| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115712 | A. Building<br>B. Wing | 05/03/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Seminole Manor Nursing Home | 100 Florence Street<br>Donalsonville, GA 39845 |

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 0554<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Allow residents to self-administer drugs if determined clinically appropriate.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, record review, and review of the facility's policy titled Resident Self^Administration of Medication, the facility failed to ensure one of 30 sampled residents(R) (R8) did not have unauthorized and unsecured medications and medicated treatment products at the bedside. This deficient practice had the potential to cause adverse effects for R8 and allow unsecured medications and medicated treatment products to be accessible to other residents.Findings include:Review of the facility's policy titled Resident Self-Administration of Medication with review date of August 2025 revealed under the section titled Policy stated, It is the policy of this facility to support each resident's right to self-administer medication. A resident may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely. Under the Policy Explanation . and Compliance Guidelines section included 2. Upon notification of the use of bedside medication by the resident, the medicication nurse record the self-administration on the (medication administration record) MAR. 3. Families or responsible parties are reminded of policy and procedures regarding resident self-administration when necessary.6. When the interdisciplinary team determines that bedside storage of medication would be a safety risk to other residents, the medications of residents permitted to self-administer are stored in the medication cart or medication room. 7. The care plan must reflect resident self-administration and storage arrangements for such medications.Review of R8's Electronic Health Records (EHR) revealed diagnoses that included, but were not limited to, cerebral infarction due to unspecified occlusion or stenosis of the right posterior cerebral artery, pressure ulcer of the sacral region, stage 3, and an encounter for attention to a gastrostomy.Review of R8's Quarterly Minimum Data Set (MDS) assessment dated [DATE] for Section C (Cognitive Patterns) revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition; Section GG (Functional Abilities and Goals) revealed the resident required setup or clean-up assistance with personal hygiene and was dependent on staff for lower/upper body dressing and mobility.Review of R8's physician orders revealed an order dated 04/8/2026 for [Name] solution (sodium hypochlorite) 0.125%; miscellaneous special instructions: use [Name] to cleanse coccyx wound and pack wound with [Name] moist 4x4 gauze once a day; an order dated 12/12/2025 to clean the (gastrostomy tube) G-tube site with wound cleanser and apply dry dressing daily; and an order dated 03/25/2026 for coccyx wound care-clean with [Name], prep peri-wound with skin prep, pack with [Name] moist 4x4 gauze, cover with ABD (abdominal) pad and secure with tape; change dressing daily and PRN (as needed) for soiling or dislodgement; do pack with one 4x4 gauze daily. There was no order for self-administration of medications.Review of R8's Electronic Medical Records (EMR) revealed there was no evidence that a self-administration of medication evaluation had been completed.During a concurrent observation and interview on 05/01/2026 at 8:57 AM, a bottle of [Name] Solution 0.125%, a tube of hemorrhoidal ointment, a bottle of H^Chlor 12 solution, a bottle of spray cleanser, two bottles of [Name] eye drops, and one jar of [Name] menthol topical ointment were observed lying on top of R8's bedside table. Interview with R8 revealed that he had a wound on his bottom and that the nurses provided all treatments and administered medications for him.During a<br>(continued on next page) |

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 |
