

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115683	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/31/2025
NAME OF PROVIDER OR SUPPLIER  Parkside Center for Nursing and Rehab at Ellijay		STREET ADDRESS, CITY, STATE, ZIP CODE  1362 South Main Street Ellijay, GA 30540	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30622</p> <p>Based on record review, resident and staff interview, and facility policy review, the facility failed to ensure three of five residents (Resident (R) 8, R18, and R91) and/or their resident representatives (RR) out of a sample of 23 residents reviewed for facility initiated emergent hospital transfer were provided with written transfer notice that contained all required information. This failure has the potential to affect the residents and their RRs by not having the knowledge 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 and Discharge (including [against medical advice] AMA) revealed the following (12) e. provide orientation for transfer or discharge to minimize anxiety and to ensure safe and orderly transfer or discharge, in a form or manner that the resident can understand .(h) the Social Services Director, or designee, will provide copies of notices for emergency transfers to the Ombudsman, but they may be sent when practicable, such as in a list of residents on a monthly basis, as long as the list meets all requirements for content of such notices.</p> <p>1. Review of R8's Admission Record from the electronic medical record (EMR) Profile tab, showed a facility admitted [DATE] with a diagnosis of gastrointestinal hemorrhage.</p> <p>Review of R8's annual Minimum Data Set (MDS) assessment from 01/08/25 revealed a Brief Interview for Mental Status (BIMS) score of 12, indicating moderately impaired cognition.</p> <p>Review of R8's Health Status Note, dated 12/27/24 and located under the Progress Notes tab of the EMR, revealed resident sent to [emergency department] ED via [emergency medical services] EMS due to dyspnea and blood in stool.</p> <p>Further review of the EMR Documents tab did not show any documentation of a written notice of transfer provided to R8 or R8's RR.</p> <p>During an interview on 01/28/25 at 12:33 PM, R8 stated she thought she was in the hospital one month ago for pneumonia.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of R18's Admission Record from the EMR Profile tab showed a facility admitted [DATE] with diagnoses of metabolic encephalopathy, Guillain-Barre Syndrome, /hemiplegia and Hemiparesis following cerebral infarction affecting non-dominant side, polyneuropathy, muscle weakness (generalized, and other abnormalities of gait and mobility.</p> <p>Review of R18's quarterly Minimum Data Set (MDS) assessment from 01/03/25 revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating little or no cognitive deficit.</p> <p>Review of R18's Health Status Note, dated 12/01/24 and located under the Progress Notes tab of the EMR, revealed Resident was complaining of fecal impaction last night. After speaking with her and the on-call [nurse practitioner] NP, resident wanted to go to the ER. Resident's abdomen was distended and hard. The [emergency room ] ER is currently waiting on a room at [Hospital Name] to transfer her. According to her nurse at [hospital ER], a scan was done and showed a large amount of impaction.</p> <p>Further review of the EMR Documents tab did not show any documentation of a written notice of transfer provided to R18 or RR.</p> <p>3. Review of R91's Admission Record from the electronic medical record (EMR) Profile tab showed a facility admitted [DATE] with a diagnoses of nonrheumatic aortic valve stenosis, idiopathic pulmonary fibrosis, chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease, unspecified dementia, urinary tract infection, type two diabetes, chronic combined systolic (congestive) and diastolic (congestive) heart failure, pulmonary hypertension, and hypertensive heart disease with heart failure.</p> <p>Review of R91's 5-Day Minimum Data Set (MDS) assessment from 01/16/25 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating little or no cognitive deficit.</p> <p>Review of R91's Health Status Note, dated 09/21/24 and located under the Progress Notes tab of the EMR, revealed The Resident's daughter said she wanted to speak with a doctor, this nurse states the Resident needs to go to the ER, but the Resident's daughter says No, I want to speak with the doctor on call to tell me where we need to go. This nurse called the on-call service number and chose [the] option for them to give a call back. Upon entering the room again, the Resident's daughter said she went ahead and called 911. EMS arrived at 19:00 (7:00 PM). [R91] left with EMS via stretcher at 19:05 (7:05 PM). [The] daughter left and took [the] resident's belongings. EMS states they are taking [the] resident to [Name] ER. DON (Director of Nursing) and admin (Administrator) notified. Resident alert and talking upon discharge.</p> <p>Further review of the EMR Documents tab did not show any documentation of a written notice of transfer provided to R91 or RR.</p> <p>During an interview on 01/31/25 at 10:13 AM, the Administrator stated discharge summaries were not provided to residents or family members in a language they could understand regarding the reason for discharge to the hospital.</p> <p>During an interview on 01/31/25 at 10:08 AM, Unit Manager (UM) 1 stated an [situation, background, assessment, recommendation] (SBAR) form, face sheet, and medication list were sent to the hospital with residents. She stated a separate discharge summary indicating the reason for discharge in a language the resident could understand was not sent with the residents or provided to family members.</p> <p>(continued on next page)</p>		

