STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115667	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colquitt Regional Senior Care & Rehabilitation	101 Cobblestone Trace SE Moultrie, GA 31768

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and facility policy, the facility failed to ensure residents were informed of the benefits, risks, and alternatives of treatment prior to initiating or increasing psychotropic medication for two of five residents (R) (R2 and R9) of five residents reviewed for unnecessary medications. This deficient practice had the potential for residents to receive medications without knowing the benefits, risks and treatment options. Findings include:1. Review of R2's admission Record located under the Profile tab of the electronic medical record (EMR), revealed she was admitted to the facility on [DATE] with diagnoses that included but not limited to major depressive disorder and insomnia. Review of R2's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/17/2025, revealed R2 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated little to no cognitive impairment. The MDS Section N: Medications revealed R2 received antidepressant and hypnotic medications.Review of R2's Medication Administration Record (MAR) dated January 2026, and Physician Orders located under the Orders tab of the EMR, revealed R2 received eszopiclone (a hypnotic medication) 3 milligrams (mg) at bedtime for insomnia. The original physician order was dated 03/19/2025. R2 also received hydroxyzine (and antihistamine medication utilized for anxiety) 25 mg daily with the original order date of 07/04/2024.Review of R2's medical records confirmed there was no documentation that she or the resident's representative had been provided information in advance of the risks and benefits of the prescribed medications, treatment alternatives, or other options, and had consented to receive medications.2. Review of R9's admission Record located under the Profile tab of the electronic medical record (EMR), revealed she was admitted to the facility on [DATE] with diagnoses that included, but not limited to major depressive disorder and pseudobulbar affect (a neurological condition causing sudden, uncontrollable episodes of laughing or crying that do not match the person's actual feelings or the situation).Review of R9's admission MDS with an ARD of 10/1/2025, revealed R9 had a BIMS score of 9 which indicated moderate cognitive impairment. The MDS Section N: Medications revealed that R9 received antipsychotic and antidepressant medications.Review of R9's MAR dated January 2026 and Physician Orders located under the Orders tab of the EMR, revealed R9 was prescribed hydroxyzine 25 mg every 12 hours as needed for anxiety, with the original order dated 04/27/24. Review of R9's MAR dated September 2025 through January 2026 and located under the Orders tab in the EMR, documented the medication was not administered. In addition, behavior monitoring documented no anxious behaviors. Review of R9's medical records revealed no documentation that she or the resident's representative had been provided information in advance of the risks and benefits of the prescribed medications, treatment alternatives, or other options, and consented to receive the medications.During an interview on 01/07/26 at 4:50 PM with the Director of Nursing (DON), it was revealed that psychotropics were usually prescribed by psychiatry. The DON stated she did not have access to their progress notes to review for discussions regarding risks and benefits of treatments prior to the medications being administered. She confirmed she has been unable to locate consent forms or documentation of consent prior to the administration of the increase in Lunesta or the initiation of the other medications.During an interview on 01/08/26 at 10:06 AM, the (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	DON stated that hydroxyzine is considered a psychotropic medication when indicated for anxiety.During an interview on 01/08/26 at 12:21 PM with the Pharmacist confirmed hydroxyzine is a psychotropic medication if used for anxiety.Review of the facility's policy titled, Health, Medical Condition and Treatment Options, Informing Residents of, dated 09/2022 and documented under policy statement, Every resident is informed of his or her total health status, medical condition and options for treatment and/or care and under policy implementation, 2. The resident's attending physician, the facility medical director, or the director of nursing services is responsible for informing the resident of his or her medical condition. Such information includes providing the resident/representative with information about the resident's: . type of care or treatment recommended (based on the assessment and care plan); . risks and benefits of proposed care or treatment; treatment alternatives or options; . right to discontinue or refuse care or treatment; .Review of the facility's policy titled Resident Rights, dated 09/2022, documented under policy implementation and interpretation, O. be notified of his or her medical condition and of any changes in his or her condition; .P. be informed of, and participate in, his or her care planning and treatment.

