STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115716	A. Building B. Wing	01/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Spring Harbor at Green Island	200 Spring Harbor Drive Columbus, GA 31904

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interviews, and review of facility policies titled Labeling Food Product and Pots and Pans - Sanitizing Solution, the facility failed to ensure opened food items were properly dated after opening and failed to discard food items after the best by date. In addition, the facility failed to prevent wet-nesting in stored steam table pans to ensure there was no bacterial growth. These deficient practices had the potential to place the 29 residents who were receiving an oral diet from the kitchen at increased risk of contracting a foodborne illness. Findings include: Review of the facility policy titled Labeling Food Product revealed that all prepared foods, leftovers, and opened products stored for later use will be labeled according to food safety standards, along with local and state regulations.Review of the facility policy titled Pots and Pans - Sanitizing Solution revealed allow all items to air dry. When items are dry, store in proper storage area. 1. Observation in the main kitchen on 1/16/2026 at 8:58 AM of the first walk-in refrigerator revealed it contained mainly produce and dairy items. Observation revealed a five-pound container of sour cream that had been opened with no open date. Further observation revealed a five-pound container of cottage cheese with a best by date of 1/2/2026. During an interview on 1/16/2026 at 8:58 AM, the General Manager of Dining Services (GMDS) confirmed that the container of sour cream had been opened, and dietary staff failed to place an open date. The GMDS stated that dietary staff are to label and date any food item for storage in the refrigerator. The GMDS revealed that labeling and dating food items are discussed almost daily during group meetings. Continued interview with the GMDS confirmed that the cottage cheese container had a best-by date of 1/2/2026 and that it should have been discarded. The GMDS revealed that all dietary staff are responsible for reviewing dates on food items and discarding them appropriately. The GMDS stated that the cottage cheese container was overlooked. 2. Observation on 1/16/2026 at 9:12 AM of the pot and pan rack revealed that one rack had several stacks of steam table pans. A stack of five medium-sized square steam table pans was pulled apart, and the inside of the top pan had visible moisture drops. A stack of four small square steam table pans was pulled apart, and the top two pans had visible moisture drops on the inside. During an interview on 1/16/2026 at 9:12 AM, the GMDS confirmed that the identified pans were stored stacked and contained moisture. The GMDS stated that all dishes, including pots and pans, are washed and sanitized using the dish machine. The GMDS stated that dietary staff are to let all dish items, including steam table pans, completely air dry before stacking.

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observations, staff interviews, record review, and review of the facility's policy titled Medication Administration, the facility failed to ensure unauthorized medication was not left at the bedside for one of 20 sampled residents (R) R6. This deficient practice had the potential to place R6 at increased risk of unauthorized use of medication. Findings include:Review of the facility's policy titled Medication Administration, revised 6/11/2025, documented Policy: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice.Review of the facility's electronic medical records (EMR) for R6 revealed diagnoses included, but were not limited to, dry eye syndrome of bilateral lacrimal glands.Review of the Quarterly Minimum Data Set (MDS) for R6, dated 10/14/2025, revealed that Section C (Cognitive Patterns) documented the resident's decision-making skills were severely impaired, never/rarely made decisions, and the resident had disorganized thinking continuously. Review of Physician's Orders for R6, dated 1/6/2026, revealed an active order for Systane Ultra eye drops; instill 1 drop into both eyes three times daily for dry eyes. Further review revealed no order for medication self-administration.Review of the care plan for R6, dated 4/24/2025, revealed no care plan area for medication self-administration. Review of the EMR for R6 revealed no evidence of a medication self-administration assessment.Observations on 1/16/2026 at 8:23 AM, 2:46 PM, and 4:40 PM revealed one bottle of Systane Ulta eyedrops on the bedside table in R6's room.In an interview on 1/16/2026 at 4:40 PM, Licensed Practical Nurse (LPN) AA confirmed there was one bottle of Systane Ultra eyedrops on the bedside table in R6's room. She stated that the bottle of eye drops should not be on R6's bedside table.In an interview on 1/17/2026 at 10:44 PM, Registered Nurse (RN)/Unit Manager (UM) DD stated medications should be locked in the medication cart. He stated that if medications were left at the bedside table, the resident could take too much of it, or another resident could take it. In an interview on 1/17/2026 at 4:40 PM, the Director of Nursing (DON) stated that medications should not be left at the resident's bedside and should be locked in the medication cart. She stated that if a resident used the medication and they were not ordered to self-administer their own medication, it could cause adverse reactions for the resident.

