STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115725	A. Building B. Wing	02/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harrington Park Health and Rehabilitation	511 Pleasant Home Road Augusta, GA 30907

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. 49396 Based on observations, staff interviews, record review, and a review of the facility's policy titled Self-Administration of Medication by Patients, the facility failed to ensure that one of 22 residents (R) (R208) was assessed for self-administration of a medications. This deficient practice had the potential to allow unauthorized access to unsecured medications by other residents and visitors. Findings include: Review of the facility's undated policy titled, Self-Administration of Medications by Patients, under Guideline: Each patient who desires to self-administered medication is permitted to do so if the nursing centers interdisciplinary team has determined that the practice would be safe for the patient and other patients of the nursing center and that the patient is able to accurately self-administer. - The ability to appropriately self-administer medications should be documented in the patient's care plan. This evaluation of the patient's ability to correctly and safely self-administer medications is subject to periodic re-evaluation based on changes in the patient's status. Record review for R208 revealed resident was admitted to the facility with diagnoses of but not limited to acute on chronic diastolic (congestive) heart failure, pneumonia, pleural effusion, disease of pulmonary vessels, chronic metabolic acidosis, anemia in other chronic diseases, difficulty in walking, muscle weakness (generalized), and chronic kidney disease. Review of R208's Minimum Data Set (MDS) assessment indicated a Brief Interview for Mental Status (BIMS) score of 3, indicating severe cognitive impairment. Review of the Physician Orders did not indicate an order for R208 to self-administer medications. Further review also indicated that there was not a physician's order for the use of the medicated ointment that was at the resident's bedside. Observation on 2/1/2025 at 9:00 am in R208's room, a container of medicated Vapor Rub was observed on the resident's bedside table. Observation on 2/2/2025 at 10:00 am, the resident was again observed with the medicated Vapor Rub on the nightstand. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115725	A. Building B. Wing	02/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harrington Park Health and Rehabilitation	511 Pleasant Home Road Augusta, GA 30907

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 2/2/2025 at 10:08 am with Licensed Practical Nurse (LPN) Wound Care Nurse DD revealed that she was unaware of any care plan allowing the resident to self-administer medications. LPN Wound Care Nurse DD confirmed and removed the medicated Vapor Rub from the resident's bedside and delivered them to the Director of Nursing (DON). Interview on 2/3/2025 at 11:33 am with the Administrator revealed that all medications should be either locked in the medication storage room or in the locked cabinet in the resident's rooms. The Administrator stated that there was not a resident in the facility who had been assessed to self-medicate safely. Therefore, there should not be any unsecured medications in resident rooms.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115725	A. Building B. Wing	02/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harrington Park Health and Rehabilitation	511 Pleasant Home Road Augusta, GA 30907

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 44960 Based on staff interviews, record review, and review of the facility policy titled, Patients Plan of Care, the facility failed to ensure the plan of care was implemented for two of 22 residents (R) (R21 and R36). The deficient practice had the potential to prevent R21 and R36 from having their needs met according to their care needs. Findings include: Review of the facility policy titled, Patients Plan of Care dated 12/27/2024, revealed under Guideline: Each patient will have a person-centered comprehensive care plan developed and implemented to address the patients' medical, physical, mental, and psychosocial needs while also honoring their preferences and goals. A review of the electronic medical record revealed R21 was admitted to the facility with the diagnoses of but not limited to Hemiplegia and hemiparesis following cerebral infarction, Dysphagia, Contracture, left elbow, Contracture, right elbow, Neuromuscular dysfunction of bladder, Contracture, left wrist and hypertension. Review of R21's care plan revealed a care plan that stated, At risk for actual contractures r/t (related to) left hemiplegia, interventions indicated splint to left hand as ordered and as allowed. Review of the Nursing Restorative care Program document dated and developed 1/16/2025 goal indicated, Patient will maintain current Range of motion (ROM) to left wrist and hand with the use of splint to decrease worsening of contracture with no signs or symptoms of compromised skin integrity through the review period. Intervention included: Apply the following splint to affected joint for the stated time period. Observation on 2/1/2025 at 8:30 a.m., R21 had a left-hand contracture and there was no splint/brace nor a handroll in the hand for comfort. Splint was observed lying on bedside nightstand. Observation on 2/2/2025 at 12:30 p.m., R21 was observed lying in bed with left- hand contracture without splint/brace applied. Splint was observed on nightstand at bedside. Record review for R36 revealed resident was admitted to the facility with diagnoses of but not limited to Hemiplegia and hemiparesis following cerebrovascular disease affecting left non-dominant side, Type 2 diabetes mellitus, inflammatory spondylopathy, Methylenetetrahydrofolate reductase deficiency, and Dysphagia. Review of R36's care plan revealed a Care Area for limited mobility related to contracture L wrist/hand, Splint to left hand as ordered. A review of R36's Nursing Restorative care Program document dated 1/16/2025 stated, Patient will maintain current ROM of left wrist and hand with the use of splint to decrease risk of developing or worsening of contracture with no signs or symptoms of compromised skin integrity through the review period. Intervention included: Apply the following splint to affected joint for the stated time period. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115725	A. Building B. Wing	02/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harrington Park Health and Rehabilitation	511 Pleasant Home Road Augusta, GA 30907

