

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115721	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER Senior Care Center - Brunswick		STREET ADDRESS, CITY, STATE, ZIP CODE 2611 Wildwood Drive Brunswick, GA 31520	

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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and staff and resident interviews, the facility failed to ensure three residents (R2, R3, and R 6) were given showers as scheduled from a sample of six residents.</p> <p>Findings include:</p> <p>1. R2 was admitted to the facility on [DATE] with the following but not limited to diagnoses: Paroxysmal atrial fibrillation, Chronic obstructive pulmonary disease with (acute) exacerbation, Unsteadiness on feet, Parkinsonism, unspecified, and Muscle weakness.</p> <p>The 3/17/2025 admission Minimum Data Set indicated the resident had a Brief Interview for Mental Status (BIMS) of 15 indicating the resident had intact cognition, Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>During an interview with R2 on 3/31/2025 at 3:30 pm, R2 stated that she has been at the facility for 20 days. She stated that she only had three showers since her admission to the facility.</p> <p>Review of Point of Care History Sheets revealed the R2 received four showers in 20 days.</p> <p>2. R3 was admitted to the facility on [DATE] with the following but not limited to diagnoses: Cerebral infarction, unspecified, History of falling, Muscle weakness (generalized), Other symptoms and signs involving the musculoskeletal system, Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, Localized swelling, mass and lump, unspecified, Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits, Pain in lower leg, vertigo, mild intermittent asthma, anxiety disorder, and osteoarthritis.</p> <p>The 12/25/2024 Quarterly Minimum Data Set indicated the resident had a Brief Interview for Mental Status (BIMS) of 13 indicating the resident had intact cognition, Shower/bathe self: Supervision or touching assistance.</p> <p>During an interview with the R3 on 3/26/2025 at 12:18 pm, he stated that he last showered on 3/21/2025. R3 stated his showers were scheduled on the 3-11 shift on Monday, Wednesday and Friday.</p> <p>(continued on next page)</p>

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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. R6 was admitted to the facility on [DATE] with the following but not limited to diagnoses: Chronic respiratory failure with hypercapnia, Chronic respiratory failure with hypoxia, Chronic obstructive pulmonary disease, unspecified, Chronic pulmonary edema, Complete traumatic amputation of two or more left lesser toes, subsequent encounter, other abnormalities of gait and mobility, Muscle weakness (generalized).</p> <p>The 1/30/2025 Annual Minimum Data Set indicated the resident had a Brief Interview for Mental Status (BIMS) of 14 indicating the resident had intact cognition, Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>During an interview with R6 on 3/26/2025 at 2:28 pm he stated that his last shower was 3/21/2025. He stated that he is supposed to get showers on Tuesdays, Thursdays, and Saturdays but that does not happen because there is no staff.</p> <p>Interview with the Director of Health Services (DHS) on 3/26/2025 at 3:47 pm revealed she stated there needs to be more CNAs. The DHS stated that the residents are not getting showers. She stated that they had complaints from residents and families about not getting showers, and they provided education to the CNAs and Nurses telling them to make sure the residents get their showers.</p> <p>Interview with Certified Nursing Assistant (CNA AA) on 3/31/2025 at 1:03 pm revealed CNA AA stated that she give showers as much as she can. She stated that they are always short staffed, and she cannot give showers especially when she is the only CNA on the floor.</p> <p>Interview with Certified Nursing Assistant (CNA CC) on 3/31/2025 at 1:55 pm revealed CNA CC stated that the facility is short staffed. She stated that sometimes she cannot give the residents a shower because there are not enough staff. She stated that residents are supposed to get showers three times a week but sometimes that is not possible. She stated that if she cannot give the residents a shower on their shower days, she will give them a shower on a Sunday and explain to them why she cannot give them a shower on their shower day.</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to protect one of three residents (R) (R4) sampled for falls during transfer. Harm was identified to have occurred on 2/19/2025 when R4 fell while being transferred from a chair to the bed by staff, resulting in a mid-shaft radius fracture.</p> <p>Findings include:</p> <p>Review of the Electronic Medical Records (EMR) revealed an admission date of 2/26/2024 with a diagnosis of unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, Muscle weakness (generalized), Atherosclerotic heart disease of native coronary artery without angina pectoris, Alzheimer's disease, unspecified.</p> <p>Record review of the most recent quarterly Minimum Data Set (MDS) for R4 dated 12/20/2024 revealed there was no Brief Interview for Mental Status (BIMS) score listed. Section GG (Functional Abilities and Goals) documented that R1 was dependent on staff for self-care and mobility requires two persons assistance for ADL care. The helper does all of the effort. The resident does none of the effort to complete the activity.