STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115684	A. Building B. Wing	11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Senior Care Center - St Marys	805 Dilworth Street Saint Marys, GA 31558

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility policy titled, Accident Reporting and Investigation Program, the facility failed to ensure hot water temperatures were in the acceptable range (110 degrees F (Fahrenheit) or less) in the bathroom sink for 13 of 38 resident rooms (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER]). The deficient practice had potential for residents to receive a scalding injury due to the water temperature.Findings include:Review of the facility policy titled, Accident Reporting and Investigation Program revised November 2009 revealed under Definitions: An accident is any occurrence that interrupts or interferes with the orderly progress of a job or task, usually occurring suddenly and unexpectedly, and results in harm to people. an accident may also be an injury caused to a patient/resident due to defective equipment.Observation and temperature check on 9/30/2025 during initial screening of residents revealed concerns with the hot water temperature in the bathroom sink of resident rooms on B hall. Initial check of the hot water by finger/hand test revealed the water was so hot this surveyor could not hold her hand under the water for more than a very few seconds. After the hand test the surveyors hand remained bright pink for a long time. A check of the hot water temperature with this surveyor's thermometer revealed the following: 114 degrees F in adjoining bathroom for room [ROOM NUMBER] and room [ROOM NUMBER] on B hall at 11:30 am.112 degrees F in adjoining bathroom for room [ROOM NUMBER] and room [ROOM NUMBER] on B hall at 11:40 am.116 degrees F in adjoining bathroom for room [ROOM NUMBER] and room [ROOM NUMBER] on B hall at 11:50 am. Rooms with elevated water temperature concerns were identified on B-hall during walking rounds starting on 9/30/2025 at 2:00 pm with the Maintenance Director. The following water temperatures were observed using the facility's calibrated thermometer:120.0 degrees F in adjoining bathroom for room [ROOM NUMBER] and room [ROOM NUMBER] on B hall at 2:04 pm. 115.0 degrees F in adjoining bathroom for room [ROOM NUMBER] and room [ROOM NUMBER] on B hall at 2:07 pm.118.4 degrees F in adjoining bathroom for room [ROOM NUMBER] and room [ROOM NUMBER] on B hall at 2:11 pm.120.3 degrees F in adjoining bathroom for room [ROOM NUMBER] and room [ROOM NUMBER] on B hall at 2:15 pm. 118.0 degrees F in adjoining bathroom for room [ROOM NUMBER] and room [ROOM NUMBER] on B hall at 2:19 pm.119.3 degrees F in adjoining bathroom for room [ROOM NUMBER] and room [ROOM NUMBER] on B hall at 2:24 pm.118.4 degrees F in private bathroom in room [ROOM NUMBER] on B hall at 2:27 pm.Observation and interview on 9/30/2025 at 2:29 pm with the Maintenance Director revealed the facility had four hot water heaters/boilers. A tour and observation of the hot water/boiler for B hall, in a room behind and to the side of the nurses station by the front entrance revealed the thermometer was set at 117 degrees F, it has been at this setting since he started October 2024 and he had not adjusted the temperature thermostat and there were no issues with the heater/boiler. He stated he did not know why the water on hall B was higher than the setting on the heater/boiler. He revealed prior to today, (continued on next page)

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

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the highest water temp he had ever got in a resident room sink was 120 degrees F and he did not know what the temperature should be set at.

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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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility's policy titled, Self-Administration of Medications by Patients/Residents, the facility failed to ensure one of 29 sampled residents (R) (R57) did not have unauthorized, unsecured medications at bedside. This deficient practice had the potential to allow unauthorized access to medications to other residents and visitors in the facility.Findings include:A review of the facility policy titled Self-Administration of Medications by Patients/Residents dated 1/6/2025 stated under Policy Statement: Each patient/resident who desires to self-administer medication is permitted to do so if the health care center's Licensed Nurse and physician have determined that the practice would be safe for the patient/resident and other patients /residents of the healthcare center. Medication self-administration also applies to family members who wish to administer medication. Under Procedures: .3. If the Licensed nurse determines the patient /resident or family member to be capable of self -administration of medications, the attending physician must write an order to that effect that includes the specific medications based off of the Self Administration Medication Observation.A review of electronic medical record (EMR) for R57 revealed the following diagnoses, but not limited to, vascular dementia, paroxysmal atrial fibrillation, hypertension, and chronic obstructive pulmonary disease.A review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed R57 presented with a Brief Interview Mental Status (BIMS) score of 15, indicating little to no cognitive impairment.An observation on 9/30/2025 at 10:01 am of R57's room revealed four pills (medications) in a medication cup sitting on the resident bedside table. R57 reported that a nurse had given her the pills to take later. R57 reported that the nurse had authorized her to self-administer medications daily.A review of the EMR for R57 revealed an omission of a completed assessment to determine whether or not the resident was capable of self-administration of medications.A review of R57 ?s care plan revealed no focus area for self-administration of medications.Record review of R57's September 2025 Physician Order Form (POF) and Medication Administration Record (MAR) revealed an order for gabapentin capsule 100 mg (milligram) three times a day and an order for sevelamer carbonate tablet, 800 milligram three times a day with meals.During an interview at the time of observation of resident R57's room on 9/30/2025 at 4:01 pm with Licensed Practical Nurse (LPN) CC and the Director of Health Service (DHS), both staff confirmed the medications left in the resident room. LPN CC and the DHS reported that R57 was not capable of self-administering medications without supervision. LPN CC reported being unaware of medications in the resident room. The DHS described the medications as most likely being pain pills. She reported that the identity of the pills will be followed up. The DHS removed the medications from the room.During a later interview on 10/1/2025 at 1:20 pm with the Administrator and the DHS, the Administrator confirmed that this was a deficient practice and in-services were provided to her nurses. The DHS reported that she was able to identify the medications (pills) at the bedside in the medication cup as medications from the medication carts that were prescribed to the resident per her physician order. She stated that one pill was identified as gabapentin 100mg and three of the pills were sevelamer carbonate 800 mg, the same as the pill on the POF. The DHS reported that all scheduled medications should be administered by the nurse and the nurses ensuring all medications were swallowed by the resident prior to leaving the room. Any refused medications by a resident needed to be compensated for and disposed of properly. The Administrator categorized the deficient practice of unsupervised medications as being a risk to resident safety for residents who wander and residents who may have allergies.