

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115704	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Emanuel County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  117 Kite Road Swainsboro, GA 30401	

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 12679</b></p> <p>Based on staff interviews, record review, and review of the facility policy titled, Reference 8: Behavior Monitoring Procedure, the facility failed to ensure that three of five residents (R) (R17, R21, and R40) sampled for unnecessary medications were monitored for behaviors, side effects and efficacy of antipsychotic medications. This failure to monitor for adverse effects and efficacy had the potential to place R17, R21, and R40 at risk of medical complications and unmet needs.</p> <p>Findings Include:</p> <p>Review of the facility's undated policy titled, Reference 8: Behavior Monitoring Procedure, revealed 1. Each MAR (Medication Administration Record) will have three major lines (one for each shift), with four subdividing minor lines within each major line. 2. Inside the frequency column of each minor line will have directions. a. Line 1-will indicate the shift. This is where the nurse will enter her initials. b. Lines 2-4 will state Behaviors =__. In the blank, a number is to be entered, that corresponds to a behavior listed to side the side .Each shift will have room for 3 different behaviors to monitor, if needed. If an occasion arises when more than 3 behaviors need to be monitored, please use the next available blank space on the MAR .Side Effect Monitoring: 1. The nurse will indicate Y for yes and N for no, beside the appropriate shift and under the appropriate day, to indicate if a side effect is observed. 2. If a Y is entered beside that nurse's shift, then a corresponding number to describe the side effect is entered on the minor line that states 'S. E.'</p> <p>Review of a Food and Drug Administration (FDA) website titled</p> <p><a href="https://www.accessdata.fda.gov/drugsatfda_docs/label/2010/020592s052,021086s031,021253s037lbl.pdf">https://www.accessdata.fda.gov/drugsatfda_docs/label/2010/020592s052,021086s031,021253s037lbl.pdf</a>, indicated . Elderly Patients with Dementia-Related Psychosis: Increased risk of death and increased incidence of cerebrovascular adverse events (e.g., stroke, transient ischemic attack).close supervision of high-risk patients should drug therapy. Hyperglycemia: In some cases, extreme and associated with ketoacidosis or hyperosmolar coma or death, has been reported in patients taking olanzapine (Zyprexa). Patients taking olanzapine should be monitored for symptoms of hyperglycemia and undergo fasting blood glucose testing at the beginning of, and periodically during, treatment. Hyperlipidemia: Undesirable alterations in lipids have been observed. Appropriate clinical monitoring is recommended, including fasting blood lipid testing at the beginning of, and periodically during, treatment. Weight Gain: Potential consequences of weight gain should be considered. Patients should receive regular monitoring of weight.</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:  115704	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Emanuel County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  117 Kite Road Swainsboro, GA 30401	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Review of R17's electronic medical record (EMR) titled Resident Face Sheet located under the Resident tab indicated the resident was admitted to the facility on [DATE].</p> <p>Review of R17's EMR quarterly Minimum Data Set (MDS) located under the RAI (Resident Assessment Instrument) tab with an Assessment Reference Date (ARD) of 3/11/2025 indicated the resident's Brief Interview for Mental Status (BIMS) score of three out of 15 which revealed the resident was severely cognitively impaired. The assessment indicated the resident had no behaviors.</p> <p>Review of R17's Care Plan located under the RAI tab, dated 1/22/2024, indicated the resident was on an antipsychotic, and it was used for dementia with behavioral disturbances. The care plan indicated there was a potential for the resident to experience intolerance and/or adverse side effects and had no identified problems at this time. The approach was to administer the resident's medications as prescribed, to observe the effectiveness of the treatment, and to monitor adverse side effects.</p> <p>Review of R17's EMR titled Orders located under the Resident tab, dated 8/7/2024, indicated that the physician ordered Zyprexa one tablet, 10 milligrams (mg), to be administered twice a day at 9:00 am and 5:00 pm.</p> <p>Review of R17's EMR titled Medications Administration History, located under the Resident tab, dated 2/1/2025 through 4/2/2055 indicated the resident was administered Zyprexa for depression.</p> <p>Review of R17's EMR titled General Administration History, located under the Resident tab, dated 2/1/2025 through 4/2/2025, indicated the facility was monitoring the following behaviors: yelling, biting, scratching, refusal of care, spitting, cursing, and other abnormal behaviors. There were no specific targeted behaviors identified with R17's diagnosis of depression and the associated use of Zyprexa. In addition, there was no evidence the facility was monitoring the side effects from the use of an antipsychotic.