

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115713	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/18/2026
NAME OF PROVIDER OR SUPPLIER Palemon Gaskins Mem Nsg Home		STREET ADDRESS, CITY, STATE, ZIP CODE 710 North Irwin Avenue Ocilla, GA 31774	
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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and review of the facility's policy titled, PASRR, the facility failed to submit a Preadmission Screening and Resident Review (PASARR) Level II after a new mental illness diagnosis was added for two of three residents (R) (R7 and R9) reviewed for PASARR. This deficient practice had the potential to affect the appropriate level of care and services provided for R7 and R9. Findings include: Review of the facility's policy titled, PASRR dated 1/1/2024 under the section titled, Policy documented, It shall be the policy of [Name of Facility] to comply with Preadmission and Resident Review. PASRR is a federally mandated review process, requiring all people seeking Medicaid-certified nursing facilities admissions to be screened for mental illness or intellectual and developmental disability regardless of funding source or age. Under the section titled Procedure documented, Residents will be screened prior to admission using the PASRR screening process; The facility will obtain a copy of the PASRR and the approval number for the resident; If the Screening is positive for possible SMI and/or ID/DD/RC, then a Level II Evaluation will be performed. 1. Review of the Electronic Health Records (EHR) under the Diagnosis tab revealed, that R7 was admitted to the facility on [DATE] with diagnoses that included, but not limited to, anxiety disorder, depression, and a primary diagnosis of Post traumatic stress disorder (PTSD) dated 9/30/2021. Review of R7's Annual Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of seven, indicating severe cognitive impairment; Section I (Active Diagnosis) revealed, anxiety disorder, depression (other than bipolar), and Post Traumatic Stress Disorder (PTSD); Section N (Medications) revealed, the resident received antianxiety and antidepressant medications during look back period of the assessment. Review of R7's EHR under the Orders tab revealed physician's active orders originally dated 11/1/2024 confirmed R7 was receiving mirtazapine tab 15 milligrams (mg)-give 7.5 mg by mouth at bedtime related to insomnia, unspecified and buspirone HCl Tab 5 mg-give 5 mg by mouth every 12 hours related to anxiety disorder, unspecified. Review of R7's EHR under the Med Diag tab revealed, on 10/9/2020 Major Depressive Disorder was added; on 9/30/2021 Post-Traumatic Stress Disorder was added, and on 4/27/2023 anxiety disorder was added. Review of R7's PASRR Level I assessment dated [DATE] revealed, R7 did not have a diagnosis of other Mental Disorder, Anxiety, or Depressive Disorder. (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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further review of R7's clinical records revealed no submissions for a PASARR Level II after the new mental illness diagnoses were added. Review of the facility provided list of residents currently residing in the facility with Level II PASRR revealed, R7's name was not listed. Interview on 1/17/2026 at 2:30 PM with the Social Work Director revealed that R7's application was submitted prior to her working in the position but will get with administrator to fix the issue because PTSD is a qualifying diagnosis for a Level II PASRR. Interview on 1/18/2026 at 9:52 AM with the Administrator revealed she was the Social Services Director. The Administrator stated the facility has hired a new Social Worker who has been in the position for six months and is still training on Level I screening process. She confirmed that R7 still did not have Level II and stated that it was the behavioral health services responsibility to apply for Level II if they received a qualifying diagnosis after admission. She confirmed they had applied for Level II but did not use the correct diagnosis. She stated they will resubmit the correct diagnosis for R7. 2. Review of the Electronic Health Records (EHR) under the Med Diag tab revealed, that R9 was admitted to the facility on [DATE] with diagnoses that included, but not limited to, schizoaffective disorder, bipolar type, depression, and anxiety disorder. Further review revealed that the diagnosis of schizophreniform disorder was added on 11/22/2023, and restlessness and agitation was added on 6/27/2024. Review of R9's Annual Minimum Data Set (MDS) dated [DATE] revealed Section A (Identification Information) under section A1500 Preadmission Screening and Resident Review, indicated the resident was not currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition; Section C (Cognitive Patterns), a Brief Interview for Mental Status (BIMS) score of 13, which indicated little to no cognitive impairment; Section I (Active Diagnosis) revealed, anxiety disorder, depression (other than bipolar), and schizophrenia; Section N (Medications) revealed, the resident received antipsychotic, antianxiety, antidepressant, and antipsychotics medications during the look back period of the assessment. Review of R9's physician orders dated 11/1/2024 revealed, the resident was currently