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| F 0554<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | concurrent observation and interview on 05/02/2026 at 8:04 AM, a bottle of [Name] Solution 0.125%, a tube of hemorrhoidal ointment, a bottle of HˆChlor 12 solution, a bottle of spray cleanser, two bottles of [Name] eye drops, and one jar of [Name] menthol topical ointment on the bedside table were observed lying on top of R8's bedside table. Interview with R8 revealed that he was unable to do his own wound care or administer eye drops himself. He stated that stuff (eye drops and medicated treatment products) had been on the table since he admitted from the hospital.Interview on 05/02/2026 at 12:30 PM with the Registered Nurse (RN) Unit Manager BB confirmed the medications and medicated treatment products on top of the bedside table. She reported that the medicated treatment products came from the hospital and the eye drops and the [Name] menthol topical ointment came from home. She reported that R8's family brought them in when the resident was readmitted from the hospital. She stated they were going to provide education to the family immediately. The RN Unit Manager BB acknowledged that it was the staff's responsibility to ensure all unauthorized medications and medicated treatments were not kept at the bedside.Interview on 05/02/2026 at 1:30 PM with the Director of Nursing (DON) confirmed that R8 had not been assessed to self-administer his own medications or medicated treatments. She reported her expectations of staff were to make sure medications and medicated treatment products were properly stored at all times. |

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| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 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.<br><br>Based on observations, staff interviews and review of the policy titled, Safe Homelike Environment, the facility failed to ensure that dust and grime buildup was addressed in three of 13 rooms (N115, N118, and N122) in the facility with portable units. The facility also failed to repair one room (N122) with a hole in the wall and failed to fix or replace one fixture on the wall border interior in the same room.Findings include:A review of a policy titled Safe and Homelike Environment with review date of January 2025 documented: Policy: In accordance with residents' rights, the facility will provide a safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility, both inside and outside, maximizes resident independence and does not pose a safety risk. Definitions: Environment refers to any environment in the facility that is frequented by residents, including (but not limited to) the residents' rooms, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas, and activity areas. A homelike environment is one that deˆemphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment. A determination of homelike should include the resident's opinion of the living environment.Observations on 05/01/2026 at 8:17 AM, on 05/02/2026 at 1:31 PM, and on 05/03/2026 at 9:10 AM revealed that the air conditioning unit filter was dark and dusty.Observations on 05/01/2026 at 8:24 AM, on 05/02/2026 at 2:34 PM, and on 05/03/2026 at 9:11 AM revealed that the air conditioning unit filter was dark and dusty.Observations on 05/01/2026 at 9:17 AM, on 05/02/2026 at 1:34 PM, and on 05/03/2026 at 9:11 AM revealed that the air conditioning unit filter was dark and dusty. The observations also revealed a hole in the wall that had been patched with drywall plaster, and a cracked wall border interior that required replacement.Observation and interview on 05/03/2026 at 10:00 AM with Utility Mechanic 1 and the Maintenance Director, who is on call for the facility, confirmed that the air vents in Rooms N115, N118, and N122 contained dark black substance, grime, and bugs. They also confirmed that Room N122 had holes in the wall that needed repair and a wall fixture that required replacement. The Maintenance Director stated that air conditioning unit filters are cleaned quarterly or as needed.Interview on 05/03/2026 at 10:10 AM with the Administrator confirmed that the identified rooms required air filter cleaning, and that the hole and wall fixture in Room N122 needed to be repaired or replaced. She stated this would be added to their PIP. She reported that housekeeping was responsible for notifying maintenance when repairs were needed and that maintenance conducts walkˆthroughs to ensure a safe, clean, and homelike environment. |

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| Seminole Manor Nursing Home | 100 Florence Street<br>Donalsonville, GA 39845 |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record reviews, and review of the facility's policy titled, Comprehensive Care Plans, the facility failed to develop a comprehensive care plan for three of 30 sampled residents (R) (R19, R10, and R11). The facility failed to address wound care for R19 and failed to address oxygen therapy use for R10 and R11 related to oxygen administration. This failure had the potential to affect residents by resulting in inconsistent care, unmet needs, and an increased risk of adverse outcomes.Findings include:<br><br>Review of the facility's policy titled Comprehensive Care Plan (revised October 2025) documented: Policy: It is the policy of this center to develop and implement a comprehensive, personˆcentered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs as identified in the resident's comprehensive assessment.