

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115657	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2025
NAME OF PROVIDER OR SUPPLIER  Southern Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 801 Elberta Road Warner Robins, GA 31093	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>36200</p> <p>Based on staff interviews and record review, the facility failed to ensure that transfer notices were provided for two of two residents (R) (R50 and R62) reviewed for hospital transfers. This failure created the potential for R50 and R62 to be uninformed about their rights related to hospital transfer and subsequent return to the facility.</p> <p>Findings include:</p> <p>1. Review of electronic medical record (EMR) for R50 revealed diagnoses that included, but not limited to, acute upper respiratory infection, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, and vascular dementia.</p> <p>Review of the EMR under the Census tab indicated that R50 was transferred to the hospital on 5/7/2024 and returned on 5/15/2024. Further review revealed an additional transfer to the hospital on 1/22/2025.</p> <p>There was no documentation found in the EMR to indicate that R50 was provided a copy of the transfer notice upon transfer to the hospital.</p> <p>During an interview on 2/2/2025 at 10:50 am, Agency Licensed Practical Nurse (LPN) BB reported that when a resident was transferred to the hospital, a face sheet, orders, and code status were sent to the hospital.</p> <p>During an interview on 2/2/2025 at 11:10 am, the Assistant Director of Nursing (ADON) reported that when residents were transferred to the hospital the following is provided: demographics sheet, medications, orders, diagnosis, contact information, bed hold information, and transfer notice. However, no transfer notice was found for R50.</p> <p>2. Review of the EMR for R62 under the Census tab revealed an admission on 11/4/2024 and a billing stop date of 11/17/2024. R62 did not return to the facility on ce transferred to the hospital on 11/17/2024. R62 had diagnoses that included, but not limited to, hypertension, congestive heart failure, and hip fracture.</p> <p>Review of Progress Notes dated 11/17/2024 indicated that R62 was transferred to the hospital due to a complaint of difficulty breathing.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115657	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2025
NAME OF PROVIDER OR SUPPLIER  Southern Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 801 Elberta Road Warner Robins, GA 31093	
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 0623  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 2/2/2025 at 11:28 am, the Administrator reported that the former company did not provide transfer notices for residents when transferred to the hospital.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115657	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2025
NAME OF PROVIDER OR SUPPLIER  Southern Pines		STREET ADDRESS, CITY, STATE, ZIP CODE  801 Elberta Road Warner Robins, GA 31093	
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>36200</p> <p>Based on staff interviews, record review, and review of facility policy titled Bed Hold Acknowledgement Form, the facility failed to ensure that bed hold notices were provided for two of two residents (R) (R50 and R62) reviewed for hospitalization . This failure had the potential to place R50 and R62 at risk of denial of re-admission and loss of their room following hospitalization .</p> <p>Findings include:</p> <p>Review of the facility policy titled Bed Hold Acknowledgment Form, revised 12/6/2022, revealed the Policy: Bed Holds section included . The second notice, which specifies the duration of the bed hold policy, will be issued at the time of any transfer.</p> <p>1. Review of electronic medical record (EMR) for R50 revealed diagnoses that included, but not limited to, acute upper respiratory infection, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, and vascular dementia.</p> <p>Review of the EMR under the Census tab indicated that R50 was transferred to the hospital on 5/7/2024 and returned on 5/15/2024. There was a second hospitalization that began on 1/22/2025.</p> <p>There was no documentation found in the EMR to indicate that R50 was provided a copy of the bed hold notification upon transfer to the hospital.</p> <p>During an interview on 2/2/2025 at 10:50 am, Agency Licensed Practical Nurse (LPN) BB reported when a resident was discharged to the hospital, a face sheet, orders, and code status were sent to the hospital. She further reported that she did not provide the bed hold notice and stated Social Services or Admissions may be responsible for the bed hold.</p> <p>During an interview on 2/2/2025 at 11:10 am, the Assistant Director of Nursing (ADON) reported that when residents were transferred to the hospital the following was provided: demographics sheet, medications, orders, diagnosis, contact information, bed hold information, and transfer notice. The ADON reported that when under the previous owners, she was not aware that bed hold notices were sent out with residents.