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 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. Based on observations, staff interviews, and review of the facility policy titled Food Safety Requirements, the facility failed to ensure items stored in the cooler and dry food storage area were labeled, dated, and not beyond their expiration date. The facility also failed to ensure that items in the dry storage area were labeled with a use by date. In addition, the facility failed to ensure that staff hair nets covered all hair, logged steamtable food temperatures, kept food off floor for storage, and had education on how to use the 3-compartment sink. This deficient practice had the potential to adversely affect 44 of 44 residents receiving an oral diet. Findings include:Observation and interview on 03/06/2026 at 7:53 AM, the initial kitchen tour with the Dietary Manager and revealed the following observations:In the dry storage area, there were multiple cans of tuna that had an inˆdate of 03/03/2026 but no useˆby date.In the dry storage area, there was a box of shredded wheat cereal with an expiration date of 10/2026, but there was no date to indicate when the box was opened.In the kitchen, on a rack in front of the walkˆin cooler, there was one full loaf of bread, one partial loaf of bread, one bag with hamburger buns, and a bag with two hoagie rolls sitting on top. None of the bread packages had open dates or expiration dates.In the walkˆin cooler, there were three tomatoes in a box, with one having a blackened area.In the walkˆin cooler, there was mayonnaise with an open date of 3/2 but no expiration date.In the walkˆin cooler, there was a container of Italian dressing with an inˆdate of 02/17/2026 but no expiration date.In the walkˆin cooler, there was a black bag with a white carryˆout container containing a sandwich. Neither the bag nor the container was labeled.In the walkˆin freezer, there were boxes of frozen vegetables (squash/mixed vegetables) that did not have expiration dates.Dietary Aide (DA) AA and the dietary manager were observed wearing hair nets, but their hair was not fully covered. The Dietary Manager also had a beard but was not wearing a beard guard.Interview with the Dietary Manager reported that the loaves of bread were removed from the freezer yesterday. The box in the cooler/freezer indicated bread has a shelf life of five days once thawed. The dietary manager reported that he did not know who the sandwich belonged to, as it was not something from the facility kitchen. The dietary manager further acknowledged that items should be labeled and have useˆby dates.Observation and interview on 03/06/2026 at 2:15 PM of the threeˆcompartment sink with DA AA and DA OO revealed staff were confused about how to wash dishes in the sink and reported they typically wash dishes in the dishwasher but were unsure of the process for the threeˆcompartment sink.Observation and interview on 03/07/2026 at 4:20 PM with cook BB revealed she was washing the puree blender bowl, top, and blade in the threeˆcompartment sink. [NAME] BB washed and rinsed the bowl, top, and blade and then placed them in the sanitizing solution. The top and bowl were in the solution for less than 10 seconds, while the blade was in the solution for more than one minute. It was also noted that the sanitizing solution was poured directly into the sink with no measurements. [NAME] BB reported she was instructed to just pour a little of the sanitizing solution into the water because the dispenser for the sanitizing solution was not fully connected. The dispenser on the wall was observed dispensing only plain water, with the sanitizer not connected.Observation on 03/07/2026 at 5:10 PM during the kitchen tour for supper revealed the temperatures prior to serving were not documented. [NAME] BB reported she forgot to take the (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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	temperatures before starting the meal service.Interview on 03/08/2026 at 11:22 AM with the Dietary Manager revealed he does not have the expiration dates for the cans of tuna and would have to contact the vendor the following day. He further reported that no staff food should be kept in the walkˆin cooler and he had identified the staff member who placed the sandwich in the walkˆin cooler. The dietary manager further reported that anything in the cooler, dry storage, and freezer should be labeled with an inˆdate and useˆby date, and staff should be following firstˆin, firstˆout practices.Interview on 03/08/2026 at 12:12 PM with the Dietary Manager confirmed that a spatula was used for serving the lasagna during supper on the previous day, and there was no way to ensure residents received the correct serving size. He reported that the facility does not have a sixˆounce scoop for serving but has a twoˆounce scoop and a oneˆounce scoop. The Dietary Manager then confirmed that he has not been wearing a beard guard and that all hair has not been covered under the hair net. Lastly, the dietary manager confirmed that he does not have documentation showing that education on how to use the threeˆcompartment sink has been provided for the kitchen staff.Observation on 03/08/2026 at 12:40 PM during a tour of storage revealed the emergency water supply in the conference room, with water boxes sitting directly on the floor and other items laid on top of some of the boxes. The Dietary Manager confirmed that the water should not be sitting directly on the floor.Review of the policy titled Food Safety Requirements, with an implementation date of 06/02/2025,documented Policy explanation and compliance Guidelines:.3.b. Dry food storage - keep foods/beverages in a clean, dry area off the floor and clear of ceiling sprinklers, sewer/waste disposal pipes, and vents.3.c.iv. Labeling, dating, and monitoring refrigerated food, including but not limited to leftovers, so it is used by its useˆby date, or frozen (where applicable)/discarded. 4.d. Holding - staff shall monitor food temperatures while holding for delivery to ensure proper hot and cold holding temperatures are maintained.