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 2/1/2025 at 8:33 a.m., R36 had a left-hand contracture and there was no splint/brace nor a handroll in the hand for comfort. Splint was observed lying on bedside nightstand. Observation on 2/2/2025 at 12:35 p.m., R36 was observed lying in bed with left- hand contracture without splint/brace applied. Splint was observed on nightstand at bedside. Interview on 2/3/2025 at 7:48 a.m. with the Director of Nursing revealed she acknowledged the care plan was not being implemented for R21 and R36 and she would follow up with the Restorative Care Coordinator to implement a plan to ensure the care plans were followed as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115725	A. Building B. Wing	02/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harrington Park Health and Rehabilitation	511 Pleasant Home Road Augusta, GA 30907

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44960 Based on observations, interviews, record review, and review of the facility policy titled, Skilled Nursing Services Restorative, the facility failed to ensure splints were applied as ordered by physician for two of 22 residents (R) (R21 and R36). The deficient practice had the probability to further decrease the range of motion and mobility for residents requiring the use of splints to prevent and maintain contractures. Findings include: Review of the facility policy titled, Skilled Nursing Services Restorative, policy dated December 27, 2024, revealed under intent: To be provided a formalized restorative care plan to be implemented by appropriately trained staff and overseen by a nursing supervisor. To establish a communication system between nursing and skilled therapy to assured continuity of care between disciplines. A review of the electronic medical record revealed R21 was admitted to the facility with diagnoses of but not limited to Hemiplegia and hemiparesis following cerebral infarction Dysphagia, Contracture, left elbow, Contracture, right elbow, Neuromuscular dysfunction of bladder, Contracture, left wrist and hypertension. Review of R21's care plan revealed a care plan that stated, At risk for actual contractures r/t (related to) left hemiplegia, interventions indicated splint to left hand as ordered and as allowed. Review of the Nursing Restorative care Program document dated and developed 1/16/2025 goal indicated, Patient will maintain current Range of motion (ROM) to left wrist and hand with the use of splint to decrease worsening of contracture with no signs or symptoms of compromised skin integrity through the review period. Intervention included: Apply the following splint to affected joint for the stated time period. A review of the Quarterly Minimum Data Set (MDS) dated [DATE] Section C (Cognitive Pattern) R21 had a Brief Interview for Mental Status (BIMS) that was not indicated due resident was rarely/never understood; Resident was dependent on staff for all activities of daily living. A review of R21's Occupational Therapy notes stated, Passive range of Motion (PROM) on Lower Upper Extremity (LUE) with staff education to ensure continuous joint mobility exercises for ease with splint application and maintain current gained Range of Motion (ROM). Observation on 2/1/2025 at 8:30 a.m., R21 had a left-hand contracture and there was no splint/brace nor a handroll in the hand for comfort. Splint was observed lying on bedside nightstand. Observation on 2/2/2025 at 12:30 p.m., R21 was observed lying in bed with left- hand contracture without splint/brace applied. Splint was observed on nightstand at bedside. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115725	A. Building B. Wing	02/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harrington Park Health and Rehabilitation	511 Pleasant Home Road Augusta, GA 30907

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review for R36 revealed resident was admitted to the facility with diagnoses of but not limited to Hemiplegia and hemiparesis following cerebrovascular disease affecting left non-dominant side, Type 2 diabetes mellitus, inflammatory spondylopathy, Methylenetetrahydrofolate reductase deficiency, and Dysphagia. Review of R36's care plan revealed a Care Area for limited mobility related to contracture L wrist/hand, Splint to left hand as ordered. A review of R36's Nursing Restorative care Program document dated 1/16/2025 stated, Patient will maintain current ROM of left wrist and hand with the use of splint to decrease risk of developing or worsening of contracture with no signs or symptoms of compromised skin integrity through the review period. Intervention included: Apply the following splint to affected joint for the stated time period. A review of R36's Occupational Therapy notes stated Patient will tolerate provided splint for at least 4-6 hours daily without pain or signs of skin irritation/breakdown in order to manage/prevent contracture, maintain current ROM and for proper positioning and joint protection. A review of the Quarterly Minimum Data Set (MDS) dated [DATE] Section C (Cognitive Patterns) revealed R36 has a Brief Interview for Mental Status (BIMS) score of 3 indicating severe cognitive impairment; Resident requires extensive assistance for all activities of daily living. Observation on 2/1/2025 at 8:33 a.m., R36 had a left-hand contracture and there was no splint/brace nor a handroll in the hand for comfort. Splint was observed lying on bedside nightstand. Observation on 2/2/2025 at 12:35 p.m., R36 was observed lying in bed with left- hand contracture without splint/brace applied. Splint was observed on nightstand at bedside. Interview 2/3/2025 at 9:25 a.m. with Restorative Certified Nursing Assistant (CNA) AA revealed R36 and R21 should have a splint applied on their left hands daily. Further interview revealed that she works Monday thru Friday, and the staff should apply the splints on the weekend when she is not working. Interview on 2/3/2025 at 8:18 a.m., with the Director of Nursing (DON) acknowledged that R21 and R36 were not wearing splints. The DON stated she would follow up with the Restorative Care Coordinator to implement a plan to ensure the residents have their splints on daily and removed as indicated per Restorative care plan.