

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115707	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 138 West Thigpen Ave Lakeland, GA 31635	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 2. Review of R2's EMR revealed diagnoses including, but not limited to, age-related nuclear cataract, primary open-angle glaucoma, and hemiplegia and hemiparesis of the right side.</p> <p>Review of R2 's Quarterly MDS, dated [DATE], revealed Section C (Cognitive Patterns) documented a BIMS score of 15 (indicating little to no cognitive impairment).</p> <p>Review of R2's clinical record revealed no assessment for self-administration of medications.</p> <p>Review of R2's Clinical Physician Orders revealed no orders for self-administration of medications.</p> <p>Observation on 6/2/2025 at 12:18 pm of R2 's room revealed a package of throat lozenges in a clear storage container on the floor, visible to anyone entering the room, one three-ounce container of Resinol medicated ointment, and one bottle of hydrogen peroxide on the resident's overbed table. During an interview, at the time of the observation, R2 reported using the throat lozenges occasionally. She further stated that a certified nursing assistant (CNA) applied the peroxide and cream during resident care services.</p> <p>During a concurrent observation of R2's room and interview on 6/3/2025 at 3:57 pm, the DON confirmed the medications in R2's room.</p> <p>3. Review of R37's EMR revealed diagnoses including, but not limited to, chronic obstructive pulmonary disease, tremor, and weakness.</p> <p>Review of R37's Quarterly MDS, dated [DATE], revealed Section C (Cognitive Patterns) documented a BIMS score of 14 (indicating little to no cognitive impairment).</p> <p>Review of R37's clinical record revealed no assessment for self-administration of medications.</p> <p>Review of R37's Clinical Physician Orders revealed no orders for self-administration of medications.</p> <p>Observation on 6/2/2025 at 12:00 pm in R37 's bathroom revealed a container of cherry-flavored sore throat spray. During an interview, at the time of the observation, R37 stated she used the medication occasionally.</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: 115707	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 138 West Thigpen Ave Lakeland, GA 31635	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation of R37's bathroom and interview on 6/3/2025 at 4:10 pm, the DON confirmed the sore throat spray in R37's bathroom. She stated R37 was not assessed to self-administer medications, and the medication should not be in the room.</p> <p>Based on observations, resident and staff interviews, and record review, the facility failed to ensure three of 31 sampled residents (R) (R10, R2, R37) did not have unsecured and unauthorized medications at the bedside. This deficient practice had the potential to place R10, R2, and R37 at risk of administering the medications in an unsafe manner.</p> <p>Findings included:</p> <p>1. Review of R10's electronic medical record (EMR) revealed diagnoses including, but not limited to, dementia with agitation, type 2 diabetes mellitus with proliferative diabetic retinopathy, chronic obstructive pulmonary disease with acute exacerbation, and muscle weakness.</p> <p>Review of R10's Quarterly Minimum Data Set (MDS) assessment, dated 4/26/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 9 (indicating moderate cognitive impairment).</p> <p>Review of R10's Care Plan Report, revised date 6/4/2025, revealed no care plan for self-administration of medications.</p> <p>Review of R10's Clinical Physician Orders revealed no orders for self-administration of medications.</p> <p>Observations on 6/3/2025 at 9:41 am, 6/3/2025 at 10:06 am, and 6/3/2025 at 11:59 am revealed a bottle of Aspercreme four percent lidocaine cream, a bottle of hydrocortisone one percent otic solution, and a bottle of Neomycin and Polymyxin B sulfates ophthalmic drops on the overbed table.</p> <p>During a concurrent observation and interview on 6/3/2025 at 3:57 pm, the DON (Director of Nursing) stated she was unaware of medications at R10's bedside. She further stated there were no residents who self-administered medications. The DON confirmed the medications at R10's bedside and stated R10 was not assessed or approved for self-medication administration. She stated the medications should not be at the resident's bedside.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115707	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 138 West Thigpen Ave Lakeland, GA 31635	
