for foley. Urinary retention, obstruction or training.</p> <p>During an interview on 9/13/2024 at 4:55 pm, the Director of Nursing (DON) stated staff knew the catheter bag and tubing should be below the bladder but not directly on the floor. The DON stated the catheter bag should be hung, in a privacy bag, and the catheter bag should have a hook on it. The DON verified there should be an order for the size of the indwelling urinary catheter and how often to change the catheter as well as the reason for the catheter's use.</p>		

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NAME OF PROVIDER OR SUPPLIER Southwell Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 260 Mj Taylor Road Adel, GA 31620	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18947</p> <p>Based on observations, staff and resident interviews, record review, and review of the facility's policy titled, Bed Rail Policy, the facility failed to ensure one of three Residents (R) (R27) reviewed for accidents had been assessed for the use of bed/side rails, had physicians orders for the bed/side rails, a care plan, and an informed consent from the resident for the use of the bed/side rails. Specifically, R27 had bilateral 1/3 bed/side rails applied to his bed and his bed/side rail assessment, physician orders, and care plan did not accurately reflect the resident's use of the bed/side rails. This failure created the potential for the resident to be injured related to the potentially unnecessary bed/side rails on his bed. The sample size was 31 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Bed Rail Policy dated 7/31/2023 under the section titled, Policy revealed, An evaluation for bed rail use and an entrapment assessment is completed before bed rails are applied .The risks, alternatives and benefits of bed rails are reviewed with the resident and his/her representative prior to use .Once consent is signed, staff obtain an order from the resident's physician for bed rail use .The resident's care plan is then updated by staff to include the use of bed rails.</p> <p>Review of R27's Admission Record dated 9/13/2024 and provided by the facility indicated the resident was admitted to the facility on [DATE] with diagnosis of quadriplegia.</p> <p>Review of R27's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 7/12/2024 and found in the EMR under the MDS tab indicated a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated the resident was cognitively intact. The MDS indicated the resident was dependent upon staff to move in his bed and was dependent upon staff for transfers in and out of his bed. The assessment indicated R27 was not using bed/side rails on his bed.</p> <p>Review of R27's Physicians Orders, dated 9/13/2024 and found in the EMR under the Orders tab, indicated no orders for the resident's use of bed/side rails on his bed.</p> <p>Review of R27's comprehensive care plan dated 5/30/2024 and found in the EMR under the Care Plan tab did not indicate the resident's use of bed/side rails.</p> <p>Review of R27's EMR under the Assessment tab revealed the most recent Bed Rail Evaluation, was dated 8/9/2020 and indicated bed/side rails were in use for the resident for a sense of security.</p> <p>Review of R27's EMR revealed no documentation that the resident had been provided with information related to the risk and benefits of using bed/side rails and that the resident had given informed consent for the use of bed/side rails on his bed.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 9/11/2024 at 9:45 am, on 9/12/2024 at 9:56 am, 11:22 am, and 5:17 pm, and on 9/13/2024 at 8:51 am revealed R27 was lying in his bed with bilateral 1/3 bed/side rails in the raised position at the head of his bed.</p> <p>Interview on 9/11/2024 at 9:45 am, R27 revealed he was not able to use his bed/side rails at all due to his quadriplegia and contractures to both of his hands/arms. He confirmed he was not able to move at all on his own and was completely dependent upon staff for mobility.</p> <p>Interview with the Compliance and Accreditation Manager on 9/13/2024 at 10:17 am, she confirmed that R27 did not have physician orders for the bed/side rails, the care plan did not indicate the use of the bed/.side rails, a recent bed/side rail assessment, and documentation that the resident had consented for the use of bed/side rails. She stated R27 was not supposed to have bed/side rails on his bed because he was unable to use them.</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15406</p> <p>Based on staff and resident interviews, record review, and review of the facility's arbitration agreement, the facility failed to ensure three of three Residents (R) (R25, R80, R44) reviewed for arbitration agreements had agreements in place that provided the resident/responsible party a period of 30 days to rescind the agreement after it was signed. The facility's arbitration agreement provided a period of 10 days to rescind the agreement which had the potential to affect all residents of the facility. In addition, R80 and R44 had not been educated regarding the arbitration agreements and were not aware the arbitration agreements had been signed by their family members.</p> <p>Findings include:</p> <p>Review of the facility's Conditions of Service and Consent for Treatment located within the Admission Agreement included a section titled Agreement to Alternative Dispute Resolution, which was the facility's arbitration agreement. The document read, Patient agrees that any claim or dispute arising out of or related to the provision of health care services to Patient by [name of medical provider] . or their employees or agents, except as otherwise provided by herein, shall be resolved by final and binding arbitration . Patient is waiving right to Patient's right to a jury trial . Patient understands that Patient has the right to revoke this agreement no later than ten (10) days following signature .</p> <p>1. Review of the untitled, undated admission record provided by the facility revealed R25 was admitted to the facility on [DATE].</p> <p>Review of R25's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/14/2024 in the electronic medical record (EMR) under the MDS tab revealed R25 was intact in cognition with a Brief Interview for Mental Status (BIMS) score of 13 out of 15.