STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115711	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Memorial Manor Nursing Home	1500 East Shotwell Street Bainbridge, GA 39819

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 11599 18750 Based on observation, staff and resident interviews, record review, and review of the facility's policy titled Dignity, the facility failed to ensure residents ate in a dignified manor in that the facility supplied plastic utensils during meal service affecting three of 34 sampled Residents (R) (R3, R21, and R35). The plastic utensils were difficult for some of the residents to grip and carry food to their mouth for residents with certain disease processes. Findings include: Review of the facility's undated policy titled Dignity revealed, All Residents are to be treated with dignity, respect, consideration, and in a manner that recognizes their individuality. 1. During an interview on 4/28/2025 at 12:57 pm, R21 stated that she ate all meals in her room. When asked why she had plastic utensils, R21 said that was what always came with the trays. Review of the Admission Record located under the Profile tab in the Electronic Medical Record (EMR) revealed R21 was admitted on [DATE]. Review of the Quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 2/13/2025 for Section C (Cognitive Patterns) revealed a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated R21 was cognitively intact; Section GG (Functional Abilities and Goals) revealed, R21 was independent with eating. 2. During an observation and interview on 4/28/2025 at 12:03 pm, R3 was served lunch in her room. The tray had a sealed packet containing plastic utensils. R3 described an injury to her right arm which made eating difficult. When asked how the resident used the plastic utensils to cut the chicken and large broccoli spears, R3 said Oh, I just get through it, this [plastic utensils] is what we always have. Review of the Admission Record located under the Profile tab in the EMR revealed R3 was admitted on [DATE]. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Admission MDS with an ARD of 3/28/2025 for Section C (Cognitive Patterns) revealed a BIMS score of 12 out of 15 which indicated R3 was cognitively intact. 3. During an observation on 4/28/2025 at 12:30 pm, room trays were passed to residents with plastic utensils. During an interview on 4/28/2025 at 12:35 pm, R35 was observed with plastic utensils and was eating with his hands. R35 was asked if he could use the utensils. R35 stated, I hate using these things. R35 was asked why plastic utensils were provided. R35 stated, I do not know. These are all I ever get to use. Review of the Resident Council meeting minutes dated 8/27/2024 revealed a note where the residents wanted regular silverware. Review of R35's EMR revealed an undated Admission Record located under the Profile tab that revealed an admitted [DATE]. During an observation on 4/29/2025 at 12:36 pm and on 4/30/2025 at 12:40 pm, R35 received a meal tray with plastic utensils. During an interview on 4/30/2025 at 12:48 pm, Certified Nurse's Aide (CNA) 4 was asked if she knew why R35 received plastic utensils. CAN 4 stated, It is because of an upper respiratory infection. He drools. In a group meeting on 4/30/2025 at 10:30 am, five residents (R6, R19, R30, R38, and R51) selected by the facility as interviewable and attended monthly Resident Council Meetings on a regular basis stated that they had always received plastic utensils with each meal. R6 stated, I shake, and the plastic fork makes it hard to keep food on it. Review of the Admission MDS with an ARD of 2/17/2025 for Section C (Cognitive Patterns) revealed a BIMS score of 15 out of 15 which indicated R6 was cognitively intact. Review of the Quarterly MDS with an ARD of 1/25/2025 for Section C (Cognitive Patterns) revealed a BIMS score of 15 out of 15 which indicated R19 was cognitively intact. Review of the Quarterly MDS with an ARD of 2/1/2025 for Section C (Cognitive Patterns) revealed a BIMS score of nine out of 15 which indicated R30 was moderately cognitively impaired. Review of the Admission MDS with an ARD of 2/24/2025 for Section C (Cognitive Patterns) revealed a BIMS score of 13 out of 15 which indicated R38 was cognitively intact. Review of the Annual MDS with an ARD of 2/5/2025 for Section C (Cognitive Patterns) revealed a BIMS score of 15 out of 15 which indicated R51 was cognitively intact. Interview on 5/1/2025 at 9:00 am, the Dietician stated that silverware had not been utilized because it always goes missing, it gets thrown away. The Dietician was asked if she had considered the difficulty in using plastic utensils to cut food or keep food on a fork or if plastic utensils were undignified. The Dietician's reply was that she would order more silverware. