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 02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jeffersonville Care Center LLC	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)
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** 51853 Based on observations, staff interviews, and review of the facility's policy titled Preventative Maintenance Program, the facility failed to provide a homelike environment for three of 17 rooms on one of five halls (rooms [ROOM NUMBER]). The deficient practice had the potential to place residents at risk of living in an unsanitary and unsafe living environment and a potential for diminished quality of life. Findings include: Review of the facility's policy titled Preventative Maintenance Program, dated 4/1/2024, revealed the Policy Explanation and Compliance Guidelines section included, 1. The Maintenance Director is responsible for developing and maintaining a schedule of maintenance to ensure that the buildings, grounds, and equipment are maintained in a safe and operable manner. Observation on 2/18/2025 at 10:30 am in room [ROOM NUMBER] revealed holes in the sheetrock wall near the baseboard on the right side at the entrance of the room. Observation on 2/18/2025 at 10:40 am of the hallway between rooms [ROOM NUMBERS] revealed a ventilation cover with a discolored orange-brownish appearance and a gray fluffy substance covering the vent. Observation on 2/19/2025 at 11:00 am in room [ROOM NUMBER] revealed an orange-brownish substance at the bottom outside edge of the sink and in the sink at the drainage area. Observation on 2/19/2025 at 11:30 am revealed that room [ROOM NUMBER] had no window covering of blinds or curtains. Further observation in the shared bathroom between rooms [ROOM NUMBERS] revealed the sink had no hardware for the faucet, and the water was running continuously. During concurrent observations and interviews on 2/20/2025 at 10:00 am, the Administrator, Maintenance Director (MD), and Maintenance Assistant (MA) verified the findings. The MD stated that he and the MA had both worked at the facility for two days. The MD stated that the conditions of the identified rooms were unacceptable. The Administrator asked the MD and MA to address the areas of concern in each room.

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 51557 Based on observations, staff interviews, record review, and review of the facility's policy titled Activities of Daily Living (ADLs), the facility failed to provide ADL care, specifically shaving of facial hair, for one of 2 residents (R) (R81) reviewed for ADL care. The sample size was 32 residents. This deficient practice had the potential to place R81 at risk of skin care issues and cause the resident to feel self-conscious about their appearance. Findings include: Review of the facility's policy titled Activities of Daily Living (ADLs), revised 4/1/2025, revealed the Policy Explanation and Compliance Guidelines section included, . 3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Review of R81's electronic medical record (EMR) revealed diagnoses including, but not limited to, Huntington's Disease, major depressive disorder, and anxiety. Review of R81's Quarterly Minimum Data Set (MDS) assessment, dated 1/9/2025, revealed section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 99 (indicating the interview could not be completed). Section GG (Functional Abilities and Goals) documented that R81 was dependent for showering and personal hygiene. Review of R81's care plan, revised 11/29/2024, revealed a Focus of the resident had an ADL self-care performance deficit and was at risk for not having their needs met in a timely manner. Observations on 2/18/2025 at 12:10 pm, 2/19/2025 at 11:20 am, and 2/20/2025 at 10:30 am revealed that R81 had unshaven facial hair approximately one-fourth of an inch long. R81 was nonverbal and made brief eye contact, but no attempt to communicate. In an interview on 2/19/2025 at 11:23 am, Licensed Practical Nurse (LPN) BB stated that resident baths were scheduled three days a week and that men should be shaved on their bath days. She stated that R81 occasionally refused a bath but had not refused recently. She stated that R81 received a shower on 2/17/2025, according to the bath sheet, but was unshaven. In an interview on 2/19/2025 at 11:25 am, Certified Nursing Assistant (CNA) CC confirmed that the men are not always shaved during showers.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50524 Based on observations, staff interviews, record reviews, and review of the facility's policy titled Tracheostomy Care, the facility failed to follow professional standards of practice during tracheostomy (a surgical opening in the front of the neck with a tube to provide an airway) care one of two residents (R) (R56) receiving tracheostomy care. This deficient practice had the potential to place R56 at risk of respiratory complications. Findings include: Review of the facility's policy titled Tracheostomy Care, dated 4/1/2024, revealed the Policy section stated, The facility will ensure that residents who need respiratory care, including tracheostomy care and tracheal suctioning, is provided such care consistent with professional standards of practice, the comprehensive person-centered care plan and resident goals and preferences. Review of R56's electronic medical records (EMR) revealed diagnoses including, but not limited to, acute and chronic respiratory failure with hypoxia. Review of R56's Admission Minimum Data Set (MDS), dated [DATE], revealed section O (Special Treatments, Procedures, and Programs) documented the resident received oxygen therapy, suctioning, and tracheostomy care. Review of R56's care plan, dated 2/5/2025, revealed a Focus of . has a tracheostomy and is at risk for potential complications such as weight loss, increased secretions, congestion, infection, and respiratory distress. The Goal was Resident will have clear airways with adequate ventilation through the next review date. Interventions were Provide oxygen, humidity, tracheostomy care, and tubing changes as indicated by physician's orders. Review of R56's Physician's Orders revealed orders dated 2/5/2025 for an adult flexible tracheostomy tube size six and tracheostomy care one time a day and as needed. Observation on 2/19/2025 at 12:34 pm of tracheostomy care for R56 revealed Licensed Practical Nurse (LPN) AA washed her hands, put on gloves, removed the oxygen mask from the tracheostomy, and removed and disposed of the inner cannula in a garbage bin at the bedside. LPN AA then removed the resident's tracheostomy ties without first applying the new ties, leaving the tracheostomy tube unsecured. LPN AA was stopped by the surveyor and asked to secure the tracheostomy with the ties before proceeding. In an interview on 2/19/2025 at 4:26 pm, the Director of Nursing (DON) stated she expected the nurses to tie one end of the tracheostomy with the new ties first, loosen the tracheostomy ties at that end before tying the other end of the tracheostomy with the new ties and removing the old ties. She stated that the old ties should be removed last. The DON further stated that she expected the nurse to secure the tracheostomy at all times. She stated that if the tracheostomy was not secured during care, the tracheostomy tube could be coughed out or dislodged, compromising the resident's breathing ability. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 2/19/2025 at 4:38 pm, LPN AA confirmed she had removed the old tracheostomy ties before applying the new ones, leaving the tracheostomy unsecured. She stated she should have tied one end of the tracheostomy with the new ties first, then loosened the tracheostomy ties at that end before tying the other end of the tracheostomy with the new ties. She stated she was taught to remove all the dirty or soiled things before putting on the new things, and that was why she removed the old ties before applying the new ties. She stated that when she removed the old tracheostomy ties, the tracheostomy tube could be dislodged and compromise R56's air supply.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 51557 Based on observations, staff interviews, and review of the facility's policy titled Medication Storage, the facility failed to secure and store medication out of the reach of residents and unauthorized individuals on one of two Nurse's Stations (Station 100/200). This deficient practice created the potential for residents, unauthorized staff, and visitors to have access to medications. The facility census was 91 residents. Findings include: Review of the facility's policy titled Medication Storage, dated 4/1/2024, revealed the Policy Explanation and Compliance Guidelines section included, 1. General Guidelines: . c. During a medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart. Observation on 2/19/2025 at 9:42 am revealed one medication bubble card containing oral azithromycin (a medication used to treat bacterial infections) lying on the outer counter ledge of the nurses' station located between 100 Hall and 200 Hall, unsecured and unsupervised by authorized nursing staff. One ambulatory and one wheelchair bound resident were