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on record review, interviews, and facility policy, the facility failed to ensure a Georgia Criminal History Check System (GCHEXS) fingerprint background check was completed for the Food Service Supervisor (FSS). The deficient practice could result in a staff with an unknown criminal background having access to residents. Findings include:Review of employee records for the Food Service Supervisor (FSS) revealed he was hired on 09/07/2022. The required GCHEXS fingerprint background check clearance letter was not located in the file. During an interview on 01/07/2026 at 11:04 AM, the Assistant Administrator stated FSS did not have a GCHEXS background check completed upon hire.During an interview on 01/07/2026 at 11:59 AM, the Administrator stated Human Recourses did not complete fingerprint background checks for staff that did not have direct care with residents.During an interview on 01/07/2026 at 12:14 PM, the Human Resources Assistant (HRA) stated environmental services and food services staff would not have direct contact with residents and did not have fingerprint background checks completed. Direct contact would be having hands on care with patients. The background check policy did not specify which potential employees should have a GCHEXS fingerprint background check.Review of the facility's policy titled, Prevention of Resident Abuse, Neglect, Mistreatment or Misappropriation of Property provided by the facility, dated 11/2019, documented The Center will not employ individuals who have been found guilty of abusing, mistreating orneglecting residents by a court of law . All associates will be screened prior to being hired by having a criminal background check performed.Review of the facility's policy titled, Employee Recruitment provided by the facility, revised 12/2023, documented, . Human Resources will be responsible for maintaining applicant records, screening applicants in comparison to the established requirements for the available position, and for pre-employment testing, if needed.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on record review, interview, and facility policy review, the facility failed to ensure professional standards were followed for one resident (R) (R50) of 17 sampled residents. Specifically, R50 received nonsteroidal anti-inflammatory drugs (NSAIDs) with a physician's order to avoid NSAID use. This deficient practice placed R50 at risk of adverse clinical outcomes. Findings include:Review of R50's admission Record, located in the electronic medical record (EMR) under the Profile'' tab revealed an admission date of 08/05/2024. Further review revealed that R50's diagnoses included, but were not limited to chronic obstructive pulmonary disease, type 2 diabetes mellitus and chronic kidney disease.Review of R50's EMR under the ''Orders'' tab revealed a physician order dated 03/19/2025 that documented, Avoid all NSAIDs at all times.'' R50 had a subsequent physician order dated 05/29/2025 for Ibuprofen (an NSAID) 800 milligram (mg) tablet, give one tablet by mouth every six hours as needed (PRN) for pain.Review of the Medication Administration Record (MAR) for 2025, located in the EMR Orders tab documented a March 2025 order directing staff to avoid NSAIDs which remained in effect at the time the PRN ibuprofen order was written in May 2025. The conflicting orders were not reconciled, clarified, or discontinued prior to the administration of Ibuprofen PRN.Further review of the MAR documented R50 received ibuprofen on 06/08/2025, 07/07/2025, and 07/08/2025, which was after the physician order dated 03/19/2025 directing staff to avoid all NSAIDs.During an interview on 01/07/2026 at 9:42 AM with the Assistant Director of Nursing (ADON) confirmed R50 had a physician's order dated 03/19/2025 to avoid NSAIDs and a subsequent PRN order dated 05/29/2025 for ibuprofen 800 mg for pain.During an interview on 01/07/2026 at 11:08 AM with the Administrator and Director of Nursing (DON), both confirmed that facility staff were expected to ensure physician orders were followed as written.During an interview on 01/07/2026 at 1:04 PM with R50's Nurse Practitioner (NP) revealed the order for PRN Ibuprofen was dated 05/28/2025 and the order dated 03/19/2025 should have taken precedence unless the risks and benefits were reviewed and acknowledged. The NP further stated that if a prior order existed directing staff to avoid NSAIDs then the PRN ibuprofen order should not have been written.