</p> <p>2. Review of the EMR for R62 under the Census tab revealed an admission on 11/4/2024 and a billing stop date of 11/17/2024. R62 did not return to the facility on ce transferred to the hospital. R62 had diagnoses that included, but not limited to, hypertension, congestive heart failure and hip fracture.</p> <p>Review of a Progress Notes dated 11/17/2024 revealed R62 was transferred to the hospital due to a complaint of difficulty breathing.</p> <p>During an interview on 2/2/2025 at 11:28 am, the Administrator reported that she did not send a bed hold notice when R62 was discharged to the hospital. The Administrator further reported that the former company did not provide bed hold notices for residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115657	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2025
NAME OF PROVIDER OR SUPPLIER  Southern Pines		STREET ADDRESS, CITY, STATE, ZIP CODE  801 Elberta Road Warner Robins, GA 31093	
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44959</p> <p>Based on observations, resident and staff interviews, record review, and review of the facility policy titled Care Plans, the facility failed to ensure a comprehensive person-centered care plan was developed for the use of psychotropic medications for one of five residents (R) (R12) reviewed for the use of unnecessary medications. This deficient practice had the potential to place R12 at risk for not receiving treatment and/or care according to their needs.</p> <p>Findings include:</p> <p>Review of the facility policy titled Care Plans, revised July 27, 2023, revealed the Policy Statement was It is the policy of the health care center for each patient/resident to have a person-centered baseline care plan followed by a comprehensive care plan developed following completion of the Minimum Data Set (MDS) and Care Area Assessment (CAA) portions of the comprehensive assessment according to the Resident Assessment Instrument (RAI) Manual and the patient/resident choice. The Admission Comprehensive Plan of Care section included .3. The comprehensive person-centered care plan is developed to include measurable goals and timeframes to meet a patient/resident's medical, nursing, and psychosocial needs, as the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial needs that are identified in the comprehensive assessment.</p> <p>Review of the clinical record revealed R12 had diagnoses including, but not limited to, major depressive disorder, mood disorder due to known physiological condition, and dementia with other behavioral disturbance.</p> <p>Review of R12's Quarterly MDS dated [DATE] revealed Section N (Medications) documented the resident received an antianxiety medication.</p> <p>Review of the Physician's Orders revealed an order dated 1/15/2025 for mirtazapine 15 milligrams (mg) (a medication used to treat depression), one tablet once a day.</p> <p>Review of R12's care plan revealed there was no care plan developed for psychotropic medication use.</p> <p>During an interview on 2/2/25 at 11:08 am, the MDS coordinator acknowledged that R12 did not have a care plan developed for the use of psychotropic medication and should have one. She stated the normal process was for care plans to be updated during daily morning meetings.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115657	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2025
NAME OF PROVIDER OR SUPPLIER  Southern Pines		STREET ADDRESS, CITY, STATE, ZIP CODE  801 Elberta Road Warner Robins, GA 31093	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>33548</p> <p>Based on observation and staff interviews, the facility failed to ensure dietary staff pureed fried fish in a manner to avoid compromising the nutritive value. This deficient practice had the potential to place eight of eight residents who received a pureed diet at risk of decreased nutritional intake.</p> <p>Findings include:</p> <p>Observation on 2/1/2025 at 11:30 am of Dietary [NAME] AA preparing puree fried fish for the lunch meal revealed she placed eight fried fish filets in the food processor bowl and began to puree. The cook then added eight slices of bread to the food processor bowl with the fried fish and pureed both together. Dietary [NAME] AA added three cups of vegetable broth to the food processor bowl and pureed the contents until desired puree consistency. Further observation revealed no recipe was available, and no documentation was available to guide the puree production.</p> <p>In an interview on 2/1/2025 at 11:30 am, Dietary [NAME] AA revealed that she always added bread to food items when she prepared puree foods. Dietary [NAME] AA stated that she was trained to add one slice of bread per serving of pureed food. Dietary [NAME] AA revealed that she had never seen a recipe for guidance for puree food preparation and had never seen any documentation regarding adding bread slices when pureeing foods.</p> <p>In an interview on 2/1/2025 at 11:40 am, the Dietary Manager (DM) revealed that bread should not be added to any food items being pureed. The DM stated that there was no recipe for pureed fried fish and no documentation to indicate that bread slices should be added when preparing pureed food items.</p> <p>In an interview on 2/2/2025 at 11:35 am, the DM and the Administrator revealed the facility did not have a policy regarding food preparation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115657	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2025
