

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  11/10/2024
NAME OF PROVIDER OR SUPPLIER  Glenwood Healthcare		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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41914</b></p> <p>Based on observations, staff interviews, review of facility documents, and review of a job description titled, Plant Operations Manager, the facility failed to ensure the resident's living area was clean and in good repair for seven of 14 rooms (Rm) on the 100 hall (Rm 108, 109, 110, 111, 112, 113 and 114), and the facility also failed to ensure that two of two shower rooms were free of clutter and in good repair. Specifically, the facility failed to ensure Rm 109, 111, 112, and 113 had clear running water streaming from the bathroom sink faucet, and that Rm 108, 110, and 114 were in good repair as evidenced by missing floor tiles in the bathroom and missing base boards on the wall in Rm 110.</p> <p>Findings included:</p> <p>Review of the facility documents titled, Task Due this week revealed a list of duties under Category, that included water temperatures-Test and log the hot water temperatures, and Rooms-room inspections. Review of the job description for Plant Operations Manager included under Facility Maintenance Functions: Repair/replace major and minor plumbing systems, build/install walls, doors, drywall, trim work, ceiling track systems. Replace ceiling and floor tile.</p> <p>Observation on 11/8/2024 at 7:50 am of room [ROOM NUMBER] revealed the bathroom had missing floor tile under the sink, the water had low stream when turned on full blast, and room had strong urine odor that illuminated out in the hallway.</p> <p>Observation on 11/8/2024 at 7:55 am of room [ROOM NUMBER] revealed bathroom sink slow draining with brown rust colored water coming from the faucet.</p> <p>Observation on 11/8/2024 at 8:00 am of room [ROOM NUMBER] revealed two bath basins stored on top of sink unbagged and resting one inside another, base board missing on the right side of the room under the television.</p> <p>Observation on 11/8/2024 at 8:05 am of room [ROOM NUMBER] revealed bathroom sink slow room draining, brown rust colored water coming from faucet.</p> <p>Observation on 11/8/2024 at 8:10 am of room [ROOM NUMBER] revealed bathroom sink had brown rust colored water coming from the faucet.</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
---	-------	-----------

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  11/10/2024
NAME OF PROVIDER OR SUPPLIER  Glenwood Healthcare		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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 11/8/2024 at 8:15 am of room [ROOM NUMBER] revealed bathroom sink was slow draining, brown rust colored water coming from faucet.</p> <p>Observation on 11/8/2024 at 8:20 am of room [ROOM NUMBER] revealed tile missing behind the commode wall discolored with the sheet rock bubbled up in the corner of the bathroom to the right of the commode, large coffee colored stain in the middle of the bathroom floor facing the door, puddle of rust colored fluid on the floor under the sink.</p> <p>Interview on 11/8/2024 at 8:30 am with the Maintenance Director revealed that he was unaware of the concern with the water being brown in the rooms on the 100 hall and stated that it may be an issue with the copper pipes that are in the building. Further interview revealed that he was not aware of the repairs that needed to be completed in room [ROOM NUMBER] and room [ROOM NUMBER] however, he was working on getting the rooms in the facility repaired. During interview, all observations of the brown colored water coming from the bathroom sinks, and the needed repairs for rooms [ROOM NUMBERS], were confirmed by Maintenance Director during walking rounds.</p> <p>Observation on 11/8/2024 at 9:00 am of shower room on the 200 hall revealed there were wheelchairs, mattresses from residents bed, one being an air flow mattress with the pump, IV (Intravenous) poles, laundry baskets, empty large clear storage container, broken bedside table, three boxes of residents briefs, residents clothes hanging from IV pole, two clean linen carts, and two soiled linen carts stored in the shower room area leaving one stall available for resident use.</p> <p>Observation on 11/8/2024 at 9:15 am of shower room on the 100-hall revealed the bathroom had three shower stalls with only one available stall for resident use. Stall one had wheelchair parts on a large white wire rack that included wheelchair footrests, bedside commode, prosthetics leg, fall mat, a pair of shoes, Geri-chair with bed pads, and shower bed. The second shower stall had a wet dirty mop, wheelchairs, bed mattresses, walkers, and fall mats stored.</p> <p>Interview on 11/8/2024 at 9:20 am with the facility Maintenance Director revealed that the items had been stored in the shower rooms ever since he had started working at the facility three months ago and he would try to find another place to store the items that were in both shower rooms.</p> <p>Interview on 11/8/2024 at 9:25 am with Corporate Maintenance Director revealed he worked with the corporate office and worked at several of the company's facilities. He stated that he visited the facility periodically and had been at the facility three times in the past to work on different tasks, such as painting the walls. He revealed that it had not been reported to him nor had they had any issues with water or sewage problems. He revealed it could be a city problem because the water system was being managed the city.</p> <p>Interview on 11/8/2024 at 9:30 am with Maintenance Director and [NAME] President (VP) of Environmental Services verified that the city was managing the facility water system. VP reported he and the Maintenance Director would be working to address any environmental concerns, and that the facility completed water testing annually for Legionella and they had not had any concerns or issue with it.</p> <p>Interview on 11/9/2024 at 10:00 am with the Administrator revealed that she expected for the facility to be clean and in good repair. Further interview also revealed that the shower rooms should not have any supplies stored in them and that it should be stored outside of the facility in the storage shed.</p>		