</p> <p>During an interview on 4/2/2025 at 1:34 pm, the Director of Nursing (DON) stated that the behaviors of residents who were on psychotropic medication were to be documented at the end of the shift, and the behavior was to be documented whether it was observed or not. He said that the effectiveness was to be documented, as well as any side effects.</p> <p>2. Review of R21's undated Face Sheet located in the EMR under the Face Sheet tab indicated the resident was initially admitted to the facility on [DATE], with a readmission on 2/24/2025. The resident had diagnoses of Parkinson's disease, Asperger's syndrome, schizophrenia, bipolar disease, and anxiety.</p> <p>Review of R21's quarterly MDS, with an (ARD) of 3/20/2025, located in the EMR under the MDS tab, revealed the resident had a BIMS score of 15 out of 15, which indicated the resident is cognitively intact. R21 did not exhibit any behavior during the seven-day look-back period.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115704	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Emanuel County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  117 Kite Road Swainsboro, GA 30401	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R21's Orders located in the EMR under the Orders tab revealed the following orders: duloxetine (selective serotonin reuptake inhibitors (SSRIs) for anxiety disorder, start date 10/1/2021; Geodon (antipsychotic) for schizophrenia, start date 9/1/2022; hydroxyzine pamoate (antihistamine, sedative) for anxiety disorder, start date 12/30/2021, and Target Behavior: Monitor for yelling, biting, scratching, refusal of care, spitting, cursing and other abnormal behaviors, start date 10/1/2021, this order was not for specific medications. There was no order for the monitoring of adverse reactions for specific medications.</p> <p>Review of R21's Medications Administration History for January 2025, February 2025, and March 2025, located in the EMR under the Reports tab, indicated that although the facility is monitoring for behaviors. These behaviors were not specific to each medication ordered for different psychiatric behaviors. Additionally, there was no monitoring of the medication's adverse effects and efficacy.</p> <p>3. Review of R40's undated Face Sheet located in the EMR under the Face Sheet tab indicated the resident was admitted to the facility on [DATE], with diagnoses including dementia, with severe agitation, and depression.</p> <p>Review of R40's quarterly MDS with an ARD of 3/25/2025, located in the EMR under the MDS tab, revealed the resident had a BIMS score of three out of 15, which indicated the resident was severely cognitively impaired. R40 was assessed as exhibiting delusions (misconceptions or beliefs that are firmly held, contrary to reality) but did not exhibit any other behaviors during the seven-day look-back period.</p> <p>Review of R40's Orders located in the EMR under the Orders tab, revealed the following orders: mirtazapine (anti-depressant) for depression, start date 9/7/2024; sertraline (anti-depressant) for depression, start date 9/7/2024; trazodone (anti-depressant) for insomnia, start date 12/13/2024; and Target Behavior: Monitor for yelling, biting, scratching, refusal of care, spitting, cursing and other abnormal behaviors, start date: 10/1/2021. This order was not for specific medications. There was no order for the monitoring of adverse reactions for specific medications.</p> <p>Review of R40's Medications Administration History for January 2025, February 2025, and March 2025, located in the EMR under the Reports tab, indicated that although the facility was monitoring for behaviors. These behaviors were not specific to each medication ordered for different psychiatric behaviors. Additionally, there was no monitoring of the medication's adverse effects and efficacy.</p> <p>During an interview on 4/2/2025 at 3:13 pm, the Director of Nursing (DON) confirmed the General Order, under Order Description, revealed Target Behavior: Biting, pinching, hitting, disruptive behaviors, or refusal of care. At the end of each shift mark Frequency-how often behavior occurred &amp; intensity-how resident responded to redirection. Intensity Code: 0=Did not occur; 1=Easily altered; 2=Difficult to redirect was a blanket order for monitoring behaviors for all psychiatric medications. The DON also confirmed there was no monitoring for adverse side effects or efficacy of medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115704	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Emanuel County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  117 Kite Road Swainsboro, GA 30401	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Pharmacist on 4/3/2025 at 9:16 am, the Pharmacist was asked what his expectations were related to psychiatric medications and the monitoring of the resident's behaviors, adverse reactions, and efficacy for each medication. The Pharmacist responded that monitoring needs to be precise on what behaviors that are particular to the residents, adverse effects, and efficacy specific to the medications ordered. The Pharmacist added that in the past, there have been behaviors with associated numbers to indicate what behavior was being exhibited. Additionally, there should be a list of side effects for anti-psychotics and psychotropic medications. The Pharmacist was asked if he was aware of the facility not documenting the monitoring. The Pharmacist responded that he assumed they were monitoring for the behaviors, side effects/adverse reactions, and efficacy.