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on record review, staff interview, and review of the facility's policy titled Reference and Background Checks, the facility failed to ensure pre-employment screenings, specifically reference checks, were conducted prior to employment for four of 10 employees reviewed. This deficient practice had the potential to place residents residing in the facility at risk of abuse, neglect, and exploitation from staff. The census was 29 residents.Findings include:Review of the facility's policy titled Reference and Background Checks, effective date 7/1/2014, revealed the Policy section included, It is the policy of [facility name] to conduct reference and background checks on all applicants who are being seriously considered for employment. The Reference Checks section included, A. Human Resources will perform the reference check on all job applicants being seriously considered for employment. D. All reference checks will be documented in writing and become part of the official records maintained in Human Resources.Review of employee files revealed:1. The Director of Nursing (DON) was hired on 2/21/2023, and there were no documented reference checks. 2. Certified Nursing Aide (CNA) FF was hired on 1/6/2026, and there were no documented reference checks. 3. Registered Nurse (RN) Unit Manager DD was hired on 9/16/2025, and there were no documented reference checks. 4. RN GG was hired on 11/18/2025, and there were no documented reference checks. The DON had an active, unencumbered RN license.CNA FF had an active, unencumbered CNA certification.RN DD had an active, unencumbered RN license.RN GG had an active, unencumbered RN license.There were no concerns identified related to abuse or neglect within the facility.In an interview on 1/17/2026 at 10:07 AM, the Human Resources Director (HRD) confirmed there were no documented reference checks completed for the identified employees. The HRD stated that attempts for reference checks were made, yet there was no documentation reflecting this effort. In a telephone interview on 1/17/2026 at 11:14 AM, the Human Resource Assistant (HRA) EE stated that once a candidate is selected for employment, they initiate the drug screening, followed by background checks. During this timeframe, she completed reference checks. HRA EE explained that if a candidate provides the necessary information, she attempts to contact their references, and if the candidate does not provide the reference information, no action is taken while waiting for the background check to be finalized. In an interview on 1/17/2026 at 5:24 PM, the Administrator stated he expected the Human Resource Department to carry out all necessary requirements with the onboarding process.

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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 place an open date on one vial of blood glucose strips on one of two medication carts. This deficient practice had the potential to place residents at risk of incorrect blood sugar readings.Findings include: Observation on 1/17/26 at 10:40 AM of the medication cart located in the 2200 Hall revealed one vial of blood glucose strips in the top-right drawer of the cart, with no open date. Observation of the container label revealed a field for the Date Opened. And instructions to use within 90 days of first opening. In an interview on 1/17/26 at 10:40 AM, Licensed Practical Nurse (LPN) CC confirmed there was no open date on the vial of glucose strips and that there should be an open date on the vial. She stated that the blood glucose strips could not be used after a certain time after the vial was opened, and if there was no open date, no one would know when it was opened. She further stated that if the strips with no open date were used for a resident, there could be incorrect blood glucose readings for the resident.In an interview on 1/17/26 at 10:44 AM, Registered Nurse (RN) DD/Unit Manager (UM) stated that there should be open dates on the vials of blood glucose strips because the strips need to be used within a specific time frame. He stated that the strips would no longer be useful after a certain timeframe when the vial was opened, and if the strips were used for a resident, there could be incorrect blood glucose readings.In an interview on 1/17/2026 at 4:40 PM, the Director of Nursing (DON) stated there should be open dates on the vials of blood glucose strips. She stated her expectations were for the nurses to place open dates on the vials when they were first opened, because no one would know when they were opened without open dates, and the strips could go bad after a certain time period. The DON further stated that if the strips were used on the residents, they could cause adverse reactions, including negative reactions, as well as highs and lows in blood sugar readings.