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  11/10/2024
NAME OF PROVIDER OR SUPPLIER  Glenwood Healthcare		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)		
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41165</p> <p>Based on staff interviews, record review, and a review of the facility's policy titled, Preadmission Screening and Resident Review (PASRR), the facility failed to submit for a PASRR Level II after a new mental health diagnosis was added, and the development of behaviors for one resident (R) (R37) out of 19 residents reviewed. This deficient practice had the potential to affect the appropriate level of care and services provided for R37.</p> <p>Findings include:</p> <p>Review of the facility policy titled Preadmission Screening and Resident Review (PASRR), effective date August 2022 revealed, Purpose: PASRR is a review required under the State Medicaid program that identifies the specialized services for an individual with mental illness and mental retardation (MI/MR) residing in a nursing facility and be offered the most appropriate setting for their needs. PASRR assures that psychological, psychiatric, and functional needs are considered in long term care. The facility Social Services Director is accountable for this process. Process: When the Social Worker is submitting documentation for Level II review, the medical history, current medications, and physical exam report must be included. A psychological evaluation including intelligence testing, and a functional evaluation will also be needed. Social Services resident care planning should include a review of diagnosis and/or change in status which could include the need for specialized services.</p> <p>Review of the admission PASRR Level 1 dated 2/19/2024, completed at the hospital prior to admission revealed R37 had no diagnosis of a serious mental illness, developmental disabilities, or related condition.</p> <p>Review of electronic medical records (EMR) for R37 revealed diagnoses included but not limited to unspecified psychosis not due to a substance or known physiological condition.</p> <p>Review of R37's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed: Section C-Cognitive Patterns: Brief Interview for Mental Status (BIMS) score of 11 indicating moderate cognitive impairment.</p> <p>Review of R37's care plan dated 9/5/2024 revealed: Resident has behaviors of being physically aggressive to others, physical aggression toward another resident, behaviors of being verbally aggressive toward staff, and uses psychotropic medications r/t (related to) diagnosis of psychosis.</p> <p>Review of Physicians Orders included but not limited to Quetiapine Fumarate tablet 50 mg (milligrams) 1 tablet by mouth at bedtime for adjustment disorder with disturbance of conduct related to unspecified psychosis not due to a substance or known physiological condition; Quetiapine Fumarate oral tablet 25 mg 1 tablet by mouth at bedtime for adjustment disorder with disturbance of conduct related to unspecified psychosis not due to a substance or known physiological condition. Take with 50 mg to = (equal) 75 mg.</p> <p>R37 was receiving psych services.</p> <p>(continued on next page)</p>		

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  11/10/2024
NAME OF PROVIDER OR SUPPLIER  Glenwood Healthcare		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)		
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Social Service Director (SSD) on 11/9/24 at 8:47 am revealed R37 did not have a PASRR Level II because it looked like the admission person did not know that he had substance abuse. The SSD revealed that she was supposed to update the PASRR, but it slipped through the cracks, and she did not update it. SSD revealed that R37 just started having behaviors and that she should have updated the PASRR once behaviors developed.</p> <p>Interview with the Director of Nursing (DON) on 11/9/24 at 9:18 am revealed the SSD was responsible for the PASRR's. She confirmed that R37 had behaviors and revealed that R37 would become agitated while ADL (Activities of Daily Living) care was being provided for him. She revealed that R37 yelled and screamed at staff and R37 was care planned for behaviors. She revealed that care plan meetings are held with R37's sister; that the SSD talked to R37, and he was receiving [named] behavioral health services. The DON confirmed that a level II PASRR should have been submitted for R37.</p>		