NAME OF PROVIDER OR SUPPLIER  Southern Pines		STREET ADDRESS, CITY, STATE, ZIP CODE  801 Elberta Road Warner Robins, GA 31093	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33548</b></p> <p>Based on observations, staff interviews, and review of facility policies titled Food Ordering, Receiving, and Storage, Receipt and Storage of Food &amp; Supplies, and Pot/Pan Washing and Sanitation, the facility failed to discard leftover and expired food, label and date leftover foods, remove dented cans from storage shelves, maintain the cleanliness of the walk-in refrigerator and dry storage areas, and avoid wet nesting of steam table pans to prevent bacterial growth. These deficient practices had the potential to promote foodborne illnesses associated with bacterial growth and cross-contamination for 56 of 58 residents consuming an oral diet from the kitchen.</p> <p>Findings include:</p> <p>Review of the facility policy titled Food Ordering, Receiving, and Storage, revised [DATE], revealed the Procedure section included . 9. Dented cans should be kept in a separate designated area, with a dented can sign, and away from regular stock.</p> <p>Review of the facility policy titled Receipt and Storage of Food &amp; Supplies, revised [DATE], revealed the Procedures section included . 6. All storage areas will be clean, organized, and ready to receive deliveries. 9. Bent and/or damaged cans and/or supplies should not be placed on storeroom shelves or bins. These items are to be placed in a labeled designated area and stored separately to be picked up by the vendor.</p> <p>Review of the facility policy titled Pot/Pan Washing and Sanitation, revised [DATE], revealed the Procedures section included Air dry pots and pans on the drain-board. Inspect for cleanliness and store pots and pans inverted in a clean, dry, protected area.</p> <p>1. Observation on [DATE] at 8:30 am of the walk-in refrigerator revealed the following:</p> <ul style="list-style-type: none"> <li>- a rectangle-shaped clear plastic container labeled Potato Wedges prepared date ,d+[DATE] and use by date ,d+[DATE].</li> <li>- a small square clear plastic container labeled peach slices prepared ,d+[DATE]</li> <li>- a small square clear plastic container labeled chocolate pudding prepared ,d+[DATE]</li> <li>- an open case of four-ounce yogurt cups with a received date of [DATE] and a use-by date of [DATE].</li> <li>- a yellow/light orange liquid substance was on top of three white buckets with lids.</li> </ul> <p>Observation on [DATE] at 9:00 am of the clear door reach-in refrigerator in front of the steam table revealed a small clear plastic container with six four-ounce yogurt cups with a best-by date of [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115657	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2025
NAME OF PROVIDER OR SUPPLIER  Southern Pines		STREET ADDRESS, CITY, STATE, ZIP CODE  801 Elberta Road Warner Robins, GA 31093	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 9:00 am, the Dietary Manager (DM) confirmed that the yogurt cups in the reach-in refrigerator had a use-by date of [DATE]. The DM stated the dietary staff should have reviewed the date on the yogurt and discarded it. During a continued interview with the DM, she confirmed the case of yogurt cups in the walk-in refrigerator had a received date of [DATE] and a use-by date of [DATE]. She further stated dietary staff should have looked at the date on the case and discarded it. The DM confirmed that the rectangle clear plastic container had leftover potato wedges with a prepared date of ,d+[DATE] and a use-by date of ,d+[DATE]. The DM stated that the dietary cook should have reviewed the dates on the leftover containers and discarded them. The DM further revealed that leftovers should be discarded five days after preparation. The DM confirmed that the sliced peaches and chocolate pudding, both with prepared dates of ,d+[DATE], should have been discarded. Further interview with the DM revealed that the facility did not have a policy for leftover food items, and further stated that leftovers should be discarded five days after the prepared date since that was a general practice that dietary was to use. The DM confirmed the yellow/orange liquid on top of several white-colored buckets and stated the liquid was orange juice that leaked from the case stored above the white buckets. The DM stated that dietary staff should have cleaned the spill immediately.