</p> <p>A review of the progress notes for R4 dated 2/19/2025 at 6:02 pm revealed Resident was being transferred to bed by staff the Hoyer lift pad strap broke causing a fall. Resident have a small skin tear to left lower arm. cleansed with NSS, padded dry, applied Steri-strips, Allevyn dressing and secured with gauze. Notified Nurse Practitioner (NP) orders to send to E/R to be evaluated and treated.</p> <p>A review of the hospital Discharge Plan dated 2/20/2025 revealed an x-ray of right forearm revealed a nondisplaced transverse fracture of the mid-shaft of the right ulna. No radius fracture is identified. In the ED splint was placed on right arm, Ibuprofen ordered and referral to the orthopedic specialist. She returned to the facility in stable condition.</p> <p>A review of the facility's investigation documentation dated 6/1/23 revealed on 2/19/2025 the resident fell from a lift secondary to the strap breaking. Resident was transferred to the ER for evaluation. She returned to the facility the following morning with x-ray results showing a right radius break.</p> <p>Interview with the Administrator on 3/6/2025 at 11:48 am revealed she got a call from the Director of Health Services (DHS) nurse that R4 fell from the Hoyer lift as CNA FF was transferring her from the chair to the bed. The administrator stated that the CNA FF was using the wrong lift pad. She stated that the seams in the lift pad broke and R4 fell to the floor. The administrator stated that CNA GG was in the room but left the room and when he came back into the room R4 was on the floor as CNA FF attempted to transfer her without assistance.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>CNA FF was not available by phone for interview. Review of CNA FF written statement dated 2/20/2025 revealed On 2/19/2025 as we were transferring resident to bed with the Hoyer lift the sling that was used to get the resident up that morning popped causing the resident to fall when the resident fell her left side fell on the legs of the Hoyer lift we then notified the nurse who came in and began her assessment, I collected her vitals the resident was transferred to bed as I was helping the nurse rotate the resident to look for any visible injuries the nurse came upon a skin tear on her left arm the nurse cleaned the wound and notified the nurse practitioner and called residents family and we prepared the resident to be sent out to the emergency room.</p> <p>CNA GG was not available by phone for interview. Review of CNA GG statement per text conversation with administrator from CNA GG dated 2/25/2025 revealed The other CNA asked me to help her secured the Hoyer pad to the Hoyer lift once attached to the Hoyer lift the resident was transported into the room the Hoyer pad somehow became unmatched, and the resident fell down. I just want it to be clear that I was not in the room at the time of the incident I just helped her attached the Hoyer pad to the lift I was in the middle of throwing away a solid brief when I was asked to help put the pad on the lift.</p> <p>Review of LPN HH written statement dated 2/25/2025 revealed On 2/19/2025 I was informed a resident had fell in room [ROOM NUMBER] at 6:00 pm. Resident had fell due to a sling strap had popped causing her to fall to the floor. Resident was assessed, received a skin tear to left lower arm. Resident was assessed and placed in bed. Left lower arm treated with Steri-strips, Allevyn pad, gauze, and secured with tape. Notified on call staff for doctor spoke to NP RN, orders to send to E/R to be evaluated and treated. Notified son via telephone. called EMS at 6:18 pm EMS arrived at 6:50 pm departed via stretcher at 7:05 pm.</p> <p>Resident was transferred to the emergency room for evaluation.</p> <p>On 2/20/2025 Maintenance inspected the lift and was satisfied the lift is in working order. The Annual PM on this lift is scheduled for 5/2025.</p> <p>On 2/20/2025 the Interim Director of Health Services (IDHS) instructed all lift pads resembling the one in question be collected from the units. The task was completed by supervisors.</p> <p>Both CNAs who were involved were suspended prior to their next shift.</p> <p>The Administrator, Director of Health Service (DHS), and the Clinical Competency Coordinator (CCC) provided a Hoyer Lift in-service to all nursing staff on 2/20/2025. (Reviewed)</p> <p>The Administrator, Director of Health Service (DHS), and the Clinical Competency Coordinator (CCC) provided abuse education to all staff 2/20/2025 through 2/27/2025. (Reviewed)</p> <p>The Social Service Director (SSD) completed an audit of residents who use lift and asked if they felt safe during lift transfer 2/24/2025. (Reviewed)</p> <p>The Administrator implemented the Lift Use Audits to include the proper number of staff, proper sling used, and sling used correctly 3/2/2025. Audits to be completed two times daily for three weeks, two times weekly for four weeks, four monthly for three months.</p> <p>(continued on next page)</p>		

