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	03/05/2026

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 observations, staff interviews, record reviews and reviews of the facility policy titled, Medication Storage in the Care Center, the facility failed to ensure the legible expiration dates were on two bottles of Aspirin on two of two sampled medication carts. This failure had the potential to administer expired medications to residents which could potentially be harmful.Finding include:Review of the facility policy titled, Medication Storage in the Care Center, reviewed 12/21/2025 documented. Intent to facilitate that medications are administrated as prescribed, in accordance with good nursing principles. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, salt, or otherwise compromised are promptly removed from stock, disposed of according to procedures for medication destruction, and reordered from the pharmacy, if a current order exists.Observation of medication storage on 03/04/2026 at 8:40 AM with Certified Medication Assistant (CMA) BB revealed a bottle of Aspirin 81mg with an illegible expiration date.Interview on 03/04/2026 8:44 am with CMA BB confirmed that she could not read the expiration date on the bottle. She admitted to only checking for expiration dates when I open the bottles and puts the open date on it. CMA BB admitted that she was not supposed to give the medication from that bottle and should have discarded it.Observation of medication storage on 03/04/2026 at 9:10 AM with CMA AA revealed a bottle of Aspirin 81mg with an illegible expiration date.Interview on 03/04/2026 at 9:14 AM with CMA AA confirmed she was not able to read expiration date on the Aspirin bottle. She stated that she checked her cart daily but denied noticing that the expiration date was illegible. She admitted that she had administered the medication that morning and did not check the expiration date. She stated that the medication should be discarded and replaced with a legible expiration date.Interview on 03/04/2026 at 11:30 AM with the Director of Nursing (DON) revealed that staff are aware that they should be checking their medication carts daily and removing expired medications or medications with illegible expiration dates. She stated that she only has one nurse on duty during the day shift and two CMAs but has two on the night shift because they do not have the added support of the administrative staff. She stated that the unit nurse is also responsible for checking the carts as a second set of eyes.Review of the facility policy titled Medication Storage in the Care Center, reviewed 12/21/2025, documented the intent to ensure medications are administered as prescribed and in accordance with good nursing principles. The policy stated: Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or otherwise compromised are promptly removed from stock, disposed of according to procedures for medication destruction, and reordered from the pharmacy, if a current order exists.Observation of medication storage on 03/04/2026 at 8:40 AM with Certified Medication Assistant (CMA) BB revealed a bottle of {Name} 81 mg medication with an illegible expiration date.Interview on 03/04/2026 at 8:44 AM with CMA BB confirmed she could not read the expiration date on the bottle. She stated she only checks for expiration dates when I open the bottles and put the open date on them. CMA BB acknowledged she was not supposed to give the medication from that bottle and should have discarded it.Observation of medication storage on 03/04/2026 at 9:10 AM with CMA AA revealed a (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

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	bottle of Aspirin 81 mg medication with an illegible expiration date.Interview on 03/04/2026 at 9:14 AM with CMA AA revealed she was unable to read the expiration date on the Aspirin bottle. She stated she checked her cart daily but had not noticed the illegible expiration date. She admitted she had administered the medication that morning without checking the expiration date. She stated the medication should be discarded and replaced with one that had a legible expiration date.Interview on 03/04/2026 at 11:30 AM with the Director of Nursing (DON) revealed that staff are aware that they should be checking their medication carts daily and removing expired medications or medications with illegible expiration dates. She stated she has one nurse on duty during the day shift and two CMAs, and two CMAs on the night shift because they do not have the added support of administrative staff. She stated that the unit nurse is also responsible for checking the carts as a second set of eyes.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observations, staff interviews, and a review of the facility's policies titled Hand Hygiene, Infection Prevention and Control Program, Infection Prevention Plan, and Foley Catheter Care, the facility did not follow basic infectionˆcontrol practices while caring for four of the 29 sampled residents(R) (R16, R13, R32, and R6). This failure could allow infections and germs to spread from one resident to another.Findings include:Review of the facility policy titled Hand Hygiene, reviewed 12/27/2025, revealed Intent-It is the intent of this facility to promote and facilitate appropriate hand washing as set forth by the guideline of CDC. Purpose-Hand hygiene was the single most important means of preventing the spread of infection. The use of gloves does not replace handwashing. Guideline: . Glove Use-Wear gloves, according to Standard Precautions when it can be reasonably the policy documented that gloves were to be worn when it can be reasonably anticipated that contact with blood, potentially infectious material, mucous membranes, nonˆintact skin, potentially contaminated skin or contaminated environment could occur. Gloves should not be used as a substitute for hand hygieneReview of the facility policy titled Infection Prevention and Control Program, reviewed 12/27/2025, revealed the intent is each center was to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.Review of the facility policy titled