

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2025
NAME OF PROVIDER OR SUPPLIER Coastal Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 128 Coastal Manor Drive SE Ludowici, GA 31316	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46319</p> <p>Based on record review, resident and staff interviews, and facility policy review, the facility failed to ensure a written notification of transfer to the hospital was given or sent to the resident and the resident representative (RR) for three residents (Resident (R)17, R76, and R82) of 27 sampled residents reviewed. This failed practice had the potential to affect the resident and the RR by not having the information of where and why a resident was transferred and/or how to appeal the transfer, if desired.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled Transfer/Discharges stated purpose of the policy is to inform residents, family members, or legal representatives verbally and in writing (in a language and manner they understand) of reasons for a transfer or discharges.</p> <p>1. Review of R17's Census tab located in the electronic medical record (EMR) revealed that R17 was discharged to the hospital on 12/17/24 and returned to the facility on [DATE]; discharged to the hospital on 03/28/25 and returned to the facility on [DATE]. There was no evidence located in the EMR of the facility providing a written notice of transfer to the resident or the RR.</p> <p>During an interview on 05/16/25 at 11:53 AM, the Director of Nursing (DON) stated that we call the family and note it in the chart. The DON stated that we don't send anything to the resident or the family.</p> <p>During an interview on 05/16/25 at 11:55 AM, the Social Services Coordinator (SSC)1 stated that she was not sure about sending written transfer notices to the family, but she did send a list of residents transferred to the ombudsman.</p> <p>During an interview on 05/16/25 at 12:28 PM, the Administrator stated we call the resident's representative and notify them. The Administrator also stated that he was not aware of a regulation requiring a written notice of transfer.</p> <p>2. Review of the Face Sheet provided by the facility, revealed R76 was initially admitted on [DATE].</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: 115665
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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the quarterly Minimum Data Set (MDS) located under the MDS tab in the EMR, with an assessment reference date (ARD) of 03/07/25 revealed a Brief Interview of Mental Status (BIMS) score of 15 out of 15 which indicated R76 was cognitively intact.</p> <p>Review of the Clinical Census located under the Census tab in the EMR revealed R76 was hospitalized on [DATE], 01/27/25, and 2/28/25. There was no evidence in the EMR to show that R76 nor the RR was provided a Notice of Transfer or Discharge as required.</p> <p>During an interview on 05/14/25 at 12:52 PM, R76 denied ever having been given a form titled Notice of Transfer or Discharge when she had been hospitalized .</p> <p>3. Review of R82's Admission Record located in the EMR under the Profile tab revealed an admitted [DATE] and a readmitted [DATE].</p> <p>Review of R82, progress notes under the Prog Note tab in the EMR revealed on 04/26/25 at 12:46 PM, the resident was transferred to the acute hospital due to lethargy and being difficult to arouse.</p> <p>Review of R82's EMR revealed no documentation of a written notification of transfer to the resident or RR.</p>		

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<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>26446</p> <p>Based on observations, staff interviews, and facility policy review, the facility failed to ensure food stored in the walk-in freezer was properly stored off the floor; food was properly labeled and dated; equipment was properly cleaned; and dented cans were properly discarded in accordance with professional standards for food service safety. The deficient practice had the potential to affect all 82 residents of the facility who consume food from the kitchen.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Food and Supply Storage, dated 01/25, revealed All food, non-food items and supplies used in food preparation shall be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption . Cover, label and date unused portions and open packages .Product is protected from the possibility of dust spinning upward during sweeping or mopping through the use of a solid barrier such as a sheet of plastic placed under products on the bottom shelf of open wire shelving .Dry Storage: Maintain designated area for items that are damaged (such as dented cans) that are to be returned for credit .Store foods in their original packages. Foods that must be opened must be stored in NSF (National Sanitation Foundation) approved containers that have tight-fitting lids . Frozen Storage: Store food items 6 (inches) above the floor, and 18 below sprinklers .Store bulk materials in NSF approved containers that have tight fitting lids. Label both the bin and the lid.</p> <p>During the initial kitchen tour on 05/13/25 at 9:10 AM with the Dietary Manager (DM) the following observations were made:</p> <p>The DM was observed in the walk-in freezer attempting to put cardboard boxes full of frozen food items onto the storage shelves. The walk-in freezer floor was completely covered in approximately twelve large cardboard boxes. The DM stated that these boxes had arrived with the Saturday (05/10/25) shipment and had not been put away properly until now. The DM confirmed that she did not expect to have food boxes stored on the walk-in freezer floor and was trying to get them stored onto the racks. The DM said that shipments were sent to the facility on Wednesdays and Saturdays.</p> <p>A reach-in freezer was observed with an opened and undated 4.54 kg (kilogram) box of spicy chicken breast, and an opened and undated 20 lb. (pound) box of beef patties. The DM stated that she expected the boxes to be dated and labeled for storage. The DM said that she had bags to put the opened items into to protect the food and had a label maker for dating and labeling food.</p> <p>The commercial can opener was observed with dirt and dried debris on the blade.</p> <p>The large dry bin storage of flour had a lid that was ajar and did not fit properly to seal the container.</p> <p>On the racks in the pantry, for use, were multiple dented cans:</p> <p>A 6 lb. 6.5 oz. (ounce) can diced tomatoes.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A 6 lb. 10 oz. can mandarin oranges.</p> <p>A 6 lb. 8 oz. can marinara sauce.</p> <p>A 6 lb. 12 oz. can white hominy.</p> <p>An additional 6 lb. 8 oz. can of marinara sauce was on the floor to the pantry room, holding the door open.</p> <p>The DM stated that she expected the dietary staff to monitor dented cans when the supplies came in and put them with the dented can section of the pantry. She confirmed the identified cans were in the regular use can section of the pantry. She also stated the can of food should not be on the floor holding a door open.</p> <p>During an additional observation in the kitchen on 05/15/25 at 10:58 AM, the flour stored in the pantry was identified with the lid still ajar, with exposure to air.</p> <p>During an interview on 05/15/25 at 3:30 PM, the Registered Dietician (RD) confirmed that food should not be placed or stored on the walk-in freezer floor.</p> <p>During an additional tour of the kitchen with the DM on 05/16/25 at 1:10 PM, the commercial can opener was again observed to have dried debris on it. The DM stated it needed to be cleaned. The flour was again observed with an improperly fitted lid. She confirmed the flour should be covered properly and readjusted the lid. She confirmed it should be better covered.</p>