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F 0623  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 01/31/25 at 10:29 AM, the DON stated the facility did not have a separate discharge sheet to provide the resident and/or representative indicating why the resident was sent to the hospital in a language they could understand.		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46319</p> <p>Based on record review, staff interview, and facility policy review, the facility failed to complete the comprehensive care plan to include the use of oxygen for one of 23 sample residents (Resident (R) 20) reviewed for care planning. The failure had the potential for R20's medical, nursing, mental, and psychosocial needs not being met.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Comprehensive Care Plans, indicated .develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the residents comprehensive assessment.</p> <p>Review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/17/24 and located in the electronic medical record (EMR) under the MDS tab, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated the resident was moderately cognitively impaired. The MDS revealed the resident was admitted on [DATE] with diagnoses to include hypoxemia, and shortness of breath or trouble breathing when lying flat and had oxygen therapy with intermittent use.</p> <p>Review of R20's EMR located under the Care Plan Tab a comprehensive care plan with an initiated date of 12/16/24 did not display the use of oxygen for R20.</p> <p>During an interview on 01/31/25 at 11:00 AM, Licensed Practical Nurse (LPN) 8 stated yes oxygen (O2) should be on the care plan to help communicate the care needed for that resident.</p> <p>During an interview on 01/31/25 at 12:40 PM, the MDS Coordinator (MDSC) stated that O2 should be on the care plan so that staff knew the needs of the resident. We just missed it. We will get it corrected immediately.</p> <p>During an interview on 01/31/25 at 1:15 PM, the Director of Nursing (DON) stated that O2 should have been on R20's care plan to let the staff know that O2 was being used and how it's being used such as continuous or as needed (PRN). DON stated the care plan let's all nursing staff know how to properly take care of a resident.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30622</p> <p>The facility failed to ensure medications were received in a manner that allowed administration for one of one resident (Resident (R) 91) reviewed for medication administration of 23 sample residents. This failure has the potential to cause R91 not to receive the therapeutic benefits of their prescribed medications.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Medication Ordering and Receiving from Pharmacy, dated 10/01/19, revealed (1) medications and related products are received from the dispensing pharmacy on a timely basis. The facility maintains accurate records of medication order and receipt.</p> <p>Review of the facility's policy titled, Pharmacy Services, dated 2024, under the Compliance Guidelines section revealed the following (1). the facility will provide pharmaceutical services to include procedures that assure the accurate acquiring, receiving, dispensing, and administering of all routine and emergency drugs and biologicals to meet the needs of each resident, are consistent with state and federal requirements, and reflect current standards of practice.</p> <p>Review of R91's Admission Record located in Profile tab of the electronic medical record (EMR) revealed R91 admitted on [DATE] with diagnoses of nonrheumatic aortic valve stenosis, idiopathic pulmonary fibrosis, chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease, unspecified dementia, urinary tract infection, type two diabetes, chronic combined systolic (congestive) and diastolic (congestive) heart failure, pulmonary hypertension, and hypertensive heart disease with heart failure.</p> <p>Review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/21/24 and located in the MDS tab of the EMR revealed R91 had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating little or no cognitive deficit.</p> <p>Review of the Medication Administration Record (MAR), dated September 2024, located in the EMR under the Order tab, revealed the resident did not receive most of her prescription medication that was ordered on 09/21/24 due to pending pharmacy delivery. She received over the counter (OTC) medications and a nitroglycerin (medication used to treat acute chest pain) that was pulled from the emergency kit and was administered.</p> <p>Review of the Packing Slip Proof of Delivery form, provided by the facility, revealed the following medications were delivered for R91 on 09/20/24 at 9:21 PM but was not provided to the resident: albuterol HFA 90 [micrograms] mcg (for respiratory illness), famotidine 10 mg [milligrams] (for acid reduction), fluoxetine 20 mg (to treat depression), furosemide 20 mg (diuretic), ipratropium/albuterol (for shortness of breath) nebulizer (device for breathing treatments), isosorbide Mono ER (extended release) 30 mg (treat chest pain and heart failure), levothyroxine 100 mcg (for thyroid disorders), and memantine 5 mg (for Alzheimer's), metoprolol SUCC ER 25 mg (for high blood pressure), montelukast 10 mg (for allergies and asthma), pantoprazole 40 mg (for gastroesophageal disease) and potassium CL [chloride] ER 20 MEQ [milliequivalents].