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 0576</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>Based on resident and staff interviews and review of the facility policy titled Individual Rights and Responsibilities, the facility failed to ensure mail delivery service was provided to residents on Saturdays. This deficient practice had the potential to affect all residents in the facility. The facility census was 55.</p> <p>Findings include:</p> <p>Review of the facility policy titled Individual Rights and Responsibilities, dated 12/6/2019, revealed the Residents' Rights section included, . I. Mail and Electronic Mail: 1. Residents have the right to privacy in written communications, including the right to send and promptly receive unopened mail.</p> <p>During an interview on 6/4/2025 at 10:30 am with members of the resident council, the resident council members stated that residents did not receive mail on Saturdays and had not done so for a while.</p> <p>During an interview on 6/4/2025 at 10:30 am, the Activities Director (AD) confirmed that mail was not delivered to the residents on Saturdays. The AD stated she was responsible for delivering mail, did not work on Saturdays, and delivered the mail once she came in on Monday.</p> <p>During an interview on 6/4/2025 at 3:10 pm, the Administrator confirmed that mail was not delivered to the facility on Saturdays. He stated that a sign would be placed on the front door to inform the mail delivery person to go to the side door to deliver the mail on Saturday.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115707	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 138 West Thigpen Ave Lakeland, GA 31635	
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>Based on staff interviews, record review, and review of the Resident Assessment Instrument 3.0 (RAI) Manual, the facility failed to ensure Minimum Data Set (MDS) assessments were transmitted within 14 days of completion to the Centers for Medicare and Medicaid Services (CMS) Quality Improvement Evaluation System (QIES) Assessment Submission and Processing (ASAP) System for eight of 31 sampled residents (R) (R27, R38, R25, R44, R14, R12, R4, and R23).</p> <p>Findings include:</p> <p>Review of the RAI Manual revealed Section 5.2 Timeliness Criteria included, For all non-admission OBRA (Omnibus Budget Reconciliation Act of 1987) and PPS (Prospective Payment System) assessments, the MDS Completion Date must be no later than 14 days after the Assessment Reference Date (ARD).</p> <ol style="list-style-type: none"> 1. Review of R27's MDS assessment revealed that a Quarterly assessment with an assessment reference date (ARD) of 4/2/2025 was submitted on 6/3/2025. 2. Review of R38's MDS assessment revealed that a Quarterly assessment with an ARD of 3/10/2025 was submitted on 6/2/2025. 3. Review of R25's MDS assessments revealed that an Annual assessment with an ARD of 1/17/2025 was submitted on 6/3/2025, and a Quarterly assessment with an ARD of 4/21/2025 was submitted on 6/3/2025. 4. Review of R44's MDS assessments revealed that a Quarterly assessment with an ARD of 3/20/2025 was submitted on 6/2/2025. 5. Review of R14's MDS assessments revealed that an Annual assessment with an ARD date of 3/26/2025 was submitted on 6/3/2025. 6. Review of R12's MDS assessments revealed that an Annual assessment with an ARD date of 3/8/2025 was submitted on 6/3/2025. 7. Review of R4's MDS assessments revealed that an Annual assessment with an ARD date of 3/20/2025 was submitted on 6/2/2025. 8. Review of R23's MDS assessments revealed that a Quarterly assessment with an ARD of 3/26/2025 was submitted on 6/3/2025. <p>During an interview on 6/3/2025 at 10:54 am, the MDS Coordinator confirmed that the identified MDS assessments for R27, R38, R25, R44, R14, R12, R4, and R23 were submitted later than the required submission dates. She stated she was unaware the assessments were late.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115707	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 138 West Thigpen Ave Lakeland, GA 31635	
