STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115714	A. Building B. Wing	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Health and Rehabilitation	100 Medical Center Drive Commerce, GA 30529

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations, staff interviews, and review of the facility-provided dietary recipes, the facility failed to ensure dietary staff followed recipes for preparing pureed meals to conserve the nutritive value and flavor for eight of eight residents (R) who received a puree diet from a total of 82 residents who received an oral diet from the kitchen.Findings include:Review of the facility-provided recipe for Vegetable Blend Capri Pureed Thick revealed the Ingredient and Instructions section included Capri Vegetable Blend and food thickener. 1. Remove portions required from the regular prepared vegetables (drain liquid). 2. Add drained vegetables to food processor and process until smooth in texture. 3. Add a food thickener. Process briefly until mixed, scraping sides of bowl.Review of the facility-provided recipe for Mashed Potato Insta Prep (Flakes) revealed the Ingredient and Instructions section included Water boiling, skim milk, potato granules, unsalted butter, and salt. 1. Pour water and milk into a large bowl. 2. Add instant potato flakes, butter, and salt.Observation on 7/22/2025 at 11:01 am with Certified Dietary Manager (CDM) MM revealed dietary staff preparing mixed vegetables. Assistant Kitchen Manager MM measured 4 and a half scoops of carrots, which she revealed was an 8-ounce scoop that was enough to prepare nine pureed meals, and added it to the pureed bowl. She pureed the vegetables and added hot water to the bowl with the pureed vegetables. She stated that she wanted to make sure the carrots were pureed completely. She turned the machine on again and pureed a second time. She then added a scoop of thickener and continued to puree. She then removed the lid and the pureed vegetables, placing them in a metal container covered with plastic wrap and placed it in a warmer.Observation on 7/22/2025 at 11:20 am revealed CDM MM preparing the pureed mashed potatoes. She stated that she had 4 cups of hot water in a metal container and added salt to the water. She then opened a bag of potato flakes, pouring them into the water, and mixing with a whisk. After mixing the potato mixture, she covered it with plastic wrap and then placed it in the warmer.In an interview on 7/22/2025 at 11:47 am, CDM MM stated that when liquid needed to be added to the vegetable pureed mixture, she would add vegetable broth. She further stated that she did not need to add broth to the vegetables. When asked how much potato flakes were added to the water, she stated maybe 2 cups. When asked if the recipe included milk, she stated she should have followed the recipe and added milk when preparing the potatoes. In an interview on 7/22/2025 at 11:50 am, the Division Dietician revealed that when pureeing food, the recipe should be followed.

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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident and family interviews, staff interviews, record review, and review of the facility policy titled, Patient Trust Fund, the facility failed to provide quarterly resident trust fund statements to one of 33 sampled residents (R) (R68).Findings include:Review of the facility policy titled, Patient Trust Fund, review date 12/27/2024, revealed the Guideline section included, . The patient and/or his/her designee. shall have reasonable access, upon written approval, to the record of this patient's account. Quarterly statements should be provided in writing within thirty (30) days after the end of the quarter. Put the statements in a binder in alphabetical order and have the patient sign his/her statement acknowledging accuracy of statement. If the patient is unable to sign, make a copy and mail to the responsible party for signature. Stamp on the original that it was mailed and put the date mailed.Review of the Annual Minimum Data Set (MDS), dated [DATE], for R68, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 15 (indicating little to no cognitive impairment. Section E (Behaviors) documented no behaviors were exhibited. Review of facility-provided documents titled Trust Fund for R68 revealed a document dated 1/30/2025 with the resident's signature on it. Review of documents dated 4/29/2025 and 7/21/2025 revealed that neither document had a signature. In an interview on 7/21/2025 at 1:45 pm, R68 revealed he has not been able to receive his quarterly statements for his trust fund account. He stated he wanted to know the balance, but he does not receive it. He further stated that when his daughter sent a check, it was given to the office, but he was unsure if it went to where it should go because he had not received any type of follow-up.In a telephone interview on 7/23/2025 at 12:23 pm, R68's daughter stated she was unsure of the account balance, and she had not received any financial statements from the facility regarding R68's account balance. In a joint interview on 7/23/2025 at 2:14 pm, the Financial Services Assistant and the Financial Controller revealed that the facility provided resident trust statements every three months and stated the resident signed a form stating they received it. The Financial Controller stated R68 received his resident trust account statements. The Financial Services Assistant stated R68 had not signed the statements because he disagreed with the contents. The Financial Controller or Financial Services Assistant was unable to provide documentation that R68 refused to sign the statements.

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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 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, staff interviews, record reviews, and review of the facility policy titled, Infection Prevention Plan, the facility failed to ensure infection control practices were followed for three of 33 sampled residents (R) (R19, R74, and R10). This deficient practice had the potential to increase the risk of infection due to cross-contamination of the residents. Findings include:Review of the facility policy titled, Infection Prevention Plan, revised 12/30/2022, revealed the Intent section included, The infection prevention plan provides an overview of the infection prevention practices of the center that is charged with the promotion of a healthy and safe environment to reduce the risk of infections in patients, staff, visitors and others in the health care environment. Epidemiological principles and an interdisciplinary approach shall be employed to focus on surveillance, prevention and control of infections. 1. Observation on 7/23/2025 at 9:50 am, of Registered Nurse (RN) CC performed a fingerstick blood sugar test on R19 with a glucometer (a reusable machine used to check blood sugar) and returned the glucometer to the medication cart without sanitizing it. 2. Observation on 7/23/2025 at 11:55 am, of RN CC revealed her to place an insulin pen, glucometer, alcohol wipes, and a cotton ball into a plastic rectangular container to transport to R74's room. Observation revealed RN CC did not line the container with a protective barrier. Further observation revealed RN CC placed the container on the resident's bedside table without a protective barrier or sanitizing the table. She performed a fingerstick blood sugar test on R74 and placed the glucometer, blood-stained cotton ball, and alcohol wipe on the resident's bedside table without placing a protective barrier on the table. She then placed all supplies into the rectangular container and returned to the medication cart. Further observation revealed RN CC sanitized the glucometer and returned it to the same rectangular container without sanitizing the container or placing a barrier in the container. 3. Observation on 7/23/2025 at 3:30 pm revealed Licensed Practical Nurse (LPN) JJ administering medications to R10 via a gastric tube. Observation revealed LPN JJ placed a barrier on the resident's bedside table and placed the supplies on the barrier. After administering the medications, she removed the supplies from the table. She did not sanitize the table before or after placing the supplies on it. In an interview, she confirmed she did not sanitize the table before or after placing the supplies on it and stated she presumed that housekeeping cleaned the table frequently. In an interview on 7/23/2025 at 1:05 pm, the Infection Preventionist (IP) stated reusable medical equipment should be cleaned before and after use, and a protective barrier should be placed on surfaces before placing equipment on them. In an interview on 7/23/2025 at 5:30 pm, the Director of Nursing (DON) stated that her expectation was for bedside tables to be sanitized before use, and a protective barrier should be used on surfaces. The DON further stated that her expectation was for reusable medical equipment, such as glucometers, to be sanitized before and after use, and dwell time adhered to for drying.