</p> <p>Review of R25's Agreement to Alternative Dispute Resolution dated 8/23/2024 revealed it was signed on 8/23/2014 by R25's family member (F)25. The agreement documented a 10-day period after being signed in which the agreement could be revoked.</p> <p>2. Review of the untitled, undated admission record provided by the facility revealed R80 was admitted to the facility on [DATE].</p> <p>Review of R80's Admission MDS with an ARD of 8/14/2024 in the EMR under the MDS tab revealed R80 was intact in cognition with a BIMS score of 13 out of 15.</p> <p>Review of R80's Agreement to Alternative Dispute Resolution dated 8/12/2024 revealed the document was signed on this date by R80's family member (F)80. The agreement documented a 10-day period after being signed in which the agreement could be revoked.</p> <p>During an interview on 9/13/2024 at 3:07 pm, R80 was interviewed and stated she did not know anything about an arbitration agreement; however, she trusted F80 to sign documents on her behalf.</p> <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. Review of the untitled, undated admission record provided by the facility revealed R44 was admitted to the facility on [DATE].</p> <p>Review of R44's Admission MDS with an ARD date of 8/30/2024 in the EMR under the MDS tab revealed R80 was intact in cognition with a BIMS score of 15 out of 15.</p> <p>Review of R44's Agreement to Alternative Dispute Resolution dated 8/12/2024 revealed the R44's document was signed on this date by F44. The agreement documented a 10-day period after being signed in which the agreement could be revoked.</p> <p>Review of R44's Georgia Advance Directives for Health Care dated 8/28/2024 and provided by the facility revealed R44 designated his spouse as health care agent in the event he could not or did not want to make decisions. F44 was back up agent number two.</p> <p>Interview on 9/13/2024 at 3:18 pm, R44 stated his wife and then daughters assisted him with making medical/legal decisions. R44 stated he did not know anything about an arbitration agreement being signed or in place, but it was okay if his family had signed it for him.</p> <p>Interview on 9/13/2024 at 3:20 pm, the Admissions Director verified that F44 was listed as the third decision maker after R44's spouse and daughters. During the interview, the Admissions Director stated the Agreement to Alternative Dispute Resolution was located within the Admission Agreement under the Conditions of Service and Consent for Treatment and she reviewed it with the resident or the family member either before or at the time of admission. The Admissions Director stated if the resident could participate the resident signed it; otherwise, the family did. The Admissions Director verified the facility's arbitration agreement provided a 10-day period for revocation after it had been signed. The Admissions Director stated she implemented the hospital's arbitration agreement (part of the same organization) about two years ago and did not know the requirement was for a 30-day period to rescind the agreement.</p> <p>Interview on 9/13/2024 at 5:29 pm, the Administrator stated the arbitration agreement was hospital based and that was why the period to rescind was 10 days and not 30 days. The Administration stated he had not been aware of the discrepancy between the requirement for 30 days and the facility's policy of 10 days.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0848</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide a neutral and fair arbitration process and agree to arbitrator and venue.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15406</p> <p>Based on staff interview, record review, and review of the facility's arbitration agreement, the facility failed to ensure three of three Residents (R25, R80, R44) reviewed for arbitration had arbitration agreements in place that allowed for a mutually agreed upon arbitrator and venue for arbitration. The facility's arbitration agreement delineated the specific arbitrator that would be used. This deficient practice had the potential to affect all residents in the facility.</p> <p>Findings include:</p> <p>Review of the facility's Conditions of Service and Consent for Treatment located within the Admission Agreement included a section titled Agreement to Alternative Dispute Resolution, which was the facility's arbitration agreement. The document read, The arbitration of any claim or dispute hereunder shall be administered by [name of organization] in Tifton, Georgia .</p> <p>1. Review of the untitled, undated admission record provided by the facility revealed R25 was admitted to the facility on [DATE].</p> <p>Review of R25's Agreement to Alternative Dispute Resolution dated 8/23/2024 revealed it was signed on 8/23/2024 by R25's family member (F)25.</p> <p>2. Review of the untitled, undated admission record provided by the facility revealed R80 was admitted to the facility on [DATE].</p> <p>Review of R80's Agreement to Alternative Dispute Resolution dated 8/12/2024 revealed the document was signed on this date by F80. The agreement documented the arbitration of any claim or dispute would be administered by [name of organization] in Tifton, Georgia.</p> <p>3. Review of the untitled, undated admission record provided by the facility revealed R44 was admitted to the facility on [DATE].</p> <p>Review of R44's Agreement to Alternative Dispute Resolution dated 8/12/2024 revealed the document was signed on this date by F44. The agreement documented the arbitration of any claim or dispute would be administered by [name of organization] in Tifton, Georgia.</p> <p>During an interview on 9/13/2024 at 3:20 pm, the Admissions Director verified the Agreement to Alternative Dispute Resolution identified the arbitrator that would be used, located in Tifton Georgia. The Admissions Director stated she implemented the hospital's arbitration agreement (part of the same organization) about two years ago and did not know the requirement for an arbitrator to be selected who was agreed upon by both parties and the requirement for an agreed upon venue/location.</p> <p>During an interview on 9/13/2024 at 5:29 pm, the Administrator stated the arbitration agreement was hospital based and that was why the arbitrator and venue were specified in the agreement. The Administrator stated he had not been aware of the discrepancy between the requirement for an agreed upon arbitrator and venue.</p>		