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/30/2025 at 3:08 pm, the Social Worker (SW) was asked if it had been brought to her attention that R35 has been given plastic utensils to eat with. The SW stated it has been an ongoing problem that the Administrator has been trying to work out with the dietician. The SW stated, They can't eat with those. During an interview on 5/1/2025 at 10:06 am, the Administrator was asked about the residents getting plastic utensils rather than silverware. The Administrator stated, It is a dignity issue that we have been trying to get resolved for some time. The most recent reason is the staff are throwing the utensils away. In the past it has been because the dish machine is not working.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 52126 Based on staff interviews, record review, and review of the facility's policy titled Abuse Prohibition Policies and Procedures, the facility failed to report an alleged staff to-resident verbal abuse to the State Agency (SA) within the required time frame for one of one resident reviewed for abuse. Specifically, an allegation of verbal abuse by Licensed Practical Nurse (LPN) 1 to a resident. The deficient practice had the potential for continued episodes of unreported abuse, which posed potential for intimidation or mental anguish for the victimized residents. Findings include: Review of the facility's policy titled, Abuse Prohibition Policies and Procedures, revised 4/1/2015, indicated The Director of Nursing and/or designee shall ensure that the Compliant Center is notified immediately, or as soon as practical, of all allegations which appear to a reasonable person to be related to patient abuse,. Review of the facility's staff abuse education packet titled, The Many Forms of Resident Abuse and Neglect, indicated There are multiple types of abuse, including: Physical Abuse, Mental Abuse, Verbal Abuse, Sexual Abuse, Deprivation of goods and services, Misappropriation of funds, and Exploitation. Review of the intake form received from the SA revealed the SA received the report of the allegation of employee-to-resident verbal abuse on 3/19/2025 from an anonymous source. During an interview on 4/29/2025 at 1:30 pm, the Administrator and Director of Nursing (DON) were notified of the allegation of alleged verbal abuse for a resident by License Practical Nurse (LPN) 1. During an interview on 4/30/2025 at 11:29 am, the Administrator stated, The allegation of verbal abuse was reported to the SA on 4/29/2025 at 4:57 pm. When asked about the required time frame for reporting verbal abuse to the SA, the Administrator stated, Allegations of physical abuse with harm are reported within two hours. If there is no physical harm, then we have longer to report but I'm not sure. Review of the email confirmation for the submission of the allegation to the SA, revealed the facility reported the allegation of verbal abuse to the SA on 4/29/2025 at 4:57 pm. During an interview on 4/30/2025 at 12:46 pm, the Administrator stated, I'm used to allegations coming from staff, residents, or family members. I'm not used to being notified of allegations coming from the survey team. When I have been notified of allegations from the state in the past, they have handled all of the investigations. I didn't have to do any of the investigation. The state investigated the allegation and reported the findings to me. I didn't know I needed to follow all of the process.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 52126 Based on observation, interview, record review, and review of the facility's policy titled Abuse Prohibition Policies and Procedures, the facility failed to protect residents during an active investigation of alleged staff to resident verbal abuse by Licensed Practical Nurse (LPN) 1, who was permitted to work while the facility's Administrator conducted an active investigation for one of one abuse investigation reviewed. The deficient practice had the potential for continued episodes of staff-to-resident verbal abuse and the potential for victimized residents to suffer from intimidation or mental anguish. Findings include: Review of the facility's policy titled Abuse Prohibition Policies and Procedures dated 4/11/2025 indicated, Protection of resident(s) during investigation: The safety of the resident(s) will be immediately secured by the first facility employee aware of the alleged abuse. Review of the intake form received from the State Agency (SA) revealed an allegation dated 3/19/2025 in which Licensed Practical Nurse (LPN) 1 verbally abused a resident from an anonymous source. During an interview on 4/29/2025 at 1:30 pm, the Administrator and Director of Nursing (DON) were notified of the allegation of staff-to-resident verbal abuse by LPN1 to a resident. LPN1 was not working on 4/29/2025 but was scheduled to work on 4/30/2025. On 4/30/2025 at 9:30 am, the facility provided a copy of the staffing sheet for 4/30/2025. LPN 1 was on the staffing sheet, scheduled to work 7:00-7:00 pm. Observation on 4/30/2025 at 9:45 am, LPN1 was at the medication cart outside residents' rooms. During an interview on 4/30/2025 at 9:45 am, the DON stated, We have talked with [LPN1]. The Administrator is in the process of talking with