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  11/10/2024
NAME OF PROVIDER OR SUPPLIER  Glenwood Healthcare		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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42463</b></p> <p>Based on observations, staff interviews, record review, and review of the facility's policy titled, Respiratory System Management Standard, the facility failed to prevent the spread of infections by not cleaning and storing a nebulizer mask for one of two residents (R) (R43), receiving nebulizer treatments.</p> <p>Findings included:</p> <p>Review of the facility's policy titled, Respiratory System Management Standard dated August 2021 under the subtitle Aerosolized Medication (Neb Med) revealed, number 17 Rinse the nebulizer and mouthpiece. Shake to air dry and store in a plastic bag that is labeled with the resident's name and room number. Nebulizer and mouthpiece may also be stored in the machine if storage shelf is available.</p> <p>Review of the Electronic Health Record (EHR) for R43 revealed, the resident admitted to the facility with diagnoses of but not limited to, pleural effusion and shortness of breath (SOB).</p> <p>Review of R43's Admission Minimum Data Set (MDS) assessment dated [DATE] for Sections C (Cognitive Patterns) revealed, a Brief Interview for Mental Status (BIMS) score of 14 that indicated little to no cognitive impairment; Section O (Special Treatments, Procedures, and Programs), revealed respiratory therapy administered five days in the last seven days.</p> <p>Further review of the EHR revealed physician orders dated 9/21/2024 for ipratropium-albuterol inhalation solution 0.5-2.5 (3) three MG (milligram)/3ML (milliliter), 1 (one) vial inhale orally two times a day for SOB (shortness of breath); sodium chloride inhalation nebulization solution 3 %, 1 vial inhale orally via nebulizer two times a day for SOB; albuterol sulfate inhalation nebulization solution (2.5 MG/3ML) 0.083%, 3 ml inhale orally via nebulizer every 6 (six) hours as needed for SOB.</p> <p>Observations on 11/8/2024 at 8:12 am and 10:25 am revealed R43's nebulizer mask on the bedside table not cleaned, unbagged, or labeled with the resident's name and room number.</p> <p>Further observation conducted on 11/9/2024 at 9:14 am with the Director of Nursing (DON) revealed R43's nebulizer mask stored on the bedside table not cleaned, unbagged, or labeled with the resident's name and room number. An interview was conducted during that time with the DON who confirmed the nebulizer was not stored properly. She revealed the charge nurses assigned were responsible for making sure nebulizer masks are cleaned and stored in a plastic bag. The DON revealed her expectations of staff were to clean and store all patient care equipment after use. DON stated she would replace the nebulizer mask, bag it and provide education to staff immediately.</p> <p>Interview on 11/9/2024 at 1:09 pm with Registered Nurse (RN) AA revealed she was the nurse assigned to R43 and verified it was the nurses' responsibility to make sure nebulizer masks were cleaned and bagged once the medication had been administered to the resident.</p>		

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  11/10/2024
NAME OF PROVIDER OR SUPPLIER  Glenwood Healthcare		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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>41914</p> <p>Based on observations, staff interview, and review of the facility's policy titled, Medication Administration Guidelines, the facility failed to ensure one of one medication storage rooms were free of expired medications and that the Medication storage room was secure and only accessible to licensed staff.</p> <p>Findings included:</p> <p>Review of the facility policy titled, Medication Administration Guidelines dated December 2023 revealed under Safe Medication Administration, Purpose: The purpose of these guidelines is to promote the health and safety of the residents we serve by ensuring the safe assistance and administration of medications and treatments. Medication rooms are to be kept locked at all times. All expired medications or medications to be destroyed are to be taken off the medication cart and properly destroyed per the environmental protection agency.</p> <p>Observation on 11/8/2024 at 10:30 am and 2:30 pm, nurses at the nursing station were noted entering the medication storage room located in the nursing station without using a key.</p> <p>Med room observation on 11/09/2024 at 1:40 pm revealed the nurse entered the drug storage room without a key and the following medications were expired that were stored in the floor stock medication cabinet: two boxes of Bisacodyl suppositories expiration date of 7/2024, four bottles of zinc 50 milligrams (mg) expiration date 10/2024, and four bottles of Vitamin B6 50 mg expiration date 6/2024. All observations were confirmed at time of discovery by Registered Nurse (RN) AA.</p> <p>Observation and interview on 11/9/2024 at 2:30 pm revealed the drug storage room door was opened by this surveyor without the use of a key while the DON was present. Interview revealed that the door should always be locked and only assessable for licensed staff. DON confirmed that door was not locked during observation.</p>		