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of facility policies, the facility failed to ensure staff followed standard infection control practices during wound care and Enhanced Barrier Precautions (EBP) for two of seventeen residents (R) (R9 and R12) reviewed for infection control practices. These deficient practices have the potential to place residents and staff at risk for cross-contamination and the spread of infections.Findings include:1. Review of R12's admission Record, located in the electronic medical record (EMR) under the Profile'' tab, revealed R12 was initially admitted to the facility on [DATE] with diagnoses that included, but were not limited to, colostomy status, type 2 diabetes mellitus, and overactive bladder.Review of R12's Physician Orders dated 02/05/2024, documented an order for Colostomy care.''Review of R12's Care Plan revised 8/5/2025 revealed R12 was placed on Enhanced Barrier Precautions (EBP).Observation on 01/07/2026 at 9:15 AM revealed a yellow magnet posted on R12's door frame, indicating resident was on EBP. During this observation a Certified Nursing Assistant (CNA) 4 transferred R12 from her wheelchair to her bed without dressing in the required personal protective equipment (PPE), including a gown and gloves. CNA4 then exited the room and returned at 9:17 AM with supplies and proceeded to provide incontinent care without donning a gown or gloves.During an interview on 01/07/2026 at 9:24 AM, CNA4 confirmed that she did not wear the required PPE while transferring R12 or providing incontinent care.During an interview on 01/07/2026 at 9:35 AM, with the Infection Preventionist (IP) confirmed staff were required to wear PPE (gown and gloves) when providing high-contact care and follow hand hygiene protocols.During an interview on 01/07/2026 at 10:56 AM, with the Director of Nursing (DON) revealed all staff were expected to know and follow proper PPE and hand hygiene protocols and be aware of residents on Enhanced Barrier Precautions.Review of the facility policy titled Enhanced Barrier Precautions,'' revised 01/2026, revealed ''Enhanced Barrier Precautions are an infection control intervention used to reduce transmission of multidrug-resistant organisms.'' The policy also documented that all staff must wear gloves and gowns during high-contact activities, including dressing, bathing/showering, and transferring residents, and perform hand hygiene before aseptic tasks and after contact with items in the resident's room.2. During an observation on 01/08/2026 at 9:16 AM, the Wound Care Registered Nurse (WCRN) entered R9's room to perform wound care. WCRN placed open wound care supplies on R9's bedside table. A foil barrier was beneath the supplies however it was not large enough and clean and unopened wound care supplies touched the bedside table. WCRN placed the boarder dressing and extra gloves directly on the table and then back on top of the open gauze. WCRN performed hand hygiene, donned a gown, gloves, and mask, then completed wound care. Specifically, WCRN removed the soiled dressing, changed gloves without performing hand hygiene and proceeded to cleanse the wound. She then applied Santyl (ointment used for wound debridement) and covered the wound with the gauze and boarder dressing. Review of R9's admission Record, located under the Profile tab of the EMR, revealed R9 was admitted to the facility on [DATE] with diagnoses including, but not limited to hemiplegia, diabetes mellitus, and peripheral vascular disease.Review of the quarterly Minimum Data Set (MDS) located under the MDS tab of the EMR with an Assessment Reference Date (ARD) of 10/01/2025 had a Brief Interview for Mental Status (BIMS) score of nine out of 15, which indicated she had moderate cognitive impairment. MDS Section M: Skin Conditions documented that R9 had a Stage 3 pressure ulcer and a feeding tube.Review of R9's Care Plan revised 12/23/2025, revealed she had a stage 3 pressure ulcer on her sacrum with wound care treatments.During an interview on 01/08/2026 at 9:24 AM, the WCRN confirmed that hand hygiene should be performed before starting wound care, when gloves are changed, and after wound care. WCRN stated she did not use hand sanitizer when changing gloves. WCRN stated she used the foil paper as a barrier and thought the gloves were on the foil. She confirmed the gloves may have touched the table.Interview on 01/08/2026 at 9:31 AM with the DON revealed her expectation is that (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hand hygiene be performed before starting wound care, after removing the old dressing, before applying the new dressing, and with each glove change. The DON stated that supplies should be placed on a disinfected flat surface without contamination and should not be directly on the table. Review of the facility's policy titled, Dressing changes, dated 09/2022, documented under procedure: Clean bedside stand; Establish a clean field. Place the clean equipment on the clean field and arrange it so they can be easily reached . Remove soiled dressing. Wash and dry hands thoroughly. Open dressing change kits/materials. Put on gloves .