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 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** 3. Review of R2 's EMR revealed diagnoses including, but not limited to, unspecified asthma and morbid (severe) obesity due to excess calories.</p> <p>Review of R2 's Quarterly MDS, dated [DATE], revealed Section N (Medications) documented R2 received an anticoagulant, and Section O (Special Treatments, Procedures, and Programs) documented that R2 received oxygen.</p> <p>Review of R2's Clinical Physician's Orders revealed an order dated 9/30/2022 for oxygen via a NC at two LPM as needed (PRN) and an order dated 9/29/2023 for Eliquis oral tablet 5 mg (a medication used to prevent and treat blood clots), one tablet by mouth two times a day.</p> <p>Review of R2's Care Plan Report revealed no care plan for oxygen use or anticoagulant medication use.</p> <p>Observations on 6/2/2025 at 12:18 pm and 6/3/2025 at 10:00 am revealed R2 receiving oxygen via a NC at two LPM.</p> <p>In an interview on 6/4/2025 at 10:45 am, the MDS Coordinator confirmed there were no care plan areas for oxygen or anticoagulant use on R2's care plan and confirmed the physician orders and MDS documentation.</p> <p>Based on observations, resident and staff interviews, and record review, the facility failed to develop a person-centered, comprehensive care plan for three of 31 sampled residents (R) (R10, R44, and R2). Specifically, the facility did not develop a care plan for R10 for oxygen therapy, psychotropic medications, and Activities of Daily Living (ADL) care, for R44 for post-traumatic stress disorder (PTSD), and for R2 for oxygen therapy and anticoagulant medication. The deficit practice had the potential to place R10, R44, and R2 at risk for medical complications, unmet needs, and a diminished quality of life.</p> <p>Findings included:</p> <p>1. Review of R10's electronic medical record (EMR) revealed R10 had diagnoses including, but not limited to, dementia with agitation, type 2 diabetes mellitus with proliferative diabetic retinopathy, chronic obstructive pulmonary disease with acute exacerbation, and muscle weakness.</p> <p>Review of R10's Quarterly MDS (Minimum Data Set) assessment, dated 4/26/2025, revealed Section C documented a Brief Interview for Mental Status (BIMS) score of 9 (indicating moderate cognitive impairment). Section GG (Physical Abilities and Goals) documented R10 required supervision to partial assistance with ADLS. Section N (Medications) documented that R10 received antipsychotic and antidepressant medications in the seven-day look-back period, and antipsychotics were received on a routine basis only. Section O (Special Treatments, Procedures, and Programs) documented that the resident did not receive oxygen.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115707	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 138 West Thigpen Ave Lakeland, GA 31635	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R10's Clinical Physician Orders revealed an order dated 1/18/2025 for oxygen at two liters per minute (LPM) via a nasal cannula (NC). Further review revealed orders dated 1/14/2025 for quetiapine fumarate oral tablet 25 milligram (mg) two times a day (BID) for mood disorders, 1/14/2025 for trazodone hydrochloride oral tablet 50 mg every day (QD) for depression, and 1/15/2025 for duloxetine hydrochloride oral capsule delayed release particles 30 mg QD for depression.</p> <p>Review of R10's Care Plan Report, dated 1/14/2025, revealed no care plan for oxygen use, ADL care, or psychotropic medication use.</p> <p>Observation on 6/3/2025 at 9:41 am revealed R10 receiving oxygen at two LPM via a NC.</p> <p>Observation on 6/3/2025 at 10:02 am revealed R10 receiving oxygen at two LPM via a NC. Further observation revealed that staff were assisting R10 with ADL care.</p> <p>Observation on 6/3/2025 at 11:59 am revealed R10 receiving oxygen at two LPM via a NC.</p> <p>Observation on 6/4/2025 at 11:00 am revealed R10 receiving oxygen at two LPM via a NC.</p> <p>In an interview on 6/4/2025 at 10:23 am, the MDS Coordinator stated that many comprehensive care plans were not completed. She stated she had taken over the MDS Coordinator position in February and was still trying to catch up. She confirmed R10 did not have a care plan for ADL care, oxygen use, or the use of psychotropic medications.