

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115676	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Rehabilitation Center of South Georgia		STREET ADDRESS, CITY, STATE, ZIP CODE 2002 Tift Avenue North Tifton, GA 31794	

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 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>15650</p> <p>Based on staff interview, and record review the facility failed to ensure that the facility's Social Service Director had the proper qualifications for a facility with over one-hundred and twenty (120) beds.</p> <p>Findings include:</p> <p>Review of the facility's licensure revealed that the facility is licensed for one hundred and seventy-eight beds.</p> <p>Review of the personnel file for the Social Service Director (SSD) revealed she was promoted to the position on 11/3/2023. Further review of the record the current SSD had an Associate of Arts degree with concentration in elementary education and a Certificate of Completion for Social Worker 4-Day Virtual Training Course from Georgia Health Care Association.</p> <p>Interview on 4/23/2024 at 3:45 PM with the Administrator, she stated the SSD was hired prior to her coming to the facility and had expressed concern to corporate regarding the SSD not having a Bachelor's degree but was told not worry about it since the SSD was currently in school working towards her Bachelor's Degree in Social Work.</p> <p>Interview on 4/24/2024 at 4:30 PM with the SSD, she stated she did not have a four-year degree or a Social Worker degree. She stated she was currently in school for her Social Worker degree with 26 percent left before completion. She stated the previous SSD was let go and they did not have anyone else to fill the position and management felt she could do the job.</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