

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115705	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER Oaks - Bethany Skilled Nursing, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1305 East North Street Vidalia, GA 30475	
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 - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and facility policy titled, Infection Control: Housekeeping Services, the facility failed to ensure residents living area was safe, clean, comfortable, and homelike for one room (room [ROOM NUMBER] West) and two of two shower rooms. Specifically, 4 [NAME] contained trash and a dark brown substance on floor, electrical cord and wall, while the shower rooms exhibited broken and missing tiles, black substance in the corner of the walls and floor and a build-up of soap scum on the shower walls. The deficient practice had the potential to affect patient comfort and safety. Findings include: A review of the facility policy titled, Infection Control: Housekeeping Services, reviewed 7/17/2025 documented, Routine Cleaning Horizontal Surfaces: 1. In patient/resident care areas, cleaning of non-carpeted floors and other horizontal surfaces will be performed daily and more frequently if spillage or visible soiling occur. In addition, documented under Trash: 1. Trash will be removed from all areas on a specific schedule to prevent spillage and odors. 1. An observation of room [ROOM NUMBER] [NAME] (4W) on 2/3/2026 at 12:55 PM revealed there was trash on the floor between the air conditioner unit and bed. An observation on 2/4/2026 at 9:23 AM revealed trash on the floor. In addition, a dark brown substance was noted on the floor, electrical cord, and wall above the air conditioning unit. An observation on 2/4/2026 at 12:10 PM revealed that trash remains on the floor and the dark brown stains on the floor, electrical cord, and wall. An observation and interview with the Housekeeping Supervisor (HKS) on 2/5/2026 at 9:53 AM of room [ROOM NUMBER]W confirmed that trash and a dark brown substance was on the floor, electrical cord, and wall. The HKS stated housekeeping staff should clean high touch areas, trash, bedside table, light switch, and toilet daily. The HKS confirmed that housekeeping staff should have removed the trash yesterday. An interview with Certified Nursing Assistant (CNA) FF on 2/5/2026 at 10:21 AM revealed that she did not pick up the trash in room [ROOM NUMBER]W. She stated when care was provided to residents in the room, that trash should be checked and removed as needed. An interview with the Administrator on 2/5/2026 at 2:51 PM confirmed that she observed the trash, cups, and dark brown substance on the floor, wall, and electrical cord. The Administrator stated that trash is everyone's responsibility and that the HKS was addressing the dark brown substance. 2. An observation on 2/3/2026 at 1:05 PM revealed the East 2 shower room area had broken and missing tiles, black substance in the corner of the walls and floor and a build-up of soap scum on the shower walls. An observation on 2/3/2026 at 1:05 PM revealed the [NAME] Hall [NAME] Garden Wing shower room had missing and broken tiles, dark black substance in the corners of shower area, and buildup of white soap scum on the shower walls. An observation on 2/4/2026 at 09:03 AM revealed the East 2 shower room continued to exhibit broken and missing tiles, black substance in the corner of the walls and floor and a build-up of soap scum on the shower walls. An observation on 2/4/2026 at 11:00 AM revealed the [NAME] Hall [NAME] Garden Wing continued to exhibit missing and broken tiles, dark black substance in</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 115705	Facility ID: 115705 If continuation sheet Page 1 of 5

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>corners of shower area, and buildup of white soap scum on the shower walls. An observation and interview with Maintenance Director (MD) and HKS on 2/5/2026 at 9:53 AM confirmed there were missing and broken tiles in both East 2 shower room and [NAME] Garden Wing shower rooms. The HKS confirmed there was a dark black substance in the corners of both shower rooms and the buildup of white soap scum in both areas. The HKS stated the showers needed to be cleaned and in addition, the Certified Nursing Assistant (CNA) staff should clean between patients. The HKS stated that she was new and this was the first time seeing the shower rooms. A concurrent observation and interview of the East Wing and [NAME] Garden shower rooms with the Administrator on 2/5/2026 at 2:51 PM confirmed missing and broken tiles, dark black substance, and white soap scum on walls of both shower rooms. The Administrator stated that they should be cleaned daily by housekeeping staff and the CNA staff should clean and disinfect between showers.