receiving fluoxetine HCl 20 milligram (MG) one tablet by mouth one time a day related to depression, olanzapine 15 MG one tablet by mouth at bedtime related to restlessness and agitation, and buspirone HCl 7.5 MG one tablet by mouth three times a day related to anxiety disorder. Review of R9's PASRR Level I assessment dated [DATE] revealed, R9 did not have a mental illness. Further review of R9's clinical records revealed no submissions for a PASRR Level II after the new mental illness diagnoses were added. Review of the facility provided list of residents with a Level II PASRR residing within the facility revealed, R9's name was not listed. Interview on 1/17/2026 at 11:50 am with the Administrator revealed that the Social Services Director was primarily responsible for submitting PASRR Level I screenings and that she was in the process of training the Social Services Director. The Administrator reviewed R9's medical diagnoses list and (continued on next page)		

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	acknowledged that R9 had qualifying mental illness diagnoses for a Level II screening. The Administrator confirmed that a PASRR Level I screening that included these diagnoses had not been re-submitted. She further revealed that she had previously conducted a PASRR audit but only reviewed the top three diagnoses listed on the DMA-6 (Division of Medical Assistance form) and that this was an oversight. She revealed that the expectation for staff going forward was to review the entire list of medical diagnoses and submit the PASRR Screening accurately. Interview on 1/18/2026 at 9:50 am with the Social Services Director revealed that she had been in her role for six months. She reported that the Administrator was still providing her with training. She confirmed R9 had qualifying diagnoses and that she had not resubmitted a PASRR Level I screening for the resident. She stated that she was going to conduct an audit and review all the residents' diagnoses at the facility and submit a Level I PASRR screening as needed.		

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observations and staff interviews, the facility failed to ensure the confidentiality of resident electronic medical records during medication administration for one resident (R) (R) (R5) on one of two nursing units. The deficient practice had the potential to allow unauthorized individuals to view protected health information. Findings include: Observation on 1/16/2026 at 8:16 AM, revealed Registered Nurse (RN) DD unlocked the medication cart, opened the screen on her computer and pulled up R5's list of medications. RN DD stated that she had to throw something away. RN DD walked away from the medication cart leaving it unlocked and leaving the computer screen up exposing R5's information. RN DD returned to the medication cart and proceeded to remove R5's medications. Interview with RN DD on 1/16/2026 at 8:21 AM confirmed RN DD walked away from the medication cart leaving it unlocked. RN DD stated she thought since the surveyor was standing there it was okay to leave it unlocked. She stated that she should have locked the med cart and should have closed the computer screen before walking away. Interview with the Director of Nursing (DON) on 1/16/2026 at 10:29 AM confirmed it is her expectation that nurses black out the computer screen and lock the medication cart before walking away.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews, the facility failed to provide a safe, clean, comfortable, and homelike environment for two of two hallways. Specifically, the hallways had handrails that were missing caps with screws sticking out. In addition, the entrance to Hall 1 had six holes in the floor, one resident room had a stopped-up sink, and a baseboard is unattached to the wall in the common area. The deficient practice had the potential to affect resident comfort and safety. Findings include: On 1/18/2026 a request was made by state surveyor to get a copy of a policy that addresses safe and clean homelike environment. The facility did not submit a policy to address the request. Observations of the hallways on Hall 1 and Hall 2 on 1/16/2026 at 7:45 AM revealed multiple handrails with missing caps and screws sticking out. In addition, several of the handrails had missing caps and others had black tape wrapped around the edges. Observation of room [ROOM NUMBER] on 1/16/2026 at 8:00 AM revealed the sink water was running and going down very slowly, while the sink is filling up very quickly. Observation of room [ROOM NUMBER] on 1/17/2026 at 10:00 AM revealed the sink was still clogged up while running the water. Observation of room [ROOM NUMBER] with concurrent interview on 1/18/2026 at 9:45 AM with the Minimum Data Set (MDS) Nurse confirmed the sink remained partially clogged and drained slowly. Observation of Hall 1 on 1/16/2026 at 9:10 AM revealed the flooring by the dining room was noted to have six holes in the floor by the double doors at the hall entrance. In addition, the baseboard was unattached to the wall in the area going into the double doors. Interview during walking observations rounds with the Maintenance Director (MD) on 1/18/2026 at 9:43 AM, confirmed the handrails on both halls needed cap replacements. The MD stated the holes in the floor are from the old fire doors which were replaced and needed to be filled along with reattaching the baseboards to the walls. The MD confirmed the sink in room [ROOM NUMBER] needed service as something was clogging the sink.		