STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115702	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Washington CO Extended Care Facility	610 Sparta Road Sandersville, GA 31082

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and a review of the facility's policy titled Production, Purchasing and Storage, the facility failed to label, store, prepare, and discard food in a manner that protected the nutritional quality and safety of meals. These deficient practices had the potential to place 56 residents (R) who received nutrition services at risk for consuming meals with compromised nutritional value or increased risk for foodborne illness.Findings include:Review of the facility's policy titled Production, Purchasing, Storage, revised on 01/17, documented under Procedures: Most products contained an expiration date. The words sellˆby, bestˆby, enjoyˆby, or useˆby should have preceded the date. The sellˆby date was the last date that food could be sold or consumed; products were not to be sold in retail areas or placed on patient trays/resident plates past the date on the product. Foods past the useˆby, sellˆby, bestˆby, or enjoyˆby date were to be discarded. Unused portions and open packages were to be covered, labeled, and dated. The [NAME] orange label, MedVantage label, or Ecolab PrepˆNˆPrint label were to be used; all sections on the label were to be completed. Products were good through the close of business on the date noted on the label.Observation and interview on 02/25/2026 at 8:52 AM with the Certified Dietary Manager (CDM) revealed and confirmed the following concerns:Refrigerator One contained:A plastic container of pickles with an expiration date of 02/18/2026.A silver metal pan of hamburgers with an expiration date of 02/20/2026.A silver metal pan of grilled chicken with an expiration date of 02/22/2026.A silver metal pan of sausage gravy with an expiration date of 02/22/2026.Three plastic containers of ranch dressing dated 02/17/2026 without expiration labels.Refrigerator Two contained:A clear plastic bag of sliced meat dated 02/23/2026 without an expiration date.Freezer One contained:A boxed sponge cake opened on 02/22/2026 without an expiration date.Two cases of lowˆfat vanilla yogurt dated 02/17/2026 without expiration dates.One open, improperly sealed bag of kernel corn; two bags of okra; one bag of shoestring fries; one bag of chicken; and one bag of mushrooms-all unlabeled and lacking open and expiration dates.An open bag of breaded okra with no open or end date.Dry Pantry One contained:A plastic container of bananas with brown spots.A plastic container of red onions that were uncovered and unlabeled.A plastic container of yellow onions that were uncovered and unlabeled.Dry Pantry Two contained:Several cans of vegetables with expired expiration dates.Bread cart outside Pantry One contained:Several loaves of whole wheat bread with expired dates.At the conclusion of the observation and interview, the CDM confirmed all identified concerns and stated that staff needed additional training on labeling, dating, and discarding expired items.Interview on 02/26/2026 at 1:21 PM with the Administrator acknowledged that she rarely entered the kitchen to monitor operations. She stated that it was difficult to correct staff. She further stated that her expectation was for staff to discard old food and any expired items.

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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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations and staff interview, the facility failed to ensure pureed foods were prepared according to standardized recipes and professional food service standards for residents (R) requiring textureˆmodified diets. This deficient practice had the potential to affect 11 residents receiving pureed diets. Findings include:Interview on 02/25/2026 at 4:45 PM with the Certified Dietary Manager (CDM) confirmed that the facility did not have a written policy guiding how nutritional value was ensured and monitored. The CDM stated that the facility had to ensure that food maintained its nutritive value, was properly prepared, and was palatable and appropriately served.Observation and interview on 02/25/2026 at 2:32 PM with the CDM and Dietary Aide (DA) II revealed that pureed meals were prepared the day prior to service, then covered and dated. The first observation involved the preparation of pureed chicken. During the observation, the DA combined diced chicken (unmeasured), mashed potato flakes (unmeasured), and water (unmeasured). No standardized measurements were used. The second observation involved the preparation of pureed green peas and carrots. During this preparation, mashed potato flakes and water were added to the peas and carrots without measuring. The DA confirmed that she did not use a recipe when preparing pureed meals. The CDM advised the DA that a recipe should be used. The CDM revealed that her expectation was for staff to follow standardized recipes; however, she acknowledged that staff did not always follow this practice. The DA stated that she had done this job for many years and did not feel the need to measure ingredients, as she believed she could achieve the proper consistency based on experience. The CDM further advised that mashed potato flakes were used as a thickening agent instead of commercial thickener because the facility stocked thickener in small individual packets rather than in a large container. She stated that opening multiple small packets to achieve the desired consistency was timeˆconsuming.Interview on 02/26/2026 at 1:21 PM with the Administrator revealed that her expectation was for kitchen staff to order the necessary items to ensure residents received proper nutrition and that shortcuts were not to be made in meal preparation. She stated that staff were expected to use standardized recipes when preparing meals and should not estimate or guess whether residents were receiving appropriate nutritional content. The Administrator advised that all kitchen staff required immediate education regarding proper meal preparation practices.

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on staff interviews and record review, the facility failed to ensure a criminal background check was completed for one of 13 staff members reviewed. This deficient practice had the potential to place residents (R) residing in the facility at risk of abuse, neglect, and exploitation from staff. The facility census was 58 residents. Findings include:Record review on 02/25/2026 at 3:00 PM of the state and federal fingerprintˆbased background checks (GCHEXS) list provided by the facility revealed one Certified Medical Assistant (CMA)/Certified Nursing Assistant (CNA), JJ, was not listed as completed by the facility.Interview on 02/25/2026 at 3:30 PM with the Administrator confirmed and explained that CMA/CNA JJ was removed from the schedule until her GCHEXS was completed with a satisfactory background.Interview on 02/26/2026 at 9:15 AM with the Human Resources (HR) Director and Assistant HR Director revealed one CMA/CNA had not completed a background check since 2023. The CMA/CNA JJ was a rehire, and it was described as an oversight.

