

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115675	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2025
NAME OF PROVIDER OR SUPPLIER Retreat, The		STREET ADDRESS, CITY, STATE, ZIP CODE 898 College St Monticello, GA 31064	

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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>45811</p> <p>Based on observations, staff interviews, record review, and review of the facility's policy titled Medication Administration, the facility failed to ensure a medication error rate of less than 5 percent. There were 30 opportunities with three medication errors for three residents (R) (R13, R49, R6) observed for medication administration. The medication error rate was 10.0 percent. This deficient practice had the potential to place R13, R49, and R6 at risk of decreased or increased therapeutic effects from the medications administered.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Medication Administration, revision date 6/2023, revealed the Policy section included, Medications shall be administered only upon the order of providers, dentists or podiatrists, who are members of the medical staff, are authorized members of the house staff or have been granted clinical privileges to write such orders and under the guidelines of their respective scopes of practice. The Medication Administration Record shall be compared with the patient's medical record prior to the preparation of any medication at least one (1) time each shift. The individual administering the medication shall verify the medication selected for administration is the correct medication based on the medication order and the medication product label. The medication nurse shall ensure that the correct medication is administered by checking the physician's order and the medication label.</p> <p>1. Review of R13's medical record revealed diagnoses including, but not limited to, hypokalemia and gastro-esophageal reflux disease.</p> <p>Review of R13's Physician's Orders revealed an order dated 6/13/2024 for vitamin D3 125 micrograms (mcg) (5000 international units [IU]) one tablet daily.</p> <p>Observation of medication administration on 3/2/2025 beginning at 9:00 am revealed Registered Nurse (RN) CC administered Calcium 60 mg, 10 mcg (400 IU) to R13.</p> <p>2. Review of R49's medical record revealed diagnoses including, but not limited to, anorexia and anemia in chronic kidney disease.</p> <p>Review of R49's Physician's Orders revealed an order dated 1/25/2025 for sodium bicarbonate 325 milligrams (mg) tablet, two tablets to equal 650 mg twice a day.</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
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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation of medication administration on 3/2/2025 beginning at 9:00 am revealed RN CC administered sodium bicarbonate 325 mg, one tablet to R49.</p> <p>3. Review of R6's medical record revealed a diagnosis of vitamin D deficiency.</p> <p>Review of R6s Physician's Orders revealed an order dated 2/5/2025 for vitamin D3 capsule 25 mcg (1,000 IU) one capsule daily.</p> <p>Observation of medication administration on 3/2/2025 beginning at 9:00 am revealed RN CC administered calcium 600 mg 10 mcg (400 IU) to R6.</p> <p>In an interview on 3/2/2025 at 4:30 pm, RN CC confirmed she administered calcium 600mg, 10mcg (400 IU) to R13, and the physician's order was for vitamin D3 125 mcg (5000 IU). She confirmed she administered sodium bicarbonate 325mg, one tablet, to R49, and the physician's order was for sodium bicarbonate 325mg, two tablets. She further confirmed she administered calcium 600 mg 10 mcg (400 IU) to R6, and the physician's order was for vitamin D3, 25 mcg (1000IU).</p> <p>In an interview on 3/2/2025 at 4:45 pm, the Director of Nursing (DON) reviewed and verified the medication errors.</p> <p>In an interview on 3/3/2025 at 2:09 pm, the Assistant Director of Nursing (ADON) stated the nurses should verify the medication being administered with the electronic medication administration record (eMAR) and ensure the correct medication dosage was being administered to the right resident at the right time.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45811</p> <p>Based on observation, staff interviews, record review, and review of the facility's policy titled Floor Stock and Medication Administration, the facility failed to ensure no expired medications were stored in one of one medication storage rooms. This deficient practice had the potential to place the residents at risk of receiving medications with altered effectiveness. The facility census was 51 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Floor Stock, revision date 9/2024, revealed the Policy section included The pharmacy department is responsible for controlling floor stock medications within this hospital. The Procedure section included, . Medications contained in floor stock are stored under the conditions listed by the manufacturer to ensure stability.</p> <p>Review of the facility's policy titled Medication Administration, revision date 6/2023, revealed the Policy section included, . The expiration date of all medications shall be checked before administration.</p> <p>During an observation of the medication storage room with the Director of Nurses (DON) on 3/2/2025 at 10:00 am, one container of naproxen 220 milligrams (mg) (a medication used to treat pain or fever) with an expiration date of 1/2025 and one container of vitamin B1 100 mg with an expiration date of 2/2025 were observed in the medication storage room. The DON confirmed that the expired medications were stored in the medication storage room.</p> <p>In an interview on 3/3/2025 at 2:12 pm, the DON stated the pharmacy stocked the medication storage room. The DON stated that the pharmacist and the nurses should review the medications to ensure that no expired medications were stocked in the medication storage room.