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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, staff interviews, and review of facility documents, the facility failed to ensure that puree^menu serving sizes were followed to provide the correct nutritional value for one of one resident (R) who received a pureed meal. This deficient practice placed the resident receiving pureed meals at risk for inadequate caloric intake, unintentional weight loss, and potential medical complications related to insufficient nutrition.Findings Include: Review of the menu for 03/07/2026 revealed that the supper meal included lasagna Italian style, tossed salad with dressing, breadsticks, chocolate pudding, 2% milk, coffee/tea, and margarine.Review of the pureed menu with serving sizes for the supper meal on 03/07/2026 revealed a suggested 6 oz serving portion of lasagna.Observation and interview on 03/07/2026 at 4:26 PM of the pureed preparation for supper with [NAME] BB revealed that she used 11/2 spatulas to portion out the lasagna for the pureed meal. [NAME] BB was observed using a spatula to scoop one full spatula of lasagna, followed by a smaller portion on the spatula, and placing both into the blender before pureeing.Interview on 03/08/2026 at 12:12 PM with the Dietary Manager confirmed that when a spatula is used to portion meals, there is no way to ensure residents receive the correct serving size of lasagna. The Dietary Manager reported that the facility did not have a 6 oz scoop available for serving but did have 2 oz and 1 oz scoops. During a subsequent interview, the Dietary Manager reported and demonstrated that a container with multiple scoops of various sizes was available and confirmed that a 6 oz scoop was present but was not used during the supper meal service on 03/07/2026.

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F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. Based on record review, staff interviews, and the facility policy titled Residents' Personal Funds, the facility failed to notify six of 44 sampled residents and/or the residents' (R)responsible parties (R12, R32, R20, R34, R5, R15) when the residents' personal funds were within $200 of the Social Security Income (SSI) resource limit. The facility's failure to provide timely notification placed residents at risk of exceeding resource limits required for maintaining Medicaid eligibility during the renewal period. Review of the facility policy titled Resident Personal Funds, implemented on 12/29/2025, documented the following:Policy: The resident has a right to manage his or her financial affairs, including the right to know, in advance, what charges a facility may impose against a resident's personal funds. Notice of Citation Balances: The facility must notify each resident who receives Medicaid benefits when the amount in the resident's account reaches $200 less than the Supplemental Security Income (SSI) resource limit for one person.Record review revealed no documented evidence that the resident or responsible party was notified when the resident's personal funds exceeded the SSI resource limit.Record review of R5's account revealed a current balance of $3,248.89.Record review of R15's account revealed a current balance of $6,369.92.Record review of R12's account revealed a current balance of $2,766.49.Record review of R20's account revealed a current balance of $10,800.98.Record review of R32's account revealed a current balance of $4,193.67.Record review of R34's account revealed a current balance of $2,421.79.Interview on 03/07/2026 at 1:19 PM with the Business Office Manager revealed she was new to the position, having started on February 9, 2026. She stated that residents' accounts should not exceed $2,000, as doing so would affect their SSI eligibility. The Business Office Manager confirmed she had not notified any residents regarding their account balances. She further confirmed that the Patient Liability for March 2026 had already been deducted and that the remaining balances shown were the actual balances in the cited residents' accounts.Interview on 03/07/2026 at 1:30 PM with the Administrator revealed he was not aware that residents' accounts had exceeded $2,000. He also confirmed that resident accounts should not exceed the $2,000 resource limit.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of the policy Safe and Homelike Environment, the facility failed to ensure a homelike environment for one of 44 sampled resident rooms (room [ROOM NUMBER]).Findings Include:Review of the policy Safe and Homelike Environment documented that, Policy: In accordance with residents' rights, the facility will provide a safe, clean, comfortable, and homelike environment, allowing residents to use their personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility, both inside and outside, maximizes resident independence and does not pose a safety risk. Environment refers to any area in the facility that is frequented by residents, including (but not limited to) resident rooms, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas, and activity areas.Observation on 03/06/2026 at 9:45 AM of room [ROOM NUMBER] revealed that the ceiling tiles had water stains. Resident R8 stated that he placed a trash can to catch water when it rained heavily outside. He reported that the last time he used the trash can to catch water was about three weeks ago, during the last heavy rainfall. R8 stated he reported the issue to nursing staff, who told him they also observed the water dripping.Interview on 03/08/2026 at 2:00 PM with the Maintenance Supervisor and Administrator during a walkthrough confirmed that there was a possible water leak. Both stated they were not aware of the issue until the state surveyor brought it to their attention. The Maintenance Supervisor, who had started in the position three weeks prior, stated he would replace the ceiling tiles but needed to identify and address the source of the leak first.