<br><br>1.Review of R10's Electronic Health Record (EHR) revealed the following diagnoses, but not limited to, chronic obstructive pulmonary disease.<br><br>The Quarterly Minimum Data Set (MDS) assessment dated [DATE] assessed for Section C (Cognitive Patterns) a Brief Interview for Mental Status (BIMS) score of nine, which indicates moderate cognitive impairment. Section O (Special Treatments, Procedures, and Programs) revealed an assessment for oxygen therapy use.<br><br>R10's EHR listed a physician order dated 11/10/2025 for oxygen at 4 liters via N/C PRN (four liters per minute (LPM) via nasal cannula as needed).<br><br>During observations on 05/01/2026 at 9:00 AM, 05/02/2026 at 9:15 AM, and 05/02/2026 at 12:09 PM of R10's room, R10 was observed lying in bed receiving oxygen from an oxygen concentrator by nasal cannula at a flow rate of three and a half liters per minute (3.5 LPM) instead of 4 LPM. Record review of R10's care plan revealed no focus area for oxygen therapy.<br><br>2.Review of R11's EHR revealed the following diagnoses, but not limited to, shortness of breath and COVIDˆ19 acute respiratory disease.<br><br>The Annual Minimum Data Set (MDS) assessment dated [DATE] assessed for Section C (Cognitive Patterns) a Brief Interview for Mental Status (BIMS) score of four, which indicates severe cognitive impairment. Section O (Special Treatments, Procedures, and Programs) revealed no assessment for oxygen therapy use during the sevenˆday lookˆback period.<br><br>R11's EHR listed a physician order dated 01/01/2026 for oxygen at 2 liters per minute via N/C PRN (two liters per minute via nasal cannula as needed).<br><br>During observations on 05/01/2026 at 8:57 AM, 05/02/2026 at 9:16 AM, and 05/02/2026 at 12:11 PM of R11's room, R11 was observed lying in bed receiving oxygen from an oxygen concentrator by nasal cannula at a flow rate of 1.5 LPM instead of 2 LPM.<br><br>Record review of R11's care plan revealed no focus area for oxygen therapy.<br>(continued on next page) |

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| Seminole Manor Nursing Home | 100 Florence Street<br>Donalsonville, GA 39845 |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 05/03/2026 at 10:22 AM with the Director of Nursing (DON), the DON reviewed R10 and R11's EHR records for oxygen orders and oxygen care plans. She confirmed that both residents, R10 and R11, did not have a plan of care for oxygen therapy use. She confirmed that the new MDS Coordinator failed to create a care plan for oxygen therapy for both residents. She stated that the new MDS Coordinator was new to her position and currently in training to learn all aspects of the care planning process. The DON reported she was currently responsible for training the new MDS Coordinator. The DON further stated that she takes sole responsibility for R10 and R11's care plans not being created.<br><br>3.Review of R19's EHR revealed diagnoses that included, but were not limited to, pressure ulcer of the left hip, stage 3, and pressure ulcer of the sacral region, stage 2.<br><br>Review of R19's Significant Change Minimum Data Set (MDS) assessment dated [DATE] for Section C (Cognitive Patterns) revealed a Brief Interview for Mental Status (BIMS) score of seven, which indicated severe cognitive impairment. Section GG (Functional Abilities and Goals) revealed the resident was dependent on staff for activities of daily living care. Section M (Skin Conditions) revealed the resident was at risk for pressure ulcers, had no wounds, and was receiving applications and ointments.<br><br>Review of R19's physician orders revealed an order dated 03/17/2025 to perform care to the wound area of the back as follows: cleanse with wound cleanser, pat dry, apply Puracol followed by foam dressing once a day on Monday, Wednesday, and Friday. Orders dated 05/02/2026 for wound care to the coccyx included: cleanse with wound cleanser, apply Puracol to wound bed, cover with adhesive foam dressing three times weekly and PRN soiling or dislodgment once a day on Monday, Wednesday, and Friday. Orders for wound care to the left hip included: cleanse with wound cleanser, apply Medihoney sheet to wound bed followed by Silver Agrope, and cover with adhesive foam dressing daily and PRN soiling or dislodgment once a day.<br><br>Review of R19's skin assessments revealed a pressure ulcer to the left hip identified on 03/23/2026, a pressure ulcer to the right thoracic back identified on 03/31/2026, and a pressure ulcer to the coccyx identified on 02/04/2026.