

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/03/2026
NAME OF PROVIDER OR SUPPLIER Jeffersonville Care Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 113 Spring Valley Road Jeffersonville, GA 31044	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on resident and staff interviews, record review, and review of the facility policy titled Abuse, Neglect and Exploitation, the facility failed to report an injury of unknown origin and an allegation of sexual abuse to the State Survey Agency (SSA) in a timely manner for one of three sampled residents (R) (R1). Findings include: Review of the facility's policy titled Abuse, Neglect and Exploitation, dated 04/01/2024, revealed the Policy section stated, It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. The Reporting/Response section included: A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the administrator, state agency, adult protective services, and to all alleged agencies (e.g. [for example], law enforcement when applicable) within specific time frames: a. Immediately, but not later than 2 hours after the allegation is made, if events that cause the allegation involve abuse or result in serious bodily injury or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. Review of the admission Record for R1, located under the Profile tab of the electronic medical record (EMR), revealed an initial admission date of 01/10/2025 and a re-entry date of 06/13/2025. Diagnoses included, but were not limited to, anoxic brain damage, not elsewhere classified, other seizures, unspecified psychosis not due to a substance or known physiological condition, and anxiety disorder. Review of the quarterly Minimum Data Set (MDS) assessment for R1, with an Assessment Reference Date (ARD) of 01/08/2026, located in the MDS tab of the EMR, revealed a Brief Interview for Mental Status (BIMS) documented memory problems and severely impaired decision-making skills. During an interview on 02/02/2026 at 2:54 PM, R1 revealed that a man had touched her private area. She stated she had told a Hospice Certificate Nurse Aide (CNA), CNA DD. During a telephone interview on 02/02/2026 at 10:20 AM, a family member of R1 stated the hospice agency informed her during the week of 01/26/2026 or 01/19/2026 that the resident had bruises on her back and shoulders, and the resident had reported to Hospice CNA DD that someone had touched her inappropriately. The family member stated she observed bruises on R1, and the facility staff were unable to explain how they occurred. During a telephone interview on 02/02/2026 at 8:55 AM, the Hospice Social Worker stated CNA DD notified her of the allegation made by R1 and the bruises on R1. She stated she had notified the facility Certified Mediation Aide (CMA) AA of the bruises and the facility Director of Nursing (DON) of the allegation of someone touching R1 inappropriately. During a telephone interview on 02/02/2026 at 2:22 PM, Hospice CNA DD stated she had observed bruises on R1's back and shoulders, and R1 had stated that someone touched her inappropriately in her private area. She further stated that she reported the bruises and R1's allegation to the Hospice Administrator and the facility's Licensed Practical Nurse (LPN) CC. During an interview on 02/03/2026 at 9:10 AM, CMA AA stated that she was informed about the bruises on R1's back by the hospice nurse. She stated</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 115727	Facility ID: 115727 If continuation sheet Page 1 of 2

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>that she completed an assessment on R1 and reported it to LPN BB. CMA AA further stated she had been informed of an allegation by R1 of someone touching her inappropriately and stated she did not report it to the Administrator. During an interview on 02/03/2026 at 9:42 AM, LPN BB stated she had reported bruising on R1 to the DON and Administrator. During an interview on 02/03/2026 at 12:46 PM, the DON stated that she was notified of bruises on R1 by a hospice nurse in January 2026. She further stated that she was notified by LPN BB that R1 had stated she was touched inappropriately. She stated that she discussed the bruises and the allegation with the facility Administrator and a Corporate Consultant at the time, and that the Corporate Consultant did not think she should report the incidents. She confirmed that the bruising and allegation of sexual abuse for R1 were not reported to the SSA.</p>		