

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115703	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2025
NAME OF PROVIDER OR SUPPLIER  Glenwood Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  41 North Fifth Street Glenwood, GA 30428	

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 0585  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.  (continued on next page)

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on staff and resident interviews, record review, review of the facility document titled, Resident Grievance/Concern/Complaint Report, and review of facility policy titled, Resident and Family Grievances, the facility failed to provide written grievance decision responses for two out of six residents (R) (R3 and R4) reviewed for grievances. Findings include:Review of the facility policy titled Resident and Family Grievances, implemented 9/1/2024, indicated, It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear or [sic] reprisal. The policy revealed, 10. Procedure included g. In accordance with the resident's right to obtain a written decision regarding his or her grievance, the Grievance Official or designee will issue a written decision on the grievance to the resident or representative at the conclusion of the investigation. The written decision will include at a minimum:i. The date the grievance was received.ii. The steps taken to investigate the grievance. iii. A summary of the pertinent findings or conclusions regarding the resident's concern(s).iv. A statement as to whether the grievance was confirmed or not confirmed.v. Any corrective action taken or to be taken by the facility as a result of the grievance.vi. The date the written decision was issued.1. Review of admission Record indicated the facility admitted R3 on 3/1/2024.Review of the quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 9/3/2025, indicated R3 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition.Review of the facility document titled, Resident Grievance/Concern/Complaint Report, dated 8/11/2025, revealed R3 voiced a grievance regarding another resident to the Social Services Director (SSD). The document indicated the grievance was resolved and indicated the Resident/Responsible Party was notified One-to-One. The Resident Grievance/Concern/Complaint Report revealed that it was signed by the SSD on 8/14/2025. The document revealed it did not indicate that a written decision regarding the conclusion of the investigation had been provided to R3.During an interview on 9/9/2025 at 11:48 am with R3 revealed, they filed grievances in the past that were resolved. R3 stated the SSD responded verbally in person about the grievances they had filed and had not offered a written response regarding the grievance decision. R3 stated they were not aware that a written response could be provided, and that they would like to have a written response regarding the investigation of their grievances.2. Review of the admission Record indicated the facility admitted R4 on 11/10/2023.Review of the quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 7/24/2025, indicated R4 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition.Review of the facility document titled, Resident Grievance/Concern/Complaint Report, dated 7/27/2025 revealed, R4 voiced a grievance related to dietary concerns. The document indicated the grievance was resolved and indicated the Resident/Responsible Party was notified One-to-One. The Resident Grievance/Concern/Complaint Report was signed by the SSD on 7/29/2025. The document revealed it did not indicate that a written decision regarding the conclusion of the investigation had been provided to R4.Review of the facility document titled, Resident Grievance/Concern/Complaint Report, dated 8/11/2025 revealed, R4 voiced a grievance to the SSD regarding another resident. The document indicated the grievance was resolved and indicated the Resident/Responsible Party was notified One-to-One. The Resident Grievance/Concern/Complaint Report was signed by the SSD on 8/12/2025. The document revealed it did not indicate that a written decision regarding the conclusion of the investigation had been provided to R4.Review of the facility document titled, Resident Grievance/Concern/Complaint Report, dated 9/1/2025 revealed, R4 voiced a grievance to the SSD related to dietary concerns. The document indicated the grievance was resolved and indicated the Resident/Responsible Party was notified One-to-One. The Resident Grievance/Concern/Complaint Report was signed by the SSD on 9/3/2025. The document revealed it did not indicate that a written decision regarding the conclusion of the investigation had been provided to R4.During an interview on 9/9/2025 at 12:30 pm, R4 revealed they had filed grievances in the past that were resolved. R4 stated the SSD responded verbally about the grievances the resident had filed but had not offered a written copy. R4 stated they were unaware a copy could be provided, and they wanted a copy of the grievance.During an interview on 9/10/2025 at 4:00 pm, the SSD stated she had been the Grievance Official designee for the facility since 7/22/2025. The SSD stated she was responsible for the investigation and follow-up for grievances and complaints. The SSD stated that at the conclusion of her investigations of grievances, she made in-person contact with the resident or responsible party to let them know how the grievance was resolved. The SSD