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  11/10/2024
NAME OF PROVIDER OR SUPPLIER  Glenwood Healthcare		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)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>33548</p> <p>Based on observation, staff interviews, and review of facility's policy titled, Puree Food Preparation, the facility failed to ensure that dietary staff followed recipes and measured ingredients when preparing puree food to prevent compromising the nutritive value and flavor for one resident out of 42 who was ordered a puree consistency diet.</p> <p>Findings included:</p> <p>Review of the facility policy titled Pureed Food Preparation revealed, portion out the number of pureed items needed to prepare puree meals for all residents. The policy stated use liquids sparingly so that the finished product will hold form.</p> <p>Observation on 11/9/2024 at 11:00 am of dietary cook BB prepare puree chicken tenders for the lunch meal revealed she placed one and one half fried chicken tenders in the blender bowl and pulsed into ground texture. Dietary cook BB then added an unmeasured amount of milk to the blender bowl and pureed the chicken tenders. The consistency of the puree chicken tenders was soup like, and dietary cook BB added a small packet of food thickener in order to thicken to proper puree consistency.</p> <p>Interview on 11/9/2024 at 11:00 am dietary cook BB confirmed that she did not measure the amount of milk added to the chicken tenders. The cook revealed that she added too much milk and therefore needed to add the food thickener to thicken the puree chicken tenders to the proper consistency.</p> <p>Observation on 11/9/2024 at 11:10 am of dietary cook BB puree cooked peas for lunch meal revealed she placed one, four-ounce spoonful of peas in the blender bowl. The cook began to puree. She then opened the blender lid and poured an unmeasured amount of cooked peas from a plastic container into the blender. Dietary cook BB added an unmeasured amount of milk at this time and pureed the peas into puree consistency.</p> <p>Interview on 11/9/2024 at 11:10 am, dietary cook BB confirmed that she did not measure the extra cooked peas added to the blender and did not measure the milk added as well. Continued interview with dietary cook BB revealed that she sometimes measured the liquid she adds when she purees food items. Dietary cook BB revealed that she did not know if there were recipes available for puree food items to review.</p> <p>Interview on 11/9/2024 at 11:10 am with the Dietary Manager (DM) revealed that she expected dietary staff to measure the ingredients when preparing puree foods. The DM confirmed that dietary cook BB did not puree the chicken tenders and the cooked peas properly. The DM confirmed that the cook added too much liquid to the chicken tenders which caused the need to add food thickener. The DM also revealed that the dietary cook should have used the juices from the cooked peas instead of milk for the liquid for puree. The DM revealed that she was not able to find a recipe for puree chicken tenders or for puree peas for dietary staff to use for production.</p>		

