

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115709	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/08/2025
NAME OF PROVIDER OR SUPPLIER  Green Acres Care Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 Hogansville Road Lagrange, GA 30240	
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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>30347</p> <p>Based on resident and staff interviews, record review, review of facility documents, and review of the facility policy titled, Management of Residents' Personal Funds, the facility failed to provide written quarterly statements within 30 days of the end of the quarter to one of 43 residents (R) (R78) and/or the resident representative to inform them of the residents' balance in their personal funds account. This failure had the potential to cause R78 and/or the resident representative to be uninformed of the balance in their account.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled, Management of Residents' Personal Funds, revealed, Policy Statement: Our facility manages the personal funds of residents who request the facility do so. Policy Interpretation and Implementation: . 3. Should the facility manage the resident's funds, the facility acts as a fiduciary of the resident funds and holds, safeguards, manages and accounts for the personal funds of the resident . 4. Should our facility be appointed the resident's representative payee, and directly receive monthly benefits to which the resident is entitled, such funds are managed in accordance with established policies and federal/state requirements . Further review of the facility's policy revealed that the policy failed to address the requirement to provide a written quarterly statement to the resident and/or resident representative within 30 days of the end of the quarter.</p> <p>Review of the Trail Balance report dated 3/1/2025 revealed 43 resident names as having active accounts.</p> <p>Review of R78's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/13/2025, located in the EMR under the MDS tab, revealed R78 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact.</p> <p>Review of a facility-provided document titled Resident Statement Landscape documented that R78 had a resident account through the facility, with entries dated 2/26/2025 through 5/6/2025.</p> <p>During an interview on 5/6/2025 at 10:29 am, R78 stated he had not received any statements about his account.</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:	Facility ID: 115709
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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/6/2025 at 3:12 pm, the Business Office Manager (BOM) verified that R78 had an active resident funds account.</p> <p>During an interview on 5/6/2025 at 3:40 pm, the BOM stated no quarterly statements had been sent out since the end of December 2024 due to the transition between resident fund management providers. The BOM further stated that the March 2025 statements should have been provided in April 2025.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>20413</p> <p>Based on observations, staff interviews, and review of the facility policies titled Food Storage Areas and Food from Family Members, the facility failed to ensure food items were labeled, dated, and securely wrapped in the kitchen storage areas and in two of two resident pantries. In addition, the facility failed to ensure that staff food items were stored separately from resident food items. These failures had the potential to place the 89 residents who consumed food from the kitchen at risk of foodborne illness.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Food Storage Areas, dated 4/20/2024, indicated, It is the intent of this center to store food in a manner that maintains quality and safety. First in, first out should be followed with Refrigerator Food codes, and internal tools may be used as a reference for proper dating.</p> <p>Review of the facility's policy titled, Food from Family Members, dated 3/20/2024, indicated, It is the intent of this center to store food in a manner that maintains quality and safety. First in, first out should be followed with Refrigerator Food codes, and internal tools may be used as a reference for proper dating. Storage food from family members will be placed in one of the two units' refrigerators. After resident food is dated, there will be a three-day period to be used. After three days, residents' food will be thrown out.</p> <p>Observations on 5/5/2025 from 10:30 am to 11:15 am, during the initial kitchen inspection with the Dietary Manager (DM), revealed that the main refrigerator contained hamburger patties in an open plastic bag inside a cardboard box, exposed and undated. Hot dogs were observed in an open plastic bag inside a cardboard box, exposed and undated. Breaded chicken tenders were observed inside an open cardboard box, exposed and undated. Observation in the kitchen pantry storage room revealed rice stored in a large open bag with no date, white rice in a large paper bag that was open with no date, and extra-long rice in a large, open paper bag with no date. [NAME] sugar was observed in a large plastic bag that was open, with no date.</p> <p>Observations on 5/5/2025 from 1:30 pm to 2:15 pm, during the inspection of the nutrition pantry on the Unit North, with the DM, revealed that the resident refrigerator contained bean dip in a plastic container inside a shopping bag. Inside the shopping bag was a receipt dated 1/31/2025. Further observation revealed three insulated food bags, which the DM stated belong to staff, pineapple chunks in a plastic container dated 3/31/2025, green grapes in a plastic container with a resident's name and no date, and watermelon in a plastic container with no resident name or date.</p> <p>Observations on 5/5/2025 from 1:30 pm to 2:15 pm, during the inspection of the nutrition pantry on the Unit South, with the DM, revealed the resident refrigerator contained slices of deli meat in a plastic bag with no date or resident name, two insulated food bags, which the DM thought belonged to staff, and iced tea in a plastic container with no resident name or date.</p> <p>(continued on next page)</p>		

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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	During an interview on 5/5/2025 at 2:20 pm, the DM confirmed all identified concerns and stated that food products should be in a closed package and dated by staff when taken out of the main refrigerator. The DM confirmed that the rice products should be in closed containers and dated by staff after being opened. The DM stated that food had not been checked for expiration dates. The DM confirmed that the staff members were using the residents' refrigerators, and that resident food was not being dated or labeled with the residents' names.		