</p> <p>In an interview on 6/4/2025 at 12:35 pm, the Administrator stated that the care plan care areas were populated from the MDS assessments and resident needs, and confirmed R10's care plan did not include oxygen use, ADL care, or psychotropic medications.</p> <p>2. Review of R44's EMR revealed diagnoses including, but not limited to, PTSD.</p> <p>Review of R44's Quarterly MDS assessment, dated 3/20/2025, revealed Section D (Mood) documented R44 exhibited little interest or pleasure in doing things and feeling down, depressed, or hopeless for two to six of the seven-day look-back period. Section I (Active Diagnoses) documented a diagnosis of PTSD.</p> <p>Review of R44's Care Plan Report revealed no care plan for PTSD.</p> <p>In an interview on 6/3/2025 at 2:57 pm, the Assistant Director of Nursing (ADON) stated that if a resident had a diagnosis of PTSD, it should be on the care plan.</p> <p>In an interview on 6/4/2025 at 10:23 am, the MDS Coordinator stated that many comprehensive care plans were not completed and confirmed R44's care plan did not address PTSD.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115707	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 138 West Thigpen Ave Lakeland, GA 31635	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on staff interviews, record review, and review of the facility policy titled Falls Assessments/ Falls Risk Policy, the facility failed to ensure post-fall assessments were conducted for one of 10 residents (R) (R39) with falls. This deficient practice had the potential to place R39 at risk of falls, medical complications, and a diminished quality of life.</p> <p>Findings:</p> <p>Review of the facility policy titled Falls Assessments/ Falls Risk Policy, dated 2/20/2024, revealed the Purpose section stated, The purpose of this Policy is to provide guidelines for identifying patients at risk for falling and implementing safeguards to minimize patient falls. The Procedure section included . C. Interventions . 2. Any resident who experiences a fall will receive an assessment weekly for a period of twelve weeks. If the resident experiences no additional falls, they will be placed into the appropriate Fall Risk category, and assessments will be performed as required. If the resident experiences an additional fall during this period, the twelve 12 weeks assessment period will reset and weekly assessments will continue.</p> <p>Review of R39's clinical record revealed diagnoses including, but not limited to, muscle weakness, essential hypertension, primary osteoarthritis, and other malaise.</p> <p>Review of R39's admission Minimum Data Set (MDS) Assessment, dated 5/7/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 00 (indicating severe cognitive impairment). Section GG (Functional Abilities and Goals) documented that the resident required partial to moderate assistance with transfers. Section J (Health Conditions) documented the resident had a fall history upon admission and had one fall without injury since admission.</p> <p>Review of R39's Progress Notes revealed an entry dated 5/11/2025 documenting that a Certified Nursing Assistant (CNA) witnessed the resident sliding to the floor from the side of the bed. An assessment was completed, and the daughter, Director of Nursing (DON), and the physician were notified.</p> <p>Review of R39's fall assessments revealed that a fall assessment was completed on 4/25/2025, 5/9/2025, and 6/2/2025. Further review revealed there were no other fall risk assessments completed after R39's fall on 5/11/2025.</p> <p>In an interview on 6/3/2025, the DON stated she was aware that R39 had a fall on 5/11/2025.</p> <p>In an interview on 6/4/2025 at 9:30 am, the MDS Coordinator stated that a fall assessment was completed when a resident fell. She confirmed the only fall assessment completed for R39 after the fall on 5/11/2025 was dated 6/2/2025 and stated an assessment should have been completed the same week as the fall occurred to determine if changes to the care plan were needed.</p> <p>In an interview on 6/4/2025 at 4:00 pm, the Administrator confirmed R39 had a fall on 5/11/2025, and the only fall assessment completed was on 6/2/2025. The Administrator further stated that fall assessments should have been completed weekly after the fall.</p>		