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  11/10/2024
NAME OF PROVIDER OR SUPPLIER  Glenwood Healthcare		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)		
<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>33548</p> <p>Based on observations, staff interviews, and review of the facility's policies titled, Food Storage and Sanitation/Infection Control, the facility failed to remove food items by the discard date; failed to label and date food items for storage; failed to remove dented food cans; failed to store food items off the floor; and failed to maintain food temperatures above 135 degrees on the steam table to prevent food borne illness. The deficient practice had the potential to affect 42 residents who received an oral diet and were served food from the kitchen.</p> <p>Findings included:</p> <p>Review of the facility's policy titled Food Storage revealed leftover food is stored in covered containers or wrapped carefully and securely. Each item is clearly labeled and dated before being refrigerated.</p> <p>Review of the facility's policy titled Sanitation/Infection Control revealed all potentially hazardous foods are kept at an internal temperature of 45 degrees F (Fahrenheit) or lower-, or 140-degrees F or higher while being held and served.</p> <p>1. Observation on 11/8/2024 at 8:25 am of the walk-in refrigerator revealed a clear plastic bag labeled Sandwich Meat 10/20/2024 and 11/5/2024.</p> <p>Interview on 11/8/2024 at 8:25 am with Dietary [NAME] BB revealed that 10/20/2024 was the date the sandwich meat was placed in the bag, and 11/5/2024 was the discard date. Dietary cook BB revealed that the sandwich meat should have been removed and discarded by 11/5/2024. Dietary cook BB also revealed that the Dietary Manager (DM) would usually go through the walk-in refrigerator and let dietary staff know if food items needed to be discarded.</p> <p>2. Observation on 11/8/2024 at 8:25 am of the walk-in refrigerator revealed an opened one-gallon container of BBQ sauce with no open date. Continued observation revealed two small plastic bags both containing cut onions with no label or date.</p> <p>Continued observation on 11/8/2024 at 8:30 am of the dry storage area revealed an opened package of [NAME] Gravy Mix stored with no open date.</p> <p>Interview on 11/8/2024 at 8:25 am to 8:35 am with dietary cook BB revealed that dietary staff were supposed to label and date any leftover food items, and that staff should date opened food items before storage. Dietary cook BB confirmed that the [NAME] Gravy Mix had been opened and stored with no open date and confirmed that the BBQ sauce had been opened and stored with no open date.</p> <p>The DM confirmed that the two plastic bags with onions had no label or date. Continued interview with the DM revealed that she expected dietary staff to label and date opened or used food items before storing.</p> <p>(continued on next page)</p>		

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  11/10/2024
NAME OF PROVIDER OR SUPPLIER  Glenwood Healthcare		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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. Observation on 11/8/2024 at 8:30 am of the dry storage area revealed a large metal rack containing canned food items. Continued observation revealed a large can of fruit cocktail with a large dent on the side towards the top.</p> <p>Interview on 11/8/2024 at 8:30 am, dietary cook BB confirmed that the can of fruit cocktail had a large dent and was in the rack with all the other canned food items. Dietary cook BB revealed that all dietary staff assisted with putting away grocery items after delivery and staff were supposed to place dented cans in the designated area away from other cans.</p> <p>Interview on 11/8/2024 at 9:00 am, the DM confirmed that the can of fruit cocktail had a large dent to the side and was not placed in the dented can area for staff not to use. The DM revealed that a newly employed dietary aide had put away the canned food items and did not know that cans with dents were placed in the dented can area.</p> <p>4. Observation on 11/8/2024 at 8:30 am of the dry storage area revealed 20 cases of bottled water on the floor.</p> <p>Interview on 11/8/2024 at 8:30 am with dietary cook BB confirmed that the cases of bottled water were on the bare floor in the dry storage area. Dietary cook BB revealed that with the recent hurricane members of the community had donated cases of water to the facility.</p> <p>Interview on 11/8/2024 at 9:00 am the DM confirmed that the cases of water were on the bare floor. The DM confirmed that food items should not be on the bare floor and should be elevated. The DM stated that she was trying to find storage space for the cases of water and was having difficulties.</p> <p>Observation on 11/9/2024 at 8:15 am of the emergency food supplies revealed they were stored in a closet in the kitchen area. Continued observation revealed 20 cases of bottled water were stored on the floor in the closet.</p> <p>Interview on 11/9/2024 at 8:15 am, the DM confirmed that the cases of water were being stored on the floor. The DM revealed that the cases of bottled water were from the dry storage area, and she was still in the process of finding elevated storage space for them. The DM confirmed that no food items should be stored on the floor.</p> <p>5. Steam table temperatures were completed on 11/9/2024 at 12:20 pm with the DM assisting using the facility's calibrated food thermometer. The following food items were not held at the appropriate temperatures while being served in the steam table:</p> <p>Chicken tenders had a temperature of 121 degrees, chopped chicken tenders had a temperature of 116 degrees, ground chicken tenders had a temperature of 94 degrees, and puree peas had a temperature of 103 degrees.</p> <p>Interview on 11/9/2024 at 12:20 pm, the DM confirmed all the tested food temperatures. The DM revealed that food items held in the steam table should be 135 degrees or higher. The DM revealed that they have not had any issues maintaining temperatures of foods on the steam table and not sure why the temperatures were not appropriate today.</p>		