STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115703	A. Building B. Wing	03/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glenwood Health and Rehabilitation	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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and review of facility policy titled Abuse, Neglect and Exploitation, the facility failed to ensure that one of three residents (R) (R38) reviewed for free from verbal and physical abuse. Findings includeReview of Facility Incident Report Form dated 11/26/2025 regarding resident-to-resident abuse for an incident on 11/26/2025 between R44 and R38. The details of the report indicated R44 verbally and physically assaulted R38 while on the smoking porch. R44 struck R38 in the head repeatedly resulting in R38 falling and hitting his head on the ground.Record review revealed R38 admitted to the facility on [DATE] with diagnosis that included but not limited to Alzheimer's Disease with late onset, psychotic disturbance mood disturbance and anxiety.Review of Progress Note dated 11/26/2025 indicated that R38 was walking up the hall when another resident (R44) began to hit R38 in the face before staff were able to intervene by standing between the two residents. R38 was assessed by nursing and noted with bruising to left cheek. Per the notes R38 was unable to recall what happened.Record review for R44 revealed admission on [DATE] with diagnosis that included but was not limited to schizoaffective disorder, bipolar type and unspecified focal traumatic brain injury with loss of consciousness of unspecified duration.Review of Progress Notes on 11/26/2025 indicated that R44 was trying to get into the bathroom by the nurse station and was being redirected by nursing staff when R38 was ambulating up the hall. R44 then began yelling profanities at staff initially but became aggressive with R38 as he was ambulating in the hallway. Staff were able to calm R44 by allowing him a smoke break and he was placed on one to one. The Medical Doctor and Behavioral health services were notified of the incident. Resident remained on one to one by staff until he was transported to the behavioral health unit on 11/26/2025.Review of the R44's care plan indicated a history of behaviors related to schizophrenia with the last noted altercation with another resident being 06/15/2023 and verbal and physical aggression towards staff on 06/29/2025.Interview on 03/07/2026 at 9:43 AM with Resident R38 revealed that he did not recall the event in question and denied feeling fearful of anyone.

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