residents. The DON was asked, Are you still in an active investigation The DON replied, Yes. The DON stated, She can't be here. Observation on 4/30/2025 at 10:08 am, LPN1 exited the Administrator's office and left the building. During an interview on 4/30/2025 at 12:46 pm, the Administrator stated I was not sure that I needed to follow the same process of investigating an allegation of verbal abuse that came from a survey team instead of a resident, other employee, or family member. I did not know the staff member still needed to be suspended. The Administrator stated, normally, the employee is notified of the allegation and suspended pending the results of the investigation and not permitted to return to work until the investigation is completed. In the past, if notified of an allegation of abuse from the SA, the SA would investigate the complaint and notify us of the results. To protect residents during an investigation, we ensure no residents are harmed, the employee is not allowed in the building.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 52751 Based on observation, interview and record review, the facility failed to assist one out of 34 sampled Residents (R) (R44) with turning and repositioning. The deficient practice has the potential to cause the resident skin breakdown. Findings Include: Review of R44's Electronic Medical Record (EMR) revealed R44 admitted to the facility with diagnoses that include but not limited to of venous insufficiency, diabetes, and peripheral vascular disease. Review of R44's Admission Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 4/5/2025 in the EMR under the MDS tab for Section C (Cognitive Patterns) revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R44 was cognitively intact; Section GG (Functional Abilities and Goals) revealed, resident was dependent with rolling left to right, sit to lying, lying to sitting and sitting to standing position. Observation on 4/29/2025 at 10:21 am, R44 was in bed lying on her back with feet elevated in boots to off load heals. Observation on 4/29/2025 at 11:00 am, R44 remains lying on her back in bed. Interview at this time, when asked if she has been turned by staff, R44 stated, NO. Observation on 4/29/2025 at 11:27 am to 12:31 pm, R44 remains on lying on her back in bed. Observation on 4/29/2025 at 12:47 pm, R44 was served her lunch tray, and staff pulled her up in bed, to be able to eat her lunch. R44's legs remained flat. Observation on 4/29/2025 at 1:17 pm, Certified Nurse Aide (CNA) 5 came in and removed her tray. CNA5 did not turn or reposition R44 to her side. Interview on 4/29/2025 at 1:25 pm, the Director of Nursing (DON) stated that R44 refused to get out of bed. The DON stated R44 can move her upper body but does not want to be moved. Observation on 4/29/2025 at 2:31 PM, R44 remained in bed lying on her back Interview on 4/29/2025 at 2:35 pm, Licensed Practical Nurse (LPN) 2 stated that R44 refused care and does not want to be moved. She will not get out of bed into a wheelchair or even up to take a shower. Staff give her a bed bath. Interviewed on 4/29/2025 at 2:45 pm, CNA 5 stated that R44 does not like to be bothered. I don't go in unless she calls me. R44 is incontinent of urine and stool. I just check her when I get time. It should be every two to three hours.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 52751 Based on observation, interview, and record review, the facility failed to provide timely and complete incontinent care for two out of 34 Residents (R) (R44 and R45) reviewed for incontinent care. This failure placed the residents at risk for skin breakdown and/or risk for transmission of infection to the urinary tract. Findings include: Review of the facility's Nursing Assistant Clinical Skills Checklist and Competency Evaluation dated 11/7/2024 for CNA5, dated 11/11/2024 for CNA7, and dated 11/12/2024 for CNA 3 indicated, .11. If heavy soiling is present, wear gloves and use tissues or wipes to remove soiling prior to perineal care. If necessary, use additional clean washcloths, towels, linen, basins, water, and gloves. Remove and discard gloves and wash hands. Review of the Nursing Procedure Guide for Long-Term Care on Perineal Care provided by the Clinical Care Coordinator (CCC), documented, .11. If heavy soiling is present, wear gloves and use tissues or wipes to remove soiling prior to perineal care. If necessary, use additional clean washcloths, towels, linen, basins, water, and gloves. Remove and discard gloves and wash hands. 1.Review of R44's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/5/2025 for Section C (Cognitive Patterns) revealed, a Brief Interview for Mental Status (BIMS) score of 15 which indicated R44 was cognitively intact; Section GG (Functional Abilities and Goals) revealed, R44 was dependent on staff for toileting; Section H (Bowel and Bladder) revealed, R44 was always incontinent of both bowel and bladder. During an interview on 4/28/2025 at 2:45 pm R44 was asked if anyone had been in the room and had provided incontinent care. She stated, not since this morning before breakfast. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 4/30/2025 at 2:45 pm revealed, Certified Nurse Aide (CNA) 5 entered R44's room to perform peri care. CNA 5 donned gloves and unfastened R44's incontinent brief. Using one wet, wash cloth with no soap, CNA 5 made several wipes up and down across R44's vaginal area. There was no washing the meatus, moving in only one direction, away from the meatus and not using a clean area of the washcloth for each stroke. The area was not dried. R44 was having a bowel movement at this time. CNA5 wiped R44 rectal area with a wet wash cloth with no soap several times. CNA 5 took the second washcloth and used it in the same manner to wipe the stool from R44's rectum. Folding the washcloth over she then washed the buttocks on both sides and did not dry any of the buttocks. R44 continued to have more stool coming from the rectum. CAN 5 placed a clean incontinent protector on R44, pulling the soiled incontinent protector out from under R44. Then CNA5 went over to R44's bedside table, touched it and the nightstand looking for barrier cream to place on R44 buttocks while wearing the same soiled gloves. CNA 5 adjusted R44's nasal cannula on her face and then collected up the trash and solid incontinent protector, washcloths and other trash and tied the bag wearing the same soiled gloves. CNA 5 pulled the privacy curtain back while wearing the same soiled gloves, touched the doorknob and door and exited the room. CNA 5 went down the hallway wearing the same soiled gloves opening the soiled utility room door and disposing the trash. CNA 5 went to the nurses' desk and walked over to hand sanitizer and sanitized her hands. 2. Review of R45's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/7/2025 for Section C (Cognitive Patterns) revealed, R45 was rarely/never understood; Section GG (Functional Abilities and Goals) revealed, R45 required substantial/maximal assistance with toileting hygiene; Section H (Bowel and Bladder) revealed, R45 was always incontinent of both bowel and bladder. Observation on 5/1/2025 at 10:20 am revealed, CNA 3 and CNA 7 donned gloves and were going to provided R45's peri care. R45 was in the bathroom and his incontinent brief was wet. CNA 3 removed his incontinent brief while he was standing in front of the toilet. After voiding in the toilet R45 stood up and peri care was performed. CNA 3 was in bathroom with R45 and washed his penis and scrotum and groin area. The penis foreskin was not retracted and cleaned. During an interview on 5/1/2025 at 10:40 am, CNA 3 confirmed that she did not pull R45's foreskin back and clean the area. CNA 3 and CNA 7 both stated the foreskin should have been pulled back and area cleaned. Interview on 5/1/2025 at 9:25 am, the CCC stated, I would expect all staff to follow the Nursing Assistant Clinical Skilled Check list and Competency Evaluation. Staff should be washing their hands, not touching items around the room and going down the hallway wearing soiled gloves.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 11599 Based on interviews and record review, the facility failed to have a system in place to ensure ongoing assessments of the resident's condition and monitoring for complications before and after dialysis treatments for one of one Resident (R) (R47) receiving dialysis treatments. The failure created the potential for the resident's quality of care to be compromised. Findings include: Review of the Admission Record located under the Profile tab in the Electronic Medical Record (EMR) noted R47 was readmitted on [DATE] with diagnoses that included end stage renal disease and dependence on renal dialysis. Review of Physician's Orders dated April 2025 located in the EMR under the Orders tab, revealed, R47 received dialysis on Monday, Wednesday, and Friday each week. Review of R47's Progress Notes located in the EMR under the Progress Notes tab revealed, there was no documented communication between the facility and dialysis center pre and post treatments to include an assessment of the residents' health status. Interview on 4/29/2025 at 3:05 pm, with the Unit Clerk revealed there was no specific Dialysis Communication Book. The communication was documented in the Hard Chart located at the nurses' station. Review of R47's Hard Chart failed to reveal communication between the facility and dialysis center pre and post treatments. Interview on 4/29/2025 at 3:10 pm, with the Infection Preventionist (IP) revealed, the information was in the Hard Chart. Upon inspection of the Hard Chart, the IP was unable to locate information between the facility and the dialysis center. Interview on 4/29/2025 at 3:15 pm, with the Director of Nurses (DON) revealed, We document in the Progress Notes when there is a concern noted. When asked where that information was located, the DON was unable to locate the information. A policy and procedure for communication between the facility and dialysis center was requested of the DON. A Dialysis Communication procedure was provided on 5/1/2025 at 11:08 am from the DON. The form was dated 5/1/2025. Interview on 5/1/2025 at 11:08 am, with the Administrator revealed, We have a procedure now.