</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/29/25 at 4:27 PM, the Director of Nursing (DON) stated new orders were entered into the system and faxed to pharmacy prior to a resident arriving in the facility. She reviewed the MAR and confirmed the MAR indicated medications were not administered pending pharmacy delivery. She stated R91 was admitted in the middle of the night and the orders were not entered prior to R91 being admitted. The DON stated R91's orders came with her discharge packet from the hospital and were entered after she arrived at the facility. She stated the pharmacy would need the orders by 4:00 PM on Saturday to deliver them on Sunday. Per the DON, the pharmacy did not deliver medications on Sunday. She stated they kept some Lasix in the e-kit (emergency medication supply). She stated if it was the correct dose for the resident, the nurse could have pulled the Lasix to administer it. She stated R91 had an order for Lasix 20 mg start date 09/21/24. The DON stated the e-kit had 20 mg doses of Lasix in it. She verified and confirmed the charge nurse could have administered the Lasix on 09/21/24.</p> <p>During an interview on 01/30/25 at 9:18 AM, the DON stated the nursing staff could call the pharmacy and ask for medication to be delivered stat [immediate] and/or they could use a local pharmacy.</p> <p>During an interview on 01/30/25 at 1:34 PM, Registered Nurse (RN) 4 stated the charge nurse never informed her she was waiting for R91's medications to be delivered from the pharmacy. RN4 stated if the charge nurse had mentioned this, they could have looked in the e-kit to see what was available to give the resident based on her current orders. RN4 was notified of the medications being delivered to the long-term care side of the facility and not delivered to the rehabilitation side.</p> <p>During an interview on 01/30/25 at 4:34 PM, Licensed Practical Nurse (LPN) 6 stated the pharmacy did not deliver medications on Sundays. She stated they could have called for a stat delivery and could also check the orders and e-kit to see what medications were available to administer.</p> <p>During an interview on 01/31/25 at 1:03 PM, the Medical Director stated his expectations were for nurses to access the e-kit for medications if they were available or to contact the pharmacy for a stat delivery.</p> <p>During an interview on 01/31/25 at 1:19 PM, LPN5 stated medications received on the long-term side of the facility that were for rehab residents should be taken to the rehab unit by a staff member.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40415</b></p> <p>Based on observations, record review, resident and staff interviews, and facility policy review, the facility failed to identify target behaviors for monitoring effectiveness of antipsychotic medication for one of five residents (Resident (R) 48) reviewed for unnecessary medications of 23 sample residents. This failure had the potential to contribute to unnecessary antipsychotic medication use in R48 who used the medication to treat behavioral symptoms of anxiety.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled, Use of Psychotropic Medication, revealed residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documented of the resident response to the medication. 4. The indication for use of any psychotropic drug will be documented in the medical record.</p> <p>Review of R48's undated Admission Record located in the Profile tab of the electronic medical record (EMR), revealed R48 was admitted to the facility on [DATE] with diagnoses including, history of falls, multiple fractures of the left arm and pelvis, panic attacks, anxiety and major depression disorder.</p> <p>Review of R48's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/30/24 and located in the MDS tab of the EMR revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating little or no cognitive deficit.</p> <p>Review of R48's Physician's Orders, dated 01/25 and located in the Orders tab of the EMR, revealed an order for lorazepam (an antipsychotic medication), 0.5 milligrams (mg) every eight hours as needed for anxiety, which originated on 01/27/25, with a stop date 02/08/25.</p> <p>Review of R48's EMR Progress Notes under the Notes tab and Medication Administration Records (MAR) under the Orders tab revealed no documentation of monitoring moods and behavioral symptoms to evaluate the nature and circumstances of anxiety and to monitor for continued need of the medication related to behavioral symptoms.</p> <p>During an interview on 01/31/25 at 1:45 PM, Registered Nurse (RN) 3 was asked how the behaviors of R48 were tracked to know when R48 would need the lorazepam, RN3 replied we chart in the MAR. When asked to show the documentation of the behaviors that indicated need for lorazepam, RN3 was unable to show the documentation.</p> <p>During an interview on 01/31/25 at 2:00 PM, the Director of Nursing (DON) stated the behaviors were monitored in the MAR and her expectation would be for behaviors to be documented with each administration.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 01/31/25 at 2:23 PM, R48 was sitting in her wheelchair in her room. R48 stated she had taken the Ativan (brand name for lorazepam) for approximately [AGE] years and it's the only medication that has consistently helped me and it just makes my life better.</p>		