<br><br>Review of care plans revealed there was no care plan that addressed R19's wounds.<br><br>Interview on 05/02/2026 at 12:20 PM with the Registered Nurse (RN) MDS Coordinator revealed that she was responsible for developing and updating care plans when completing MDS assessments and that nurses should be updating care plans with any new changes. She confirmed that there was no care plan for R19's wounds. She acknowledged that the care plan addressing R19's wounds should have been developed.<br><br>Interview on 05/02/2026 at 1:30 PM with the DON confirmed that R19 should have had a care plan to address her wounds. The DON stated her expectation was that all residents with wounds should have a care plan to address their wounds. |

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|---|---|
| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe and appropriate respiratory care for a resident when needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility policy titled, Policies and Procedures, the facility failed to assure two of 15 residents (R) (R10 and R11) receiving oxygen therapy was administered oxygen in accordance with the physician's order. Specifically, the facility failed to ensure that residents received oxygen at the rate prescribed by the physician and failed to ensure oxygen signage was posted during the administration of oxygen therapy to prevent accident hazards. This deficient practice had the potential to result in residents not receiving adequate oxygenation as ordered and increased the risk of fire hazards due to the absence of appropriate safety signage. Findings include:Review of the facility policy titled Policies and Procedures (dated June 2018) documented that oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive personˆcentered care plan, and the resident's goals and preferences.1.Review of R10's electronic health record (EHR) revealed the following diagnoses, but not limited to, chronic obstructive pulmonary disease and vascular dementia.Record review of R10's EHR physician order dated 11/10/2025 revealed the following order: oxygen at 4 liters via N/C as needed (PRN) (four liters per minute via nasal cannula as needed).Observations on 05/01/2026 at 9:00 AM, 05/02/2026 at 9:15 AM, and 05/02/2026 at 12:09 PM revealed R10 lying in bed receiving oxygen from an oxygen concentrator by nasal cannula at a flow rate of three and a half liters per minute (3.5 LPM) instead of 4 LPM. Continued observation revealed no oxygen signage posted on the exterior door of the room or inside the resident's room to alert oxygen usage.Record review of R10's EHR Quarterly Minimum Data Set (MDS) assessment dated [DATE] for Section C (Cognitive Patterns) revealed a Brief Interview for Mental Status (BIMS) score of nine, which indicates moderate cognitive impairment. Section O (Special Treatments, Procedures, and Programs) revealed an assessment for oxygen therapy use.Record review of R10's EHR care plan revealed no focus area for oxygen therapy.During a tour of R10's room on 05/02/2026 at 12:09 PM with the Director of Nursing (DON), the DON confirmed that R10's flow rate was set at 3.5 LPM instead of 4 LPM per physician order. The DON adjusted the oxygen flow rate to 4 LPM prior to exiting the resident's room. She reported that her expectations are for nursing staff to adjust the flow rate at eye level to assure accuracy of the setting. She confirmed that R10 had no known history of selfˆadjusting the dial meter on his oxygen concentrator.2.Review of R11's EHR revealed the following diagnoses, but not limited to, shortness of breath and COVIDˆ19 acute respiratory disease.Review of R11's EHR physician order dated 01/01/2026 revealed the following order: oxygen at 2 liters per minute via N/C PRN (two liters per minute via nasal cannula as needed).Observations on 05/01/2026 at 8:57 AM, 05/02/2026 at 9:16 AM, and 05/02/2026 at 12:11 PM revealed R11 lying in bed receiving oxygen from an oxygen concentrator by nasal cannula at a flow rate of 1.5 LPM instead of 2 LPM. Continued observation revealed no oxygenˆuse signage posted on the exterior door of the room or inside the resident's room.Record review of R11's EHR Annual Minimum Data Set (MDS) assessment dated [DATE] for Section C (Cognitive Patterns) revealed a Brief Interview for Mental Status (BIMS) score of four, which indicates severe cognitive impairment. Section O (Special Treatments, Procedures, and Programs) revealed no assessment for oxygen therapy use during the sevenˆday lookˆback period.Record review of R11's EHR care plan revealed no focus area for oxygen therapy.During a tour of R11's room on 05/02/2026 at 12:11 PM with the DON confirmed that R11's flow rate was set at 1.5 LPM instead of 2 LPM per physician order. The DON adjusted the oxygen flow rate to 2 LPM prior to exiting the resident's room. She reported that R11 had no known history of selfˆadjusting the dial meter on his oxygen concentrator.During an observation of R10 and R11's shared room (room [ROOM NUMBER], a twoˆbed unit) on 05/02/2026 at 12:18 PM, the DON confirmed that oxygen signage was not posted on the exterior or interior walls of the residents' room to alert staff and visitors that oxygen therapy was being provided. She reported that having oxygen signage<br>(continued on next page) |

