STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115675	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Retreat, The	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)
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 observations, staff and resident interviews, record review, and review of the facility policies titled Infection Prevention and Control Program Plan, the facility failed to use appropriate infection control practices when providing respiratory therapy for one resident (R) (R41) out of seven residents sampled. Specifically, A nebulizer facemask was laying on the dresser on top of a ziplock bag uncovered. This deficient practice had the potential to cause an infection.Findings include:Review of the policy titled Infection Prevention and Control Program Plan , revised 09/01/2025, revealed The Infection Prevention and Control Program of [NAME] Health Services, INC shall ensure that this organization develops, implements and maintains an active, organization wide program for the prevention, control and investigation of infections and communicable diseases in order to reduce the risks of endemic and epidemic infections in patients, residents, visitors and healthcare workers, and to optimize use of resources. Review of the electronic medical record (EMR) revealed resident (R) 41 was admitted to the facility on [DATE] and pertinent diagnoses including but was not limited to moderate intellectual disabilities (Primary), mild intermittent asthma with (acute) exacerbation, dysphagia, unspecified, Review of R41 quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 13, which indicates R41 was cognitively intact. Section GG, functional status, revealed R41 required moderate assistance for activities of daily living (ADLs). Section I, active diagnosis, included but not limited to pulmonary issues.Section O, included oxygen therapyReview of R41 care plan last reviewed on 03/31/2026 indicated a problem of R41 is receiving scheduled nebulizers due to an acute exacerbation of asthma. Goals included but not limited to Ms. [NAME] will not require an ED visit/hospitalization for respiratory decompensation over the next two weeks. Interventions included but not limited to albuterol nebs as ordered, and notify the MD if dyspnea, low pulse ox, bluish discolorations to the lips or any signs or symptoms of respiratory distress/decompensation. Review of the Physician's Orders for R41 included but was not limited to:Order dated for 02/9/2026 ipratropium-albuterolsolution for nebulization; 0.5 mg-3 mg(2.5 mgbase)/3 mL; amt: 3ml; inhalationFour Times A Day09:00 AM, 01:00 PM, 05:00 PM, 09:00 PMOrder dated for 01/10/2026 o2 at 2 LPM via nasal cannulaEvery 8 Hours04:00 PM, 12:00 AM, 08:00 AM Observation and interview on 04/28/2026 11:26 AM revealed R41 sitting up in wheelchair resting with eyes closed. Responds to verbal stimuli. She voices no concerns. She is receiving oxygen at 2ml/hr. Nebulizer at bedside with tubing lying on top of a ziplock bag. Observation on 04/29/2026 at 5:02 PM revealed R41 is not in room, nebulizer mask remains sitting on top of ziplock bag open to air. R41 was observed in dining room. Observation on 04/30/2026 at 9:19 AM R41 was sitting up in wheelchair. Nebulizer mask is lying on the dresser beside the ziplock bag. LPN AA entered the room. She confirmed that the mask was on the dresser and not bagged. Interview on 04/30/2026 at 1:10 PM the Assistant Director of Nursing (ADON) stated the nurse probably was lying the mask on the plastic bag to allow it to dry. The ADON confirmed that laying on the plastic bag is not appropriate. It needs to be covered to reduce germs, bacteria and infections. Interview on 04/30/2026 1:13 PM with the Administrator revealed that the respiratory tubing and mask should be stored in a ziplock bag.

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