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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 interviews, record review and review of the facility's policy titled Standard Precautions, the facility failed to practice infection control protocol by placing a tablet in the bare hand during medication administration for one of four sampled residents (R) R32 and used gloves from the pocket of staff uniform for one of one resident R35 sampled for blood sugar monitoring . This deficient practice had the potential to cause infection to the residents.Findings include: 1.Review of the facility's policy titled Standard Precautions, undated, documented PURPOSE: to provide a safe environment for patients and personnel in order to reduce the risk of nosocomial infections, to prevent the transmission of community -acquired infections.Review of the facility's paper-based medical records revealed R32 was admitted to the facility on [DATE] with diagnosis included but not limited to benign prostatic hyperplasia. R32 was diagnosed on [DATE] with Urinary Tract Infection (UTI).Review of the Comprehensive Minimum Data Set (MDS) dated [DATE] documented Section C (Cognition) Brief Interview for Mental Status (BIMS) of 99 which indicated R32 had severely impaired cognition, Section I (Active Diagnosis) R32 had benign prostatic hyperplasia.Review of care plan dated 11/25/2025 documented R32 is at risk for Urinary Tract Infection related to BPH with UTIs and history of outlet obstruction. UTI will be resolved within 10 days of occurring-and monitor for adverse side effects. Diagnostic tests as ordered, report abnormal findings to Medical Director (MD) with follow up as indicated Monitor vital signs, report abnormalities to MD with follow up as indicated. Observe urine for sediment, cloudiness, odor, blood and report abnormalities to MD with follow up as indicated. Encourage fluids. Report any complaints of pain with urinating, Flank pain, or changes in mentation with follow as ordered.Review of the Physician's Orders dated 02/17/2026 documented included but not limited to Urinalysis culture and sensitivity, Bactrim 800/160 milligram (mg) per oral (PO) every 12 hours x 14 days.Observation and interview on 02/25/2026 at 9:45 AM during medication administration, Registered Nurse (RN) BB placed one Bactrim tablet in her bare right palm then placed it in medication cup to administer it to the resident. RN BB confirmed she placed the tablet in her bare hand then placed it in medication cup. She stated she should not have placed it in her bare hand because her hand was dirty and it could cause cross-contamination. She stated the residents would get sick if she placed medications in her bare hands and then gave them.Interview on 02/25/2026 at 1:35 PM with Registered Nurse (RN) DD revealed she stated pills should not be placed in the bare hands before administering them to the residents because that was not sanitary and the residents could get infections.Interview on 02/25/2026 at 1:41 PM with the Director of Nursing (DON) revealed she stated her expectations were for tablets never to be placed in staff's bare hands because hands are not clean and it was an infection control issue. She stated if the tablets were given to residents after they were placed in the staff's bare hands, the residents could get infection.2. Review of the facility's policy titled Standard Precautions, undated, documented PURPOSE: to provide a safe environment for patients and personnel in order to reduce the risk of nosocomial infections, to prevent the transmission of community - acquired infections.Review of the facility's paper-based medical records revealed R35 was admitted to the facility on [DATE] with diagnosis included but not limited to diabetes mellitus.Review of the Comprehensive Minimum Data Set (MDS) dated [DATE] documented Section C (Cognition) Brief Interview for Mental Status (BIMS) of 99 which indicated R35 had severely impaired cognition, Section I (Active Diagnosis) R35 had diabetes mellitus.Review of care plan dated 04/10/2025 documented included but not limited to R35 has the potential for (hyperglycemic or hypoglycemic) episodes secondary to diabetes She uses insulin. R35's fasting blood sugar will be within 100-200 range by next review. R35 will have relief of hypo/hyperglycemic episodes within 30 minutes of interventions. Monitor blood sugar levels per medical doctor (MD) order, notify MD of abnormal findings as indicated.Review of the Physician's Orders dated 06/2/2025 documented included but not limited to finger stick blood sugar (FSBS) Three times Daily [Time: 6:00 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	AM, 11:00 AM, 17:00 PM] notify if blood sugar (BS) is less than 50 or greater than 450.Observation and interview on 02/25/2026 at 10:37 AM during blood sugar monitoring revealed Licensed Practical Nurse (LPN) CC removed gloves from her pocket and used it to check R35's blood glucose. She confirmed that she removed gloves from her right uniform pocket and used them to check R35's blood glucose. LPN CC further stated that her right pocket contained keys, pulse oximeter and marker, and they were not clean items. She stated the gloves would get contaminated in her pocket and from the items in her pocket and when the gloves were used on R35, she would get infection. Interview on 02/25/2026 at 1:35 PM with Registered Nurse (RN) DD revealed she stated gloves were not to be placed in pockets of staff clothing because it was unsanitary and it was infection control issue. She stated that things were in pockets which were not clean and if gloves were in their pockets the gloves would get contaminated and cause infection to the residents.Interview on 02/25/2026 at 1:41 PM with DON revealed she stated her expectations were for gloves not to be in the pockets of staff and used on the residents. She stated there were other things in the pockets, and the gloves would get contaminated. The DON further stated that keeping gloves in pockets was an unsatisfactory practice and when the gloves were used on the residents, the residents would get sick.