</p> <p>2. Observation on [DATE] at 8:40 am of the walk-in freezer revealed a round chocolate cake layer with no label or date.</p> <p>Observation on [DATE] at 8:10 am of the walk-in freezer revealed that the round chocolate cake layer continued to have no label or date.</p> <p>During an interview on [DATE] at 8:10 am, the DM confirmed that the chocolate cake layer had no label or date. The DM further stated that she was unsure where the cake layer came from since they do not serve residents any round-shaped cakes.</p> <p>3. Observation on [DATE] at 8:45 am of the dry storage area revealed a large can of baby corn with a dent on the bottom seal. Continued observation of the dry storage area revealed a white powdery substance on the tops of several cans of food and on the floor.</p> <p>During an interview on [DATE] at 9:10 am, the DM confirmed that the can of baby corn had a dent at the bottom seal. The DM stated that dietary staff should have noticed the dent and placed the can in the dented can area. The DM also confirmed that there was a white powdery substance on top of several cans of food, on the food storage shelf, and on the floor. The DM stated that dietary staff should have noticed the white substance and cleaned from the cans, shelf, and floor. The DM revealed that dietary staff cleaned the dry storage area daily.</p> <p>Observation on [DATE] at 8:20 am of the dry storage area revealed a large can of green beans on the food storage shelf with a large dent to the side of the can. Continued observation revealed a white powdery substance was on top of several food cans and on the food storage rack.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115657	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2025
NAME OF PROVIDER OR SUPPLIER  Southern Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 801 Elberta Road Warner Robins, GA 31093	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 8:20 am, the DM confirmed that the can of green beans had a dent on the side. The DM revealed that dietary staff had recently put food away and that the dented can should have been placed in the dented can area and not on the storage shelf for usage. The DM confirmed that there was a white powdery substance on top of several cans and on the food storage shelf. The DM revealed she cleaned the cans and the food shelf on [DATE] and did not know where the white substance was coming from. The DM further revealed that dietary staff should be cleaning after any spillage.</p> <p>4. Observation on [DATE] at 8:50 am of the pot and pan rack revealed a stack of four square steam table pans. The pans were pulled apart, and the top pan had moisture inside. A stack of three medium-sized rectangle pans was pulled apart, and the top pan had moisture inside.</p> <p>During an interview on [DATE] at 9:15 am, the DM confirmed that the square steam table pan and the rectangle pan were stacked and stored with moisture inside. The DM stated that dietary staff should allow pans to dry completely before stacking.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115657	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2025
NAME OF PROVIDER OR SUPPLIER  Southern Pines		STREET ADDRESS, CITY, STATE, ZIP CODE  801 Elberta Road Warner Robins, GA 31093	
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 0880</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>36200</p> <p>Based on staff interviews and record review, the facility failed to ensure that the Infection Control and Prevention Program policies were reviewed annually. This deficient practice had the potential to increase the risks of exposure to infectious diseases to all residents, staff, and visitors. The facility census was 58.</p> <p>Findings include:</p> <p>During the review of infection control policies, there was no evidence of an annual review of the infection control policies.</p> <p>In an interview on 2/1/2025 at 10:23 am, the Infection Preventionist (IP) reported that the antibiotic stewardship and infection control surveillance programs were discussed in the quarterly Quality Assurance Performance Improvement (QAPI) meetings, but she was unsure when the entire infection control program or policies had been reviewed by the Interdisciplinary Team (IDT).</p> <p>In an interview on 2/2/2025 at 12:10 pm, the Director of Nurses (DON) reported that she was unable to provide evidence of an annual review of the infection control program and policies.</p> <p>In a post-survey telephone interview on 2/11/2025 at 2:20 pm, the DON stated she had worked at the facility for four years and was unsure when the infection control program and policies had been reviewed, revised, and approved by the IDT. She further stated she was unable to provide documentation of the last review of the infection control program or policies.</p>		