

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115726	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/22/2025
NAME OF PROVIDER OR SUPPLIER  Meadows Park Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  119 Meadows Parkway West Vidalia, GA 30474	
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	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15406</p> <p>Based on observation, interview, record review, and review of the facility's policy titled Storage Areas, the facility failed to ensure shakes were dated for two of two nourishment rooms (First and Second Floor). The deficient practice had the potential for the spread of food borne illness to affect 69 out of 72 residents that received an oral diet.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Storage Areas, dated [DATE] under Guideline revealed, Items should be covered, sealed, labeled, and dated appropriately.</p> <p>During an inspection on [DATE] at 10:39 am with the Dietary Manager (DM) in the nourishment room on the first floor, the refrigerator contained five four-ounce cartons of [Name of shakes]. Manufacturer's information on each of the cartons of the shakes read, Use thawed product within 14 days. There was no documentation on the shakes or elsewhere indicating when the shakes were pulled from the freezer and placed under refrigeration, which was confirmed by the DM. The DM revealed that the shakes must be used within 14 days of refrigeration.</p> <p>During an inspection on [DATE] at 10:48 am with the DM in the nourishment room on the second floor, the refrigerator contained three four-ounce cartons of [Name of shakes]. There was no documentation on the shakes or elsewhere indicating when the shakes were pulled from the freezer and placed under refrigeration, which was confirmed by the DM.</p> <p>During an interview on [DATE] at 2:15 pm, the Registered Dietitian (RD) revealed, the health shakes had a shelf life of 14 days once pulled from the freezer, and it was important to document the date they were placed into refrigeration to ensure they were not expired.</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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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>40824</p> <p>Based on observations, interviews, record reviews, and review of the facility's policies titled Standard Precaution/Use of PPE [personal protective equipment], and Transmission-Based Precautions (Contact, Enhanced Barrier Precautions [EBP], Droplet, Airborne), the facility failed to maintain infection control measures for one of 24 sampled residents (R) (R4). Specifically, the facility failed to ensure that enhanced barrier precautions were maintained during enteral feeding/medication administration for R4. The deficient practice increased the risk for infections for residents with enteral feeding tubes.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Standard Precaution/Use of PPE [personal protective equipment], revised 12/27/2024, under Intent revealed, It is the policy of this facility that: 1) all patient blood and body fluids will be considered potentially infectious 2) standard precautions are indicated for all patients. Under the section titled Guideline revealed, .Wear a gown that is appropriate to the task to protect skin and prevent soiling or contamination of clothing during procedures and resident-care activities when contact with blood, body fluids, secretions, or excretions is anticipated .</p> <p>Review of the facility's policy titled, Transmission-Based Precautions (Contact, Enhanced Barrier Precautions [EBP], Droplet, Airborne), revised 12/27/2024 under the section titled Enhanced Barrier Precautions (EBP) revealed, .EBP expand the use of PPE [personal protective equipment] and refer to the use of gown and gloves during high-contact activities.Examples of high contact patient care activities requiring gown and glove use for Enhanced Barrier Precautions include: Device care or use: . feeding tube.Gown and gloves would not be required for patient care activities other than those listed above .</p> <p>Review of R4's Admission Record revealed diagnoses that included but not limited to paraplegia, aphasia, encounter for attention to gastrostomy, and history of traumatic brain injury.</p> <p>Review of R4's quarterly Minimum Data Set (MDS) located in the EMR under the MDS tab with an Assessment Review Date (ARD) of 2/28/2025 for Section C (Cognitive Pattern) revealed, the Brief Interview for Mental Status (BIMS) was not able to be completed due to impaired cognition; and Section K (Swallowing/Nutritional status) revealed, R4 had an enteral feeding tube.</p> <p>Review of R4's Care Plan, revised 5/22/2025 included tube feeding status and enhanced barrier precautions.</p> <p>Review of R4's Resident's Consolidated Order revealed, an order for valproic acid (anti-seizure medication) 250 mg (milligrams)/five (5) ml (milliliters) give 10 ml via (by way of) percutaneous (PEG) tube four times per day (QID) dated 5/4/2023 and [Name of dietary supplement] 2.0 oral liquid administer one carton three times per day (TID) dated 7/25/2024, and enhanced barrier precautions dated 5/4/2023.</p> <p>(continued on next page)</p>		

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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>During an observation on 5/21/2025 at 9:16 am, R4's bedroom had signage indicating that he was on EBP. Licensed Practical Nurse (LPN) 1 donned (put on) gloves prior to administering valproic acid and [Name of dietary supplement] via PEG tube to R4. LPN1 did not don a gown prior to procedure.</p> <p>During an interview on 5/22/2025 at 2:01 pm, LPN1 confirmed that she did not wear a gown on 5/21/2025 during enteral feeding tube administration but should have. LPN1 stated that R4's door did not have a PPE cart at the entrance to his room, and she forgot.</p> <p>During an interview on 5/22/2025 at 2:45 pm, Director of Nursing (DON) revealed, that it was her expectation that nursing staff ensured EBP were followed for R4 due to enteral feeding status. The DON confirmed that LPN1 should have donned both gloves and a gown during any procedure involving the enteral feeding tube.</p>		