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of Separation Notice dated 2/27/2025 revealed CNA FF terminated 2/27/2025. Review of Separation Notice dated 3/3/2025 revealed CNA GG resigned without notice 3/3/2025.		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, resident, family, and staff interviews, and review of facility document titled, Facility Assessment , the facility failed to ensure there was sufficient staffing to provide the assistance residents needed with activities of daily living (ADLs). This deficient practice had the potential to affect the care provided to the 118 residents that resided in the facility.</p> <p>Findings include:</p> <p>Review of The Facility Assessment revealed: Staffing plan (c) Must provide a minimum of 3.48 hours per resident day (HPRD) of total nurse staffing care, which must include 0.55 HPRD or registered nurse (RN) care and 2.45 HPRD of nurse aide (NA) care. Must provide onsite RN coverage 24/7. Flexibility is allowed to choose nursing staff, including LPN/LVNs already on staff or newly hired to meet the remaining 0.48 HPRD.</p> <p>Review of R2's admission Minimum Data Set (MDS) dated [DATE] revealed a BIMS score of 15 out of 15, indicating intact cognition.</p> <p>During an interview with R2 on 3/31/2025 at 3:30 pm, R2 stated that she has been at the facility for 20 days. She stated that she only had three showers since her admission to the facility. She stated that it was because of lack of staff.</p> <p>Review of R3's Quarterly Minimum Data Set (MDS) dated [DATE] revealed a BIMS score of 13 out of 15, indicating intact cognition.</p> <p>During an interview with the R3 on 3/26/2025 at 12:18 pm, he stated that he last shower was on 3/21/2025. He stated that there is not enough staff at the facility. He stated his was scheduled for showers on the 3-11 shift on Monday, Wednesday and Friday but he does not get them as scheduled due to no staff.</p> <p>Review of R6's Annual Minimum Data Set (MDS) dated [DATE] revealed a BIMS score of 14 out of 15, indicating intact cognition.</p> <p>During an interview with R6 on 3/26/2025 at 2:28 pm he stated that his last shower was 3/21/2025. He stated that he is supposed to get showers on Tuesdays, Thursdays, and Saturdays but that does not happen because there is no staff.</p> <p>Interview with Licensed Practical Nurse (LPN DD) on 3/26/2025 at 2:37 pm revealed there are two nurses today but normally there is only one nurse. She stated that it varies with the CNAs. LPN DD stated that there are residents that are listed on the Electronic Medication Record (EMAR) that should be up by 10:00 am for therapy or restorative but sometimes they are short staffed, and the residents are not up. She stated that sometimes therapy will help get them up. LPN DD stated that sometimes restorative CNAs are pulled to the floor.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview with Certified Nursing Assistant (CNA BB) on 3/26/2025 at 3:00 pm revealed CNA BB stated that the facility is short staffed. She stated that sometimes she is working by herself after 3:00 pm.</p> <p>Interview with the Director of Health Services (DHS) on 3/26/2025 at 3:47 pm revealed she stated there needs to be more CNAs. The DHS stated that the residents are not getting showers. She stated that they had complaints from residents and families about not getting showers, and they provided education to the CNAs and Nurses telling them to make sure the residents get their showers. The DHS stated that she works the med cart as needed because of staffing. She stated that they hired some nurses and CNAs and they are going to be in orientation this week.</p> <p>Interview with the Senior Nurse Consultant (RN EE) on 3/27/2025 at 1:33 pm revealed staffing is based on staff in the building and staff at facility. She stated it is based on how much staff you have and the acuity, caseload for therapy and type of residents. RN EE stated if there are 120 residents they have 6-8 staff. She stated that there is a plan in place reference to staffing. RN EE stated that they have quick hire interviews, sign on bonus for CNAs and nursing. She stated that they have seven CNAs starting in April, two nurses starting, five more CNAs hired and two LPNs with backgrounds pending. She stated they are working with CNAs and other staff to make sure showers are done, offered extra money to get staff in , and offered incentive of extra money. She stated that the DHS and therapy gave showers to help out.</p> <p>Interview with Certified Nursing Assistant (CNA AA) on 3/31/2025 at 1:03 pm revealed CNA AA stated that she give showers as much as she can. She stated that they are always short staffed, and she cannot give showers especially when she is the only CNA on the floor. She stated that she worked by herself one day and she had 38 residents.</p> <p>Interview with Certified Nursing Assistant (CNA CC) on 3/31/2025 at 1:55 pm revealed CNA CC stated that the facility is short staffed. She stated that sometimes she cannot give the residents a shower because there is not enough staff. She stated that residents are supposed to get showers three times a week but sometimes that is not possible. She stated that if she cannot give the residents a shower on their shower days, she will give them a shower on a Sunday and explain to them why she cannot give them a shower on their shower day.</p> <p>Interview with the Administrator on 3/31/2025 at 10:00 am revealed they are trying to get more staff in. She stated that they have walk in Wednesdays, sign on bonuses for nurses and CNAs, and they offer incentive bonuses. She stated that they make calls to try and get staff to come in earlier and sometimes some of the staff will stay over and help out. The Administrator stated that they had to close a wing down in December 2024 due to lack of staff. She stated that initially it was supposed to be for a couple of weeks. She stated that the wing remains closed due to lack of staff.</p>		