Infection Prevention Plan, revised 12/27/2025, revealed the goal that the program was to prevent and control the transmission of infectious and communicable diseases, prevent healthcareˆassociated infections, establish guidelines for isolation precautions, maintain a sanitary environment, provide education to personnel, and contribute to the reduction of mortality and morbidity. Scope- Implementation of Preventive Measures- prevention of spread of infection is accomplished by use of standard precautions and other barriers, appropriate treatment and followˆup, employee work restrictions for illness.Review of the facility policy titled Foley Catheter Care, reviewed 12/27/2025, revealed that catheter care was to promote hygiene, comfort, and decreased infection risk for patients with an indwelling catheter and was to be performed daily and as needed for soiling.Observation of medication pass on 03/05/2026 at 8:11 AM with Certified Medication Aide (CMA) AA revealed CMA AA assessed the blood pressure for R32 with a shared blood pressure monitor. CMA AA exited the R32 room, placed the monitor on her medication cart, sanitized her hands, and then entered R6 room with the same blood pressure monitor. After exiting R6 room, she again placed the monitor on her medication cart and sanitized her hands. No sanitizing of the blood pressure monitor or the medication cart was observed. CMA AA then removed medications from the cart and began preparing them for administration.Interview on 03/04/2026 at 9:14 AM with CMA AA confirmed she did not sanitize the shared blood pressure cuff between resident use. She stated she should have cleaned the device after each resident and should not have placed it on the cart without cleaning. She also stated she should have sanitized her medication cart.Observation of wound care on 03/04/2026 at 11:40 AM with the Wound Care Nurse (WCN) revealed WCN sanitized her hands prior to donning gloves to clean the tray and cart. She removed gloves, arranged supplies, and donned PPE before entering the room. WCN performed hand hygiene and donned gloves, removed the soiled dressing, and doffed gloves before performing hand hygiene. She then donned gloves, cleaned the wound, and placed a clean dressing onto the wound bed while wearing the same gloves. No glove change or hand hygiene was observed prior to applying the clean dressing. WCN then doffed PPE, performed hand hygiene, and exited the room.Interview on 03/04/2026 at 11:57 AM with WCN confirmed she did not change gloves or perform hand hygiene after cleaning the wound and before placing the clean dressing. She stated she thought she had changed her gloves and did not realize she had not completed the second glove change.Observation of catheter care on 03/05/2026 at 9:41 AM with CNA CC revealed CNA CC donned PPE and set up water and washcloths. She removed a cloth from the basin without folding it around her hand and used it to clean the catheter area. The cloth was (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	observed wiping various areas of the bed and the resident's leg. She then used another area of the same cloth to wipe the perineal area multiple times, allowing it to sweep across the bed and the resident's body. CNA CC used a clean cloth to clean the areas again without folding it, allowing it to sweep across the bed, resident's leg, and perineum. She then used fresh water to rinse the area in the same manner. CNA CC used a large clean towel to dry the perineal area, allowing the towel to drag across the bed, the resident's body, and the catheter. She then used another side of the same towel to continue drying before placing it into the soiled linen bag. CNA CC removed the wash pails and placed the resident's belongings back onto the table without sanitizing it. No glove changes or hand hygiene were observed during the catheter care process. She then doffed PPE, performed hand hygiene, and exited the room.Interview on 03/04/2026 at 9:53 AM with CNA CC revealed she never changed gloves during catheter care. She stated she did not remember seeing that step in the training video. She stated she had been a CNA for over six years and had performed catheter care many times.Interview on 03/04/2026 at 11:30 AM with the Director of Nursing (DON) revealed the Infection Preventionist (IP) was new, having been in the role for about two months. She stated she had been performing IP duties prior to the hiring of the IP. The DON stated that hand hygiene in-service training was done the previous week and she was not sure when PPE training was last completed. She stated infection control inˆservices were for all staff and that her expectation was for staff to follow policies, including cleanˆtoˆdirty technique, to prevent crossˆcontamination. She stated that after learning of the issues, the facility implemented infection observation on the affected residents for 72 hours because the blood pressure cuff was not sanitized between residents. She stated that wound care and catheter care practices were also not followed. She stated she expected staff to wash their hands, wear gloves appropriately, and clean equipment after use.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of Logbook Documentation of Exhaust Fans: Inspect exhaust fans for proper operation and clean, if necessary, the facility failed to maintain a clean and homelike environment by ensuring bathroom ventilation vents were free from debris in two of fourteen rooms on [NAME] Hall (rooms [ROOM NUMBERS]). This deficient practice had the potential to create an unsanitary environment and negatively impact on residents' quality of life and homelike environment. Findings Include:Review of Logbook Documentation of Exhaust Fans: Inspect exhaust fans for proper operation and clean, if necessary, documented Check exhaust fans for proper operation, revealed. 