</p> <p>During an interview on 4/3/2025 at 9:20 am, during medication pass, Registered Nurse (RN) 1 was asked if she had a resident on an antipsychotic that had a behavior or side effect where this would be documented. RN1 responded that she was unsure but would always document it in the nurse's notes. RN1 was asked how she knew the resident needed this medication (antipsychotic) and how she knew if it was effective. RN1 stated that she documented behavior daily. When asked if it was specific to the class of medications, RN1 stated it was just a general observation with a blanket list.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115704	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Emanuel County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  117 Kite Road Swainsboro, GA 30401	
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 - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40415</p> <p>Based on observations, staff interviews, record review, and review of the facility policies titled, titled, Medications - Administration and Preparation and Policy and Procedure for Expired Drugs, the facility failed to ensure one of six residents (R) (R7) observed during medication pass medications were not expired. This deficient practice increased R7's risk of infection and exacerbation of R7's compromised respiratory status related to chronic obstructive pulmonary disease.</p> <p>Findings include:</p> <p>Review of facility-provided policy, revised 04/22/2024, titled, Medications - Administration and Preparation revealed . 15. check all medications .for expiration dates.</p> <p>Review of a facility-provided policy, reviewed and approved dated 04/22/2024, titled, Policy and Procedure for Expired Drugs, revealed, .During each medication pass, it is the nurse's responsibility to check medication labels for expiration dates, before dispensing drug.3. Any expired drugs will be removed from medication chart and be re-ordered .</p> <p>Review of R7's undated Admission Record found in the electronic medical record (EMR) under the Profile Tab revealed an admitted [DATE], with diagnoses including unspecified systolic (congestive) heart failure and chronic obstructive pulmonary disease (COPD).</p> <p>Review of R7's Physician's Orders under Orders tab located in the EMR revealed an order for fluticasone propionate [over the counter (OTC)] spray suspension 50 microgram (mcg) /actuation; (amount) one spray each nostril; nasal special instructions: Instill one spray each nostril daily for allergies. Once a day at 9:00 am. The order was written on 8/15/2024 and dispensed to the facility on [DATE]. Further review revealed an order for Refresh Tears (carboxymethylcellulose sodium) [OTC] drops; 0.5 %; amt: 1 drop each eye; ophthalmic (eye). Special Instructions: Apply one drop into each eye PRN [as needed] dry eye syndrome as needed.</p> <p>During an observation of the medication pass on 4/3/2025 at 9:58 am with Registered Nurse (RN) 1, for R7, two medications were identified as expired. 1) Fluticasone propionate OTC spray suspension was identified as dispensed and began use on 11/15/2024 without an open date and without an expiration date. 2) Refresh Tears was identified as dispensed on 2/10/2025 and expired on 3/24/2025. RN 1 verified the dates on the medications.</p> <p>In an interview on 4/3/2025 at 12:25 pm, the Director of Nursing (DON) stated the expectation was for no expired medications ot be on the medication carts. The DON stated that expired nasal and ophthalmic drops could increase the risk of infections.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115704	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Emanuel County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  117 Kite Road Swainsboro, GA 30401	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 12679</b></p> <p>Based on observation, staff interviews, record review, review of the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) and Centers for Disease Control and Prevention (CDC) guidelines, and review of the facility document titled, Water Management Program for [NAME] County Nursing Home, the facility failed to have an adequate water management program. The facility's water management program was incomplete and was not consistent with the current ASHRAE Guideline, which specifically called for design and maintenance procedures for the potential exposure of Legionnaires' disease (a serious pneumonia infection) within a healthcare facility. This failure created the potential for the facility residents to be infected by Legionella.</p> <p>Findings include:</p> <p>Review of a website for ASHRAE titled Successfully Managing the Risk of Legionellosis dated 4/7/2021 indicated . Legionellae the biological classification name for a [NAME] of bacteria is the plural, referring to more than one Legionella bacterium. Legionellosis: any illness (disease) caused by the exposure to Legionella. Legionnaires' disease (LD) and Pontiac fever (PF) are the two known types of legionellosis. Potentially fatal, multisystem respiratory illness, accompanied by pneumonia. Symptoms. high fever, chills, muscle pain, headache, dry cough, diarrhea, vomiting, confusion, and delirium common. Immune suppressed. transplant patients, cancer, cardiac, diabetes, steroid/drug therapy. Sick/in poor health. Elderly/infirm. Heavy smokers, lung/COPD diseases. Describe the building water systems using flow diagrams &amp; a written description: Include details such as where the building connects to the (municipal) water supply, how water is distributed and used (processed), where hot tubs, water heaters, cooling towers, etc. are located.