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and the facility policy titled Care Plans, the facility failed to create and/or implement a person-centered comprehensive care plan for two residents (R) (R2 and R8) from a sample of 11 residents. Specifically, R2 received the incorrect dosage of oxygen according to physician orders and R8 was not care planned for an assessed elopement risk. This deficient practice had the potential to place residents at risk of clinical complications, injury and diminished quality of life. Findings Include:</p> <p>Review of the facility's policy titled, Care Plans revised 7/27/2023, documented under Policy Statement: It is the policy of the health care center for each patient/resident to have a person-centered baseline care plan followed by a comprehensive care plan. and documented under admission Comprehensive Plan of Care: 4. The care plan will contain 4 main components. The care plan approach serves as instructions for the patient/resident's care and provides continuity of care by all partners.</p> <p>1. A review of R2's most recent Quarterly Minimum Data Set (MDS) dated [DATE] revealed Section C (Cognitive Patterns) that R2 has a Brief Interview for Mental Status (BIMS) score of 15 indicating little to no cognitive impairment. Section I (Active Diagnosis) revealed diagnoses including but not all-inclusive of Chronic Obstructive Pulmonary Disease (COPD), acute respiratory failure with hypoxia, anxiety disorder, type two diabetes melitis, heart failure, and functional dyspepsia. Section O (Special Treatments, Procedures, and Programs) R2 received oxygen therapy during the assessment review period.</p> <p>A review of R2's care plan dated 10/13/2025 revealed that R2 had altered respiratory status/difficulty breathing related to COPD. Interventions included administering oxygen via nasal cannula as ordered by the physician, oxygen saturations as ordered, notify MD (medical doctor) of any changes, give patient/resident plenty of time to perform ADL (activities of daily living.)</p> <p>A review of the Physician Orders for R2 revealed an order dated 1/29/2026, for oxygen at 3 liters per minute (LPM) via nasal cannula (NC) continuous.</p> <p>An observation on 2/3/2026 at 12:55 PM revealed that R2 was wearing oxygen and the oxygen concentrator flow rate was set between four and one-half to five liters per minute.</p> <p>A second observation on 2/4/2026 at 12:10 PM revealed that R2 was wearing oxygen and the oxygen concentrator flow rate was set at five liters per minute.</p> <p>A third observation on 2/5/2026 at 9:50 AM revealed that R2 was wearing oxygen and the oxygen concentrator flow rate was set between four and one-half to five liters per minute.</p> <p>An observation and interview with Licensed Practical Nurse (LPN) HH on 2/5/2026 at 10:10 AM confirmed that the oxygen concentrator flow rate for R2 was set at between four and one-half to five liters per minute. LPN HH stated that staff should make sure residents receive the correct oxygen liters per minute. She stated that R2's flow rate was to be set to 3 liters per minute continuous. LPN HH reported that she did not check his oxygen flow rate this morning and should have checked the flow rate and oxygen saturation level.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the Director of Health Services (DHS) on 2/5/2026 at 2:21 PM confirmed that the nurses should make sure that the right liter flow rates are set per the physician orders on the oxygen concentrator. The DHS confirmed that the oxygen flow rate for R2 was between four and one-half to five liters. The DHS confirmed that Nurses should check oxygen flow rates throughout their shift.</p> <p>An interview with MDS Coordinator JJ on 2/5/2026 at 3:17 PM revealed the care plan was for oxygen as order and confirmed that the physician order was for 3 liters per minute continuous. She stated that staff should follow the care plan and physician orders.