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| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | posted was part of the facility's Safety/Risk Protocol to ensure resident safety while receiving oxygen. In addition, the DON reported that her expectations were for licensed nursing staff to check each resident's physician orders to ensure each resident's oxygen setting was at the correct flow rate. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of the facility policy titled, Medication Storage, the facility failed to ensure one of three medication carts was locked and secured.This deficient practice increased the risk of misuse, diversion, and potential harm to residents. Findings include:Review of the facility policy titled Medication Storage with a date of 01/05/2018 documented Policy: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, lights, ventilation, moisture control, segregation, and security .Policy Explanation and Compliance Guidelines (1) General Guidelines (a) all drugs and biologicals will be stored in locked compartments (i.e, medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature control.During an observation and interview on 05/01/2026 at 10:06 AM, a medication cart was observed to be unlocked in between resident rooms 103-107 on the South Hall. At approximately 10:08 AM, Licensed Practical Nurse (LPN) AA exited room [ROOM NUMBER] and went to the unlocked medication cart and locked it while the surveyor was standing there. She confirmed she had left the cart unlocked while providing care to residents and stated that the medication cart should always be locked while unattended.An interview on 05/01/2026 at 10:36 AM with the Director of Nursing (DON) revealed that medication carts should always be locked when left unattended. |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0805<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility policy titled, Pureed Diets, the facility failed to ensure pureed, therapeutic diets were properly prepared for two out of nine sampled residents (R) (R20 and R60) receiving a therapeutic pureed diet. This deficient practice had the potential to cause medical complications and place the residents at risk for unmet nutritional needs.Findings includedReview of the facility policy titled Pureed Diets (last revised/reviewed 08/19/2022) documented: It is the policy of [Facility] for the Dietary Department to provide puree consistency diets to all who need them per Dr. (doctor) orders. PROCEDURE: All puree foods will be prepared following recipe. Portioned correctly per menu. These foods are preˆcooked and then blended until correct consistency. Sometimes a thickening agent will be added per recipe. Patients/Residents with the following may benefit from a puree diet. Puree diets can only be served to a person with a Dr. order for puree.Review of the dietary recipe procedure titled Egg, Scrambled (liquid/margarine) - 1/4 Cup (not dated) documented: [Notes] 1. For Pureed: Measure out desired number of servings into a food processor. Blend until smooth. Add thin liquid if the product needs thinning. Add commercial thickener if product needs thickening. Note: Liquid and thickener measurements are approximate and slightly more or less may be required to achieve desired pureed consistency.1 Review of R20's electronic health record (EHR) revealed R20 had diagnoses that included, but were not limited to, Alzheimer's disease, gastroˆesophageal reflux disease without esophagitis (GERD), ulcerative esophagitis, and malignant neoplasm of the prostate.Record review of R20's Quarterly Minimum Data Set (MDS) assessment dated [DATE] for Section C (Cognitive Patterns) revealed a Brief Interview for Mental Status (BIMS) score of 99, which indicated severely impaired cognition, meaning never/rarely makes decisions. Section GG (Functional Abilities) and Section K (Swallowing/Nutritional Status) revealed the resident received a mechanically altered diet (which required change in texture of food or liquid, puree food) due