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review and review of the facility's policy titled PASRR, the facility failed to ensure an application for Preadmission Screening and Resident Review (PASRR) Level I that included a diagnosis of schizophrenia and depression was submitted prior to or on admission to the facility for evaluation and determination of specialized services for one of three Residents (R) (R13). This deficient practice had the potential to affect the appropriate level of care and services provided for R13. Findings include: Review of the facility's policy titled, PASRR dated 1/1/2024 under the section titled, Policy documented, It shall be the policy of Palemon [NAME] Nursing Home to comply with Preadmission and Resident Review. PASRR is a federally mandated review process, requiring all people seeking Medicaid-certified nursing facilities admissions to be screened for mental illness or intellectual and developmental disability regardless of funding source or age. Under the section titled Procedure documented, Residents will be screened prior to admission using the PASRR screening process; The facility will obtain a copy of the PASRR and the approval number for the resident; If the Screening is positive for possible SMI and/or ID/DD/RC, then a Level II Evaluation will be performed. Review of the Electronic Health Record (EHR) under the Profile tab revealed, R13 was admitted to the facility on [DATE] with diagnoses that included but not limited to unspecified dementia, mild, with anxiety, schizophrenia, unspecified, and depression, unspecified. Review of R13's admission Minimum Data Set (MDS) assessment dated [DATE] revealed Section A (Identification Information) indicated the resident was currently not considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition. Section C (Cognitive Patterns), a Brief Interview for Mental Status (BIMS) summary score of 14, indicated little to no cognitive impairment. Section I (Active diagnoses) revealed non-Alzheimer's dementia, Parkinson's disease, and schizophrenia. Section N (Medications) revealed resident received antidepressant medications during look back period of assessment. Review of R13's EHR under the Orders tab revealed, physician orders start date of 11/4/2024 indicated that R13 was currently receiving escitalopram oxalate tab 10 milligrams (mg)-one tablet by mouth one time a day related to depression; risperidone 2 (two) mg- one tablet by mouth two times a day related to schizophrenia; mirtazapine 30 mg-one tablet by mouth at bedtime related to depression. Review of R13's PASRR Level I assessment dated [DATE] documented, the diagnosis of schizophrenia, anxiety, or depressive disorder was marked, No. Review of the facility provided list of residents currently residing in the facility with Level II PASRR revealed, R13's name was not listed. Interview with the Administrator on 1/17/2026 at 11:50 AM revealed the Social Services Director was primarily responsible for submitting Level I PASRR screenings. The administrator confirmed R13 did not have a Level II. R13's medical diagnoses and Level I PASRR screening dated 11/22/2021 was reviewed with the Administrator. She confirmed R13 had qualifying diagnoses for a Level II and that the Level I PASRR screening had not been resubmitted with the qualifying diagnoses. She reported that she had completed an audit for PASRR and that she only included the top three diagnoses on the DMA-6 in her audits (which did not include the qualifying diagnoses). The Administrator stated the expectation going forward was to review the entire list of medical diagnoses and submit the PASRR Screening accurately.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm 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. Based on observation and staff interviews, the facility failed to ensure medications were securely stored on one of two medication carts. Specifically, the medication cart on the short hall was left unlocked and unattended. This deficient practice created the potential for unauthorized entry and diversion. Findings include: Observation of the medication cart on the short hall on 1/16/2026 at 8:16 AM revealed the cart was unlocked and unattended. Registered Nurse (RN) DD unlocked the medication cart, opened the screen on her computer and pulled up Resident (R) 5's list of medications. RN DD stated that she had to throw something away and proceeded to walk away from the medication cart leaving it unlocked. RN DD returned to the medication cart at 8:17 AM and pulled R5's medication from the medication cart. Interview with RN DD on 1/16/2026 at 8:21 AM confirmed RN DD walked away from the medication cart leaving it unlocked. RN DD stated she thought since the surveyor was standing there it was okay to leave it unlocked. She stated that she should have locked the med cart and should have closed the computer screen before walking away. Interview the Director of Nursing (DON) on 1/16/2026 at 10:29 AM revealed it is her expectation for the nursing staff to lock the med cart before walking away from the cart.		