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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.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observations, record review, staff interviews, and the facility's Catheter Care policy, the facility failed to ensure that urinary drainage tubing was kept uncoiled to allow unobstructed urine flow and prevent tension for one resident (R) (R49) out of three reviewed for catheter care. This deficient practice had the potential to increase R49's risk for a urinary tract infection.Findings include:Record review of the policy titled Catheter Care (dated 09/26/2025). It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate care and maintain their dignity and privacy when indwelling catheters are in use.Record review of the electronic health record (EHR) for R49 revealed the following diagnoses but not limited to urinary retention, pressure ulcer of sacral stage 4, and dementia.Record review of R49's EHR Significant Change Minimum Data Set (MDS) Assessment (dated 02/24/2026) revealed for Section C (Cognitive Patterns) a Brief Interview Mental Status (BIMS) score of 14. Section H (Bowel and Bladder) assessed requirement for catheter use.Record review of R49's EHR physician orders (dated 02/13/2026) revealed an order which stated Ensure Catheter Tubing is Secured with Clean Leg Strap/Securement Device & Drainage Bag is kept Below Level of Bladder every shift for placement.Record review of R49's EHR's lab/cultures laboratory reports revealed that resident was diagnosed with UTI in April 2025, June 2025, and July 2025.Record review of R49's EHR's care plan (created date 03/05/2026) revealed a focus area for catheter use to deter the prevention of urinary tract infection and trauma due to resident diagnoses of urinary retention/ obstructive and reflux uropathy unspecified, stage four pressure wound to sacrum. and hospice.Observation of R49 on 03/6/2026 at 11:03 PM revealed resident up in a wheelchair, in the dining room participating in activity a few minutes before lunch. An indwelling urinary catheter was noted attached to his wheelchair with dignity flap in place. A closer observation of the urinary drainage tubing revealed that the tubing was coiled in a loop obstructing/preventing flow.Observation of R49 on 03/07/2026 at 10:57AM with the MDS Coordinator, R49 was observed sitting in a wheelchair in the dining room visiting with family members. An indwelling urinary catheter was noted attached to her wheelchair with a dignity flap in place. A closer observation of the urinary drainage tubing revealed that the tubing was coiled in a loop, obstructing/preventing flow of urine. MDS Coordinator verified that the tubing was in a circular position.Interview and observation on 03/07/2026 at 5:25 PM of R49 with the MDS Coordinator, R49 was observed lying in bed in her room. An indwelling urinary catheter was noted attached to her bedrail with a dignity flap in place. A closer observation of the urinary drainage tubing revealed that the tubing was coiled in a loop, obstructing/preventing a downward flow of urine. The MDS Coordinator confirmed that the tubing was coiled and obstructing the flow of the urine. She repositioned the tube and reported that her certified nursing assistants will be provided training.Interview on 03/08/2026 at 11:34 PM with the Director of Nursing (DON) reviewed the photographic evidence for R49's catheter with the surveyor. The DON confirmed the facility direct care staff failed to ensure that the catheter drainage tubing was not coiled in a loop. She reported being unaware that CNAs was looping the tubing and failing to remove the kinks. She reported that her expectations are for licensed nursing staff and CNAs monitor residents' catheter for obstruction of flow to prevent the increase of urinary tract infections (UTI's).