</p> <p>In an interview on 3/3/2025 at 5:45 pm, the Administrator stated the nurses and the pharmacist should review the medication expiration dates.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49673</p> <p>Based on observations, staff interviews, and a review of the facility's policy titled Food Storage, the facility failed to ensure that expired food items were discarded in the refrigerator and dry food storage pantry. The deficient practices had the potential to place 46 residents who received an oral diet from the kitchen at risk of contracting a foodborne illness.</p> <p>Findings Include:</p> <p>A review of the facility's undated policy titled Food Storage revealed the Procedure section included, . 7. b. Date marking should be visible on all high-risk food to indicate the date by which a ready-to-eat, TCS (temperature controlled food) food should be consumed, sold, or discarded. 12. Leftover food should be stored in covered containers or wrapped carefully and securely and clearly labeled and dated before being refrigerated. Leftover food must be used within 7 days or discarded as per the 2017 Federal Food Code.</p> <p>During a kitchen tour on [DATE] at 7:42 am with the Assistant Dietary Manager (ADM), observations in the double refrigerator revealed one metal serving container labeled Tomato Slice with an expiration date of [DATE], eight one-gallon containers labeled Lemonade with an expiration date of [DATE], and six one-gallon containers labeled Tea with an expiration date of [DATE]. The ADM confirmed the findings in the refrigerator. Observations of the bread storage racks revealed seven loaves of sandwich white bread with expiration dates of [DATE]. Observations of the dry storage pantry revealed four 12-ounce cans of evaporated milk with an expiration date of [DATE]. The ADM confirmed the expired bread and cans of evaporated milk.</p> <p>In an interview on [DATE] at 1:41 pm, the ADM stated she was responsible for the expired foods not being discarded. She further stated she was focused on serving food and managing multiple tasks. She stated that she, the Dietary Manager (DM), and a Dietary Aide were responsible for checking food dates.</p> <p>In an interview on [DATE] at 1:58 pm, the DM stated that food items should be discarded on the expiration date.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45811</p> <p>Based on observations, staff interviews, record reviews, and review of the facility's policies titled Hand Hygiene and Enhanced Barrier Precautions (EBP), the facility failed to ensure effective infection control procedures were followed during wound care for one of three residents (R) (R34) with pressure ulcers. The deficient practice had the potential to place R34 at risk of an increased potential for cross-contamination and spread of infection.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Hand Hygiene, revision date June 2024, revealed the Policy section included, All staff shall use the hand-hygiene techniques as recommended by the CDC (Center for Disease Control and Prevention). Always after removing PPE (Personal Protective Equipment).</p> <p>Review of the facility's policy titled Enhanced Barrier Precautions (EBP), effective date June 2024, revealed the Definition section stated, Enhanced Barrier Precautions: Infection control intervention designed to reduce transmission of multi-drug resistant organisms (MDROs), which employs targeted gown and glove use during high contact resident care activities. The Policy section included, EBP are indicated for residents with any of the following: . Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with an MDRO. Wounds generally include chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage. Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, and unhealed surgical wounds .</p> <p>Review of R34's medical record revealed diagnoses including, but not limited to, pressure ulcer of sacral region stage 3.</p> <p>Review of R34's Physician Orders revealed an order dated 1/30/2025 for Clean stage 3 area to sacrum with normal saline, apply medi-honey gel and cover with sacrum dressing every other day and PRN (as needed) until healed.</p> <p>Observation of wound care on 3/2/2025 at 10:30 am revealed Registered Nurse (RN) AA and Licensed Practical Nurse (LPN) BB provided wound care to R34. Observations during the wound care procedure revealed that RN AA prepared the supplies by cleaning the resident's bedside table and the supply tray. She wore gloves during the cleaning of the equipment. Once she had cleaned the equipment, she removed the gloves and did not sanitize her hands before putting on another pair of gloves. During the procedure, RN AA removed the dirty wound dressing and changed gloves without sanitizing her hands before putting on the clean pair of gloves and providing treatment and dressing to the wound. Neither RN AA nor LPN BB wore a gown during the procedure.</p> <p>In an interview on 3/2/2025 at 11:15 am, RN AA stated that all residents on wound care did not need to be on EBP. She verified that neither she nor LPN BB had worn a gown during wound care for R34. She further verified she did not perform hand hygiene between removing dirty gloves and putting on clean gloves.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 3/3/2025 at 2:04 pm, the Assistant Director of Nursing (ADON) stated that EBP should be followed during wound care to prevent the spread of infections. She further stated that hand hygiene should be performed before and after resident care and between glove changes while providing care.</p> <p>In an interview on 3/2/2025 at 11:28 am, the Infection Control Coordinator stated that residents with pressure ulcers and chronic wounds were placed on EBP. She stated that staff was required to wear PPE, including gowns, during high-contact care.</p> <p>In an interview on 3/2/2025 at 11:59 am, the Director of Nursing (DON) stated that EBP was implemented when the resident had a wound or indwelling medical device. The DON stated PPE was readily available and staff had received education on EBP.</p>		