

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115706	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Wildwood Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 184 Pin Hook Road Talking Rock, GA 30175	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to accurately assess one of 17 sampled residents (R) (R43). The deficient practice had the potential for R43 to be at risk for medical complications, unmet needs, and a diminished quality of life. Findings include: Review of the electronic medical record (EMR) revealed that R43 was admitted to the facility with but not limited to diagnoses of major depressive disorder, anxiety disorder, hypertensive heart disease with heart failure, and adjustment disorder with depressed mood. The annual Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 6/17/2025 revealed in Section E, Behavioral Symptoms, was coded as 0 (Behavior not exhibited). Review of the EMR revealed a behavior note from 06/11/2026: Resident very hostile and disoriented. She had incontinent episodes in bed and stating what's going on here people are hiding things from me. Later came out of room went behind nurses station grabbed cigarettes and lighter, with Certified Nurse Assistant (CNA) telling here not to, lite the cigarette and stated I don't know what you all are trying to do to me. She continued down the hall smoking. Administrator and Charge nurse stopped her and tried to get the lit cigarette when she became very hostile, refusing to give back the lit cigarette. Administrator (sic) to hold her hand while Charge nurse took the lit cigarette and take it outside. Resident went back to her room cursing and laid down. Interview with the MDS Coordinator on 02/25/2026 at 03:09 PM confirmed that R43 had behavioral note from 06/11/2025 and it should be reflected in section E of the annual MDS dated [DATE]. The MDS coordinator stated that she would submit an MDS modification. An interview with the Director of Nursing (DON) and MDS Coordinator on 02/26/2026 at 1:46 PM revealed that accurate coding of behaviors in MDS Section E would trigger the need for development of a new care plan. During a separate interview on 02/26/2026, the Administrator stated that the facility does not have a specific internal MDS policy and rely on the Resident Assessment Instrument (RAI) Manual for guidance.</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:	Facility ID: 115706
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