</p> <p>Review of the CDC website titled Developing a Water Management Program to Reduce Legionella Growth &amp; Spread in Buildings, dated 6/24/2021, indicated . Describe the building water systems using text and flow diagrams. Identify areas where Legionella could grow and spread.</p> <p>Review of a facility document titled Water Management Program for [NAME] County Nursing Home, dated 5/28/2024, indicated . Identified Risks: Water shortages due to drought or municipal supply issues. Contamination risks from plumbing systems. Inefficient fixtures leading to water wastage. Increased costs due to water leaks or infrastructure issues. The document failed to address the facility's water system in text and a diagram which would then identify the areas of the facility's water system which were potential locations for the development of Legionella and other water pathogens. The document failed to address what control measures would be implemented and failed to identify how the facility would then monitor the control measures. Finally, the document did not indicate how the facility would document their efforts to maintain an effective water management plan/program.</p> <p>During an interview on 4/3/2025 at 9:31 am, the Maintenance Director stated the facility tested for Legionella and conducted a risk assessment. When asked if the facility had a water management plan, the Maintenance Director stated he tests all resident rooms for temperatures, and this was done on a weekly basis. The Maintenance Director stated there have been no Legionella outbreaks.</p> <p>During an interview on 4/3/2025 at 10:00 am, the Director of Nursing (DON) stated the facility did not have a water management plan, and his expectation was to follow CDC guidance.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115704	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Emanuel County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  117 Kite Road Swainsboro, GA 30401	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 12679</b></p> <p>Based on staff interview, record review, review of the facility policy titled Immunizations, and review of the Centers for Disease Control and Prevention (CDC) guidelines, the facility failed to offer one of five residents (R) (R28) reviewed for flu and pneumonia vaccinations and/or their representatives the opportunity for the residents to be vaccinated in accordance with nationally recognized standards of 44 sample residents. In addition, the facility failed to update their immunization to reflect current CDC recommendations. These deficient practices had the potential to place R28 at risk of contracting pneumonia and other residents at risk of not being offered immunizations based on current CDC guidelines.</p> <p>Findings include:</p> <p>Review of the facility policy titled Immunizations, dated 5/22/2024, indicated .To provide guideline for administering Pneumococcal Vaccine - PCP13 (Prevnar) [sic] pr PPSV23 (Pneumovacc) [sic].</p> <p>Review of the CDC website titled, <a href="https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/index.html">https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/index.html</a>, dated 10/26/2024, indicated .Based on shared clinical decision-making, adults [AGE] years or older have the option to get Prevnar 20 (PCV20) or PCV21, or to not get additional pneumococcal vaccines. They can get PCV20 or PCV21 if they have received both . PCV13 (but not PCV15, PCV20, or PCV21) at any age and .PPSV23 at or after the age of [AGE] years old.</p> <p>Review of R28's electronic medical record (EMR) titled Resident Face Sheet, located under the Resident tab, indicated the resident was admitted to the facility on [DATE]. The resident was over the age of 65 at the time of her admission.</p> <p>Review of R28's EMR titled Vaccination, located under the Resident tab, failed to indicate if the resident received any pneumococcal vaccination(s). There was no evidence that R28 had been offered the opportunity to be vaccinated with one dose of PCV20 or PCV21 after the final pneumococcal vaccination.</p> <p>Review of a document provided by the facility titled Georgia Registry of Immunization Transactions and Services indicated R28 received the Pneumovax 23 on 7/15/2010 and received the PCP13 on 12/8/2015.</p> <p>During an interview on 4/2/2024 at 8:30 am, the Director of Nursing (DON) stated the state had an online system that informed him that R28's pneumococcal vaccines were complete. The DON stated that the state online system did not have updated CDC guidance for the current recommendations. The DON stated it was important to follow CDC recommendations for the pneumococcal vaccines.</p> <p>During an interview on 4/3/2025 at 10:38 am, the Administrator stated the facility missed identifying current CDC recommendations and applying the recommendations to the current facility policy.</p>		