to dysphagia, oral or dental surgery, injury to the jaw or gums, digestive disorders, oral infection, bariatric surgery, missing teeth, or dementia.Review of R20's Physician Order Form (POF) revealed a dietary order dated 08/18/2025 for CCDˆDys Puree (Consistent Carbohydrate Diet - Dysphagia Puree).Observation on 05/01/2026 at 9:45 AM revealed R20 sitting in bed in an upright position, eating his meal, a nonˆpureed diet, independently without staff assistance. Continued observation of the resident's meal revealed pureed scrambled eggs (appearance was thick and lumpy). Review of R20's meal tray card revealed a diet for Regular - Dys Puree, Pureed Scrambled Eggs.Observation on 05/02/2026 at 8:37 AM revealed R20 in the dining room sitting at a table with another resident, eating his meal, a nonˆpureed diet, independently without staff assistance. R20's meal tray stated Pureed Diet. Continued observation of the resident's meal revealed pureed scrambled eggs. The texture appearance was thick, scrambled, with large grainy curds.Record review of R20's Registered Dietitian progress note dated 03/04/2026 documented the resident had a history of weight loss, a diagnosis of ulcerative esophagitis, and was followed by Hospice.2.Record review of R60's EHR revealed R60 had diagnoses that included, but were not limited to, vascular dementia, senile degeneration of the brain, and excessive salivary secretions.Record review of R60's Quarterly Minimum Data Set (MDS) assessment dated [DATE] for Section C (Cognitive Patterns) revealed a Brief Interview for Mental Status (BIMS) score of 99, which indicated severely impaired cognition, meaning never/rarely makes decisions. Section GG (Functional Abilities) and Section K (Swallowing/Nutritional Status) revealed the resident received a mechanically altered diet (which required change in texture of food or liquid, puree food).Review of R60's Physician Order Form (POF) revealed a dietary order dated 08/18/2025 for CCDˆDys Puree (Consistent Carbohydrate Diet - Dysphagia Puree).Review of R60's Registered Dietitian notes dated 01/26/2026 and 03/10/2026 documented R60 had a diagnosis of senile degeneration of the brain and (continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115712 | A. Building<br>B. Wing | 05/03/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Seminole Manor Nursing Home | 100 Florence Street<br>Donalsonville, GA 39845 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| F 0805<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | a past history of weight loss. R60 was NPO (Nothing by Mouth) and was upgraded to a puree diet by Hospice. The RD's progress notes stated that at this time the resident's weight was stable.Observation on 05/02/2026 at 8:43 AM revealed R60 in the dining room sitting at a table with four other residents, eating her meal, a nonˆpureed diet, independently without staff assistance. Continued observation of the resident's meal revealed pureed scrambled eggs (appearance was thick and lumpy). Review of R60's meal tray revealed a diet for pureed consistency (CCD Dys Puree), Pureed Scrambled Eggs.Interview on 05/02/2026 at 1:20 PM with the Registered Dietitian (RD) revealed she reviewed the photos of the pureed food items (eggs) served to R20 and R60 on 05/01/2026 and 05/02/2026. The RD described the food item (eggs) as nonˆpureed due to dietary staff failure to achieve the correct consistency. She described the eggs on 05/01/2026 as thick with custardˆlike curds, softˆscrambled, and lumpy. She described the eggs on 05/02/2026 as lumpy due to lack of milk to ensure a smooth, moist consistency. She reported the eggs could have been left in the Robot Coupe mixer longer or staff could have added more milk to reduce thickness and make the texture smoother. When asked about the risk of residents consuming food of nonˆpureed consistency, the RD reported that both residents would be at risk of choking or aspirating.Interview on 05/03/2026 at 10:55 AM with the Dietary Manager (DM) revealed she reviewed the photos of the pureed food item (eggs). She confirmed that dietary staff served all pureedˆdiet residents, including R20 and R60, nonˆpureed eggs on 05/01/2026 and 05/02/2026. She confirmed receiving inˆservice training on pureed appearance and preparation. The DM reported she was unaware that the eggs were not pureed to a pureed consistency until it was brought to her attention by the surveyor team. She reported that all pureed food items were prepared by the hospital dietary staff and delivered to the nursing home dietary staff to serve on the steam table. The DM reported receiving training yesterday along with the hospital staff by the Registered Dietitian. |