STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115720	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evergreen Health and Rehabilitation Center	139 Moran Lake Road, NE Rome, GA 30161

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 - Some	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 facility policy review, the facility failed to ensure foods stored in one of two nourishment refrigerators (South unit) were labeled, dated when opened, and not expired. This failure placed the residents on the South unit at risk for transmission of foodborne illness.Findings include:During an observation on 01/07/26 at 1:10 PM in the South unit, the nourishment refrigerator contained:A. Three Styrofoam bowls containing applesauce or pudding. Neither were labeled or dated.B. Four plastic containers containing food leftovers that were labeled with a resident's name but were not dated.C. An open can of Coke with a straw sticking out of the opening which was uncovered, not labeled, and not dated. D. Open and 3/4-full bottle of Diet Pepsi, not labeled or dated.E. Open and 3/4-full bottle of Coke Zero, not labeled or dated.F. Open and half-full bottle of orange juice, not labeled or dated.G. Open and half-full coffee creamer, not labeled or dated. During an observation and concurrent interview on 01/08/26 at 2:30 PM, the Dietary Manager (DM) confirmed the presence of the following:A. Three Styrofoam bowls containing applesauce or pudding. Neither were labeled or dated.B. Four plastic containers containing food leftovers that were labeled with a resident's name but were not dated.C. A carton of milk which expired on 01/07/26.D. Open and 3/4-full bottle of Diet Pepsi, not labeled or dated.E. Open and 3/4-full bottle of Coke Zero, not labeled or dated.F. Open and half-full bottle of orange juice, not labeled or dated.G. Open and half-full coffee creamer, not labeled or dated.The DM stated foods in the nourishment refrigerator should be labeled with the resident's name and dated when opened or put into the refrigerator. The DM stated foods that were expired should be removed. The DM discarded the expired milk. He stated the dietary department was not involved in maintaining the nourishment refrigerators, and he would find out what department was responsible. During an interview on 01/08/26 at 2:45 PM, the DM stated the charge nurses were responsible for cleaning the nourishment refrigerators. During an interview on 01/09/26 at 9:42 AM, Licensed Practical Nurse (LPN) 7 stated the Director of Nursing (DON) was responsible for monitoring the temperatures of the nourishment refrigerators but it was a team effort to keep the foods stored in a sanitary manner. During an interview on 01/09/26 at 9:43 AM, LPN4 stated the night shift charge nurse was responsible for maintaining the nourishment refrigerators and once a week, the refrigerators were cleaned and food that were out of date were removed. During a concurrent interview on 01/09/26 at 9:48 AM, the DON stated she checked the temperatures of the nourishment refrigerators daily but did not clean them or remove expired foods. The DON stated the charge nurse was responsible for cleaning the refrigerators every Wednesday night. The MDS Coordinator (MDSC) acknowledged there was unlabeled, undated, or expired food in the South unit nourishment refrigerator and stated it had just been cleaned.Review of the facility's policy titled, Monitoring of Cooler/Freezer Temperature, dated July 2025, revealed, Refrigerated food shall be labeled, dated, and monitored so that it is used by the use by date, frozen, or discarded, whichever is applicable . Night shift supervisor/charge nurse is responsible for cleaning out all nourishment room refrigerators twice per week.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and facility policy review, the facility failed to ensure written notice to the resident or representative of the transfer to the hospital included a statement of the appeal rights, information on how to file an appeal, and appeals contact information for two of four residents (Resident (R) 91 and R79) reviewed for hospitalization in a sample of 23 residents. This failure created the potential for a lack of understanding of appeal rights should the resident not be permitted to return or disagree with the reason for transfer, potentially causing confusion or distress upon transfer.Findings include:Review of the facility's policy titled, Transfer and Discharge, dated July 2025, revealed, The facility's transfer/discharge notice will be provided to the resident and resident's representative in a language and manner in which they can understand. The notice will include all of the following at the time it is provided:a. The specific reason and basis for transfer or discharge.b. The effective date of transfer or discharge.c. The specific location (such as the name of the new provider or description and/or address if the location is a residence) to which the resident is to be transferred or discharged .d. The phone number of the representative of the Office of the State Long-Term Care Ombudsman.The facility's policy failed to address the regulatory requirement to provide information on the right to appeal, instructions for filing an appeal, and contact information for the appeals agency.1. Review of R91's admission Record, located under the Profile tab of the electronic medical record (EMR), revealed she was admitted to the facility on [DATE] with a diagnosis of pneumonia. Review of R91's Discharge - Return Anticipated Minimum Data Set (MDS), dated [DATE] and located under the MDS tab of the EMR, revealed R91 was discharged to the hospital.Review of R91's Health Status Note, dated 09/27/25 and located in the EMR under the Progress Notes tab, revealed, Resident confused, altered mental status, O2 sat [oxygen saturation] at 78% and became nonresponsive, called ambulance, sent to [hospital] for evaluation and treatment.Review of R91's Resident Transfer Form, dated 09/27/25 and provided on paper by the Social Services Director (SSD), revealed it did not contain information addressing appeal rights, instructions for filing an appeal, or contact information for the appeals agency. 2. Review of admission Record that was located under the Profile tab of the EMR indicated she had an initial admission date of 07/09/21 with diagnoses of osteoarthritis and adult failure to thrive. Review of R79's MDS with an ARD of 12/01/24, revealed R79 was discharged from the facility with the anticipation of a readmission. The MDS indicated the resident was a short-term discharge to a hospital. Review of R79's Resident Transfer Form, dated 12/01/24, revealed R79 was sent out to [local hospital name] on 12/01/24. Review of R79's Notice of Transfer, dated 12/01/24, revealed there was no appeal information or ombudsman information provided to the resident or the residents' representative. During an interview on 01/09/26 at 9:13 AM, the SSD stated she did not provide information on appeal rights, instructions, or contact information for residents transferred to the hospital. During an interview on 01/09/26 at 9:27 AM, the SSD stated notice of appeal rights and required information was not provided to residents upon transfer to the hospital, as they were told by the appeals agency it was not required. During an interview on 01/09/26 at 11:16 AM, the Administrator stated the facility did not provide appeals information on the transfer form as they were told by the appeals agency it was not required.