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on record review, staff interviews, and review of the facility policy titled, Quality Assurance and Performance Improvement (QAPI), the facility failed to maintain a Quality Assessment and Assurance (QAA) program that effectively identified, developed, and implemented corrective action plans to effectively address concerns related to ensuring a safe, clean, comfortable, homelike environment and completion of Level I PASRR Screenings. The deficient practice had the potential to affect the quality of life and quality of care for residents. Findings include: A review of the facility QAPI Purpose documented, the purpose is to monitor and sustain PGNH operational performance of clinical and non-clinical systems through self-identification and improvement of opportunities for improvements. A record review of the Monthly QA/PI (Quality Assurance/Performance Improvement) Meeting agenda from 1/31/2025 revealed that a Performance Improvement Plan (PIP) was put in place for several citations that were identified including F644 Coordination of PASRR & Assessments and F645 PASRR Screening for Mental Illness and Developmental Disabilities in the last survey dated 12/24/2024. Post survey interview on 1/18/2026 at 12:31 PM with the Administrator revealed that their QAPI team created a Performance Improvement Plan (PIP) last year 2025 after the state survey identified the PASRR system failure. The Administrator stated that their PIP was not effective for their old residents' PASRR's. The Administrator revealed that the residents residing in the facility before the 2024 survey will be included in another PIP addressing PASRR level II reviews when the diagnoses clearly qualified them for a new screening. The administrator confirmed that the same residents that were identified for PASRR Level II screening last year are the same residents being identified during this recertification survey dated 1/18/2026.		

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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. Based on observations and staff interviews, the facility failed to ensure infection control practices were followed during medication administration for one of three residents. The deficient practice had the potential to contribute to cross contamination and the spread of infections. Findings include: Observation of medication administration pass on 1/16/2026 at 7:58 AM revealed Licensed Practical Nurse (LPN) BB removed a medication blistered card from the medication cart and popped the pills out of the pack into her hand and placed the pills into the medication cup. LPN BB did not sanitize her hands between popping pills in her hands. LPN BB continued this process of popping out six pills from six blistered packs into her hands before placing the pills into the medication cup. LPN BB then removed floor stock medication from the medication cart and poured the medication from the bottle into her hand and placed the pills into the medication cup. LPN CC was observed near the medication cart and witnessed the interview with LPN BB. LPN CC stated to LPN BB that she should never pop pills into her hands because it was an infection control issue. Interview with LPN BB on 1/16/2026 at 8:03 AM confirmed LPN BB had popped the pills into her hands. LPN BB stated it was because that was how she was trained. LPN BB stated that she was a new grad and a new nurse after receiving her nursing license in November 2025. She stated that she only works PRN (as needed) at the facility. LPN BB stated that she felt comfortable passing the pills after she had only one day of orientation. Interview with the Director of Nursing (DON) on 1/16/2026 at 10:29 AM revealed it is her expectation for the nursing staff to pop the pills into a cup and not in their hand.		