</p> <p>2. A review of the Electronic Medical Record (EMR) revealed that R8 was admitted to the facility on [DATE] with diagnoses including but not limited to non-displaced fracture of zone 1 sacrum and Alzheimer's disease.</p> <p>A review of the admission Minimum Data Set (MDS) assessment for R8 with assessment reference date of 1/14/2026, revealed that R8 presented with a Brief Interview for Mental Status (BIMS) score that was not performed due to resident rarely/never being understood.</p> <p>A review of an Elopement Assessment for R8 dated 1/17/2026, documented a score of 17, which indicated high risk for elopement.</p> <p>A review of the care plan for R8 revised 2/4/2026 revealed there was no documented care plan problem to address the assessed elopement risk.</p> <p>Interview on 2/5/2026 at 2:51 PM with the Administrator revealed all residents were assessed for elopement risk as part of an elopement prevention improvement plan. The Administrator confirmed that all residents that were identified as a risk for elopement should have a care plan problem for elopement.</p> <p>Interview with the Minimum Data Set Nurse on 2/5/2026 at 3:01 PM confirmed that all residents identified as a risk for elopement should have a care plan for elopement.</p>		

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<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>Based on observations, interviews and facility policy titled Oxygen Administration, the facility failed to regulate and monitor oxygen liter flow rates according to physician orders for one resident (R)(R2) receiving continuous oxygen from a sample of 11 residents. This deficient practice had the potential to place resident R2 at increased risk of respiratory complications. Findings Include: A review of the facility policy titled Oxygen Administration revised 8/2/2023, documented under Policy Statement: It is the policy of PruittHealth Hospice and Healthcare Centers/Veteran Homes to provide Oxygen safely and accurately, and documented under Procedure: 4. Regulate liter flow to ordered/desired flow rate. A review of R2's most recent Quarterly Minimum Data Set (MDS) Assessment, dated 1/20/2026 revealed Section C (Cognitive Patterns) that R2 had a Brief Interview for Mental Status (BIMS) score of 15 indicating little to no cognitive impairment. Section I (Active Diagnosis) revealed diagnoses including but not all-inclusive of Chronic Obstructive Pulmonary Disease (COPD), acute respiratory failure with hypoxia, anxiety disorder, type two diabetes melitis, heart failure, functional dyspepsia. A review of R2's care plan dated 10/13/2025 revealed that R2 had altered respiratory status/difficulty breathing related to COPD. Interventions included administering oxygen via nasal cannula as ordered by the physician, oxygen saturations as ordered, notify MD (medical doctor) of any changes, give patient/resident plenty of time to perform ADL (activities of daily living). A review of the Physician Orders for R2 revealed an order dated 1/29/2026 for oxygen at 3 liters per minute (LPM) via nasal cannula (NC) continuous. An observation on 2/3/2026 at 12:55 PM revealed that R2 was wearing oxygen and the oxygen concentrator flow rate was set between four and one-half to five liters per minute. A second observation on 2/4/2026 at 12:10 PM revealed that R2 was wearing oxygen and the oxygen concentrator flow rate was set at five liters per minute. A third observation on 2/5/2026 at 9:50 AM revealed that R2 was wearing oxygen and the oxygen concentrator flow rate was set between four and one-half to five liters per minute. An observation and interview with Licensed Practical Nurse (LPN) HH on 2/5/2026 at 10:10 AM confirmed that the oxygen concentrator flow rate for R2 was set at between four and one-half to five liters per minute. LPN HH stated that staff should make sure residents receive the correct oxygen liters per minute. She stated that R2's flow rate was to be set to 3 liters per minute continuous. LPN HH reported that she did not check his oxygen flow rate this morning and should have checked the flow rate and oxygen saturation level. An interview with the Director of Health Services (DHS) on 2/5/2026 at 2:21 PM confirmed that the nurses should make sure that the right liter flow rates are set per the physician orders on the oxygen concentrator. The DHS confirmed that the oxygen flow rate for R2 was between four and one-half to five liters. The DHS confirmed that Nurses should check oxygen flow rates throughout their shift.</p>		