4. Clean vents using vacuum and air compressor, when needed, to remove all dust.Observations on 03/03/2026 at 10:34 AM, and on 03/04/2026 at 9:44 AM, and again on 03/04/2026 at 1:18 PM in room [ROOM NUMBER] revealed the vent located on the ceiling in the resident's bathroom was observed to have grey, fuzzy debris.Observations on 03/03/2026 at 11:13 AM, 03/04/2026 at 9:45 AM, and 03/04/2026 at 1:19 PM in room [ROOM NUMBER] revealed the vent located on the ceiling in the resident's bathroom was observed to have grey, fuzzy debris.Interview/observation on 03/05/2026 at 9:58 AM with Housekeeper DD revealed he had been working at the facility for approximately four months. Housekeeper DD stated his responsibilities included cleaning resident rooms and dusting vents in residents' rooms, and that vents were expected to be dusted every other day. During observation of the bathroom vent in room [ROOM NUMBER], Housekeeper DD stated the vent appeared dusty. Housekeeper DD stated that since he had been working at the facility, he had not dusted this vent and stated it appeared it may need to be changed out. Housekeeper DD stated he would need to inform his director regarding the condition of the vent. During observation of the bathroom vent in room [ROOM NUMBER], Housekeeper DD confirmed the vent was dusty and rusty and stated it may need to be changed. Housekeeper DD confirmed he had not cleaned this vent since he had been working at the facility. When asked about potential negative outcomes, Housekeeper DD stated residents could potentially become sick.Observation/interview on 03/05/2026 at 10:04 AM of room [ROOM NUMBER] with the Housekeeping Director revealed housekeepers were expected to dust daily. During observation of the bathroom vent in room [ROOM NUMBER], the Housekeeping Director observed dust accumulation. The Housekeeping Director revealed that her expectation was that housekeepers should touch and clean everything in the room while performing cleaning duties. The Housekeeping Director stated a potential negative outcome could be that the condition of the vents would not create a home-like environment and would not be acceptable in someone's home.Interview on 03/05/2026 at 10:14 AM with the Administrator revealed housekeeping staff were responsible for cleaning resident rooms. The Administrator stated staff were expected to ensure rooms were dusted and that housekeepers should have a checklist of duties that included dusting, including the vents. The Administrator confirmed the observed condition would not reflect a home-like environment.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility policy titled Best Practice for PASRR, the facility failed to ensure that one of ten residents (R54) had a correct Level I submitted upon admission. This failure potentially prevented R54 from receiving the level of services required for individuals with mental or intellectual disabilities.Review of the facility policy titled Best Practice for PASRR, undated, it documented: Review PASRR of all new admissions-if you could not locate a Level I or a Level II in the Electronic Medical Record (EMR), follow up with medical records, admissions, or financial and ask that they scan it as soon as possible (ASAP) . The Social Services Director (SSD) should maintain an ongoing, active, and current list of PASRR patients. The list should contain, at a minimum, the patient's name; (SMI) Significant Mental Illness or (ID/ADD) Intellectual Disability/Developmental Disability.Review of the electronic medical record (EMR) revealed R54 was admitted to the facility on [DATE] with pertinent diagnoses including, but not limited to, chronic obstructive pulmonary disease, chronic kidney disease stage 3b, bipolar disorder unspecified, and depression.Review of R54's quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 11, which indicated R54 had moderate cognitive impairment.Review of R54's physician orders revealed the use of Buspirone 10 milligrams (mg) tablet (BUSPIRONE HCL), 1 tablet by mouth 2 times per day, diagnosis: bipolar disorder unspecified; Celexa 20 mg tablet (CITALOPRAM HYDROBROMIDE), 1 tablet by mouth 1 time per day, diagnosis: depression unspecified; and Wellbutrin XL 150 mg 24ˆhour extendedˆrelease tablet (BUPROPION HCL), 1 tablet by mouth 1 time per day, diagnosis: bipolar disorder unspecified.Record review of R54's EMR on 03/04/2026 revealed a Level I submitted on 04/02/2025, which showed no indication of his diagnoses of bipolar disorder, depression, or anxiety. The Level I therefore did not indicate the need for, nor referral for, specialized services.Review of R54's care plan dated 12/30/2025 indicated a problem of Depression-Mood Disorder/Potential for Mood Disturbance. Goals included, but were not limited to, that R54 would interact appropriately with others during the review period and would maintain current psychosocial functioning. Interventions included, but were not limited to, administering medications as ordered, encouraging participation in preferred activities to maintain engagement, providing emotional support and encouraging expression of feelings, observing for significant mood shifts (hypoactive or hyperactive) and reporting to MD/psychiatry, utilizing psychiatric/psychological services as needed, and referring to Social Services when appropriate.Interview/observation on 03/04/2026 at 10:53 AM with the SSD regarding R54's diagnoses revealed that R54's diagnoses of bipolar disorder and depression would have made him eligible for a PASRR Level II. The SSD confirmed these diagnoses were present upon admission and that she was not aware of him having Level II. The SSD confirmed that R54 should have had a PASRR Level II and stated that he fell through the cracks. The SSD admitted that this could have potentially resulted in negative outcomes due to him not receiving the services he needed should he have required them.Interview on 03/05/2026 at 12:11 PM with the SSD revealed that she had resubmitted Level I for R54 and would follow up once she received a response instructing her to submit for a Level II. The SSD admitted that the initial Level I was not completed correctly and stated that she was unsure if she had submitted it. She admitted there was a Level I from the hospital and stated that the information may have been copied from it. She stated that to prevent this error from recurring, she would continue to complete her monthly audits to ensure this did not happen in the future.