stated she was not aware a written response was required</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observations, staff interviews, record reviews and review of the facility policy titled, Food Safety Requirements, the facility failed to prepare and store food in accordance with professional standards of food service safety. Specifically, the facility failed to hold hot foods' temperatures appropriately prior to a meal service, failed to monitor the temperatures of hot foods being held prior to serving, and failed to remove decayed foods from refrigeration. The deficient practices had the potential to affect all 43 residents who received food from the facility's kitchen. Findings include: Review of the facility policy titled, Food Safety Requirements, implemented 6/2/2025 revealed, Food will be properly stored, prepared and distributed in a palatable manner within the 14-hour service window in accordance with standard and federal guidelines to ensure the nutritional needs of every resident are met. The policy revealed, 3. Facility staff shall inspect all food, food products, and beverages for safe transport and quality upon delivery/receipt and ensure timely and proper storage. The policy also indicated, c. Refrigerated storage - foods that require refrigeration shall be refrigerated immediately upon receipt or placed in freezer, whichever is applicable. Practices to maintain safe refrigerated storage include, which included iv. Labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by-date, or frozen (where applicable)/discarded. The policy revealed, 4. When preparing food, staff shall take precautions at critical control points in the food preparation process to prevent, reduce, or eliminate potential hazards, which included d. Holding - Staff shall monitor food temperatures while holding for delivery to ensure proper hot and cold holding temperatures are maintained. Staff should refer to the current FDA [Food and Drug Administration] Food Code and facility policy for food temperatures as needed. Review of the undated facility document titled, Heating, Holding, and Cooling Foods Correctly Staff In-service indicated, VI. Kitchen staff should hold hot foods correctly, which included, Serve food as quickly as possible after cooking, limiting holding time by preparing foods in small batches, if possible, and Check the internal temperature during holding, making sure hot foods are at least 135 degrees Fahrenheit (F) during the holding process. Review of the facility document titled, Seasoned [NAME] Beans, dated 9/22/2015 revealed, Instructions included Boil/steam beans until done. [NAME] to 140 degrees F; Drain, toss with margarine, season with salt &amp; pepper; and Transfer to service pans, cover and hold at 135 degrees F. Observation with concurrent interviews on 9/9/2025 at 10:45 am revealed, a pan of creamed corn was stored on the steam table, and the temperature dial of the steam table was set to six with 10 being the highest possible setting. The Dietary Manager (DM) stated the lunch meal service started at 12:00 pm. [NAME] (3) stated she removed the creamed corn from the oven between 10:15 am and 10:30 am and placed the creamed corn on the steam table because she did not want the creamed corn to continue cooking. [NAME] (3) stated that she did not check the temperature of the creamed corn before storing the creamed corn on the steam table for the meal service, and she did not know if the creamed corn reached 140 degrees F. [NAME] (3) removed the creamed corn from the steam table and placed the creamed corn in an oven set to 100 degrees F for hot holding. [NAME] (3) stated that it was her practice to place food in an oven set to 100 degrees F for hot holding. The oven was observed with a temperature setting of 100 degrees F and also contained a service pan of mechanically chopped ham with pineapple. [NAME] (3) stated the mechanically chopped ham with pineapple was placed in the oven set to 100 degrees F, about 30 to 45 minutes prior, for hot holding and would remain in the oven for hot holding until the lunch meal service at 12:00 pm. [NAME] (3) stated she did not check the temperature of the mechanically chopped ham with pineapples before or during hot holding. Observation with concurrent interview on 9/9/2025 at 10:47 am revealed, an uncovered 25-gallon stock pot containing green beans on the stove, and the stove was turned off. [NAME] (3) stated she turned the pot of green beans off between 10:15 am and 10:30 am, to allow the green beans to cool before putting the green beans in a service pan and then on the steam table for the meal service. Interview on 9/9/2025 at 10:48 am with the DM revealed, she did not notice the creamed corn was already on the steam table for hot holding. The DM stated she expected the cooks to use the oven for hot holding at a temperature of 140 degrees F instead of the steam table. The DM stated cooks should follow the guidance on the recipes regarding the temperature to hold foods hot until the meal tray line began. The DM stated the green beans should not be left on the stove with the temperature turned off but should be transferred to a service pan, covered, and held in the oven at 140 degrees F until the meal service. 2. Observation with concurrent interview of the facility's walk-in refrigerator on 9/9/2025 at 11:05 am revealed, 12 tomatoes were stored in a cardboard box with a lid. The observation revealed the tomatoes had multiple</p>		