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 52751 Based on observation, interview, and record review, the facility failed to adhere to infection control practices during peri care related to the staff failing to change gloves and perform hand hygiene for three out 34 sampled residents (R44, R45, R308). Findings include: Review of the facility's Nursing Assistant Clinical Skills Checklist and Competency Evaluation dated 11/7/2024 for CNA5, dated 11/11/2024 for CNA7, and dated 11/12/2024 for CNA 3 indicated, .11. If heavy soiling is present, wear gloves and use tissues or wipes to remove soiling prior to perineal care. If necessary, use additional clean washcloths, towels, linen, basins, water, and gloves. Remove and discard gloves and wash hands. Review of the Nursing Procedure Guide for Long-Term Care on Perineal Care provided by the Clinical Care Coordinator (CCC), documented, .11. If heavy soiling is present, wear gloves and use tissues or wipes to remove soiling prior to perineal care. If necessary, use additional clean washcloths, towels, linen, basins, water, and gloves. Remove and discard gloves and wash hands. 1. Observation on 4/30/2025 at 2:45 pm revealed, Certified Nurse Aide (CNA) 5 entered R44's room to perform peri care. CNA 5 donned gloves and unfastened R44's incontinent brief. Using one wet, wash cloth with no soap, CNA 5 made several wipes up and down across R44's vaginal area. There was no washing the meatus, moving in only one direction, away from the meatus and not using a clean area of the washcloth for each stroke. The area was not dried. R44 was having a bowel movement at this time. CNA5 wiped R44 rectal area with a wet wash cloth with no soap several times. CNA 5 took the second washcloth and used it in the same manner to wipe the stool from R44's rectum. Folding the washcloth over she then washed the buttocks on both sides and did not dry any of the buttocks. R44 continued to have more stool coming from the rectum. CAN 5 placed a clean incontinent protector on R44, pulling the soiled incontinent protector out from under R44. Then CNA5 went over to R44's bedside table, touched it and the nightstand looking for barrier cream to place on R44 buttocks while wearing the same soiled gloves. CNA 5 adjusted R44's nasal cannula on her face and then collected up the trash and solid incontinent protector, washcloths and other trash and tied the bag wearing the same soiled gloves. CNA 5 pulled the privacy curtain back while wearing the same soiled gloves, touched the doorknob and door and exited the room. CNA 5 went down the hallway wearing the same soiled gloves opening the soiled utility room door and disposing the trash. CNA 5 went to the nurses' desk and walked over to hand sanitizer and sanitized her hands. 2. Observation on 5/1/2025 at 9:25 am revealed, CNA3 and CNA7 entered R308's room to provide peri care. CNA3 and CNA7 donned gloves and performed R308's peri care. While wearing the same soiled gloves, CNA3 and CNA7 pulled R308's shorts up. Then CNA7 proceeded to pull R308's blanket up around his neck while wearing the same gloves. CNA3 took the trash that was collected from the room and then touched the bathroom doorknob, the room knob and exited the room in the hallway. CNA3 removed her left glove, keeping the soiled right glove on. She then went to the soiled utility room and disposed of the trash. (continued on next page)

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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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Observation on 5/1/2025 at 10:20 am revealed, CNA 3 and CNA7 provided R45 peri care. CNA3 then placed a clean incontinence brief on R45 while wearing the same soiled gloves. CNA3 assisted R45 with his pants and then straightened his shirt. CNA3 moved R45's walker over near the resident wearing the same soiled gloves. CNA3 took dirty linens in bag and exited the bathroom touching the doorknob. CNA3 removed the right glove and did not perform hand hygiene to the right hand, exited the room, and preceded to the soiled utility room by the nurses' desk. CNA3 doffed the right glove and performed hand hygiene. Interview on 5/1/2025 at 10:40 am with CNA3 and CNA7 both stated that they realized that they had touched both R308 and R45's clothes without removing their soiled gloves. CNA3 voiced that she should not have touched items with gloved hand that were soiled and should not have gone up the hallway wearing soiled gloves to the soiled utility room touching the doorknobs and spreading germs. Interview on 5/1/2025 at 9:25 am, the CCC stated, I would expect all staff to follow the Nursing Assistant Clinical Skilled Check list and Competency Evaluation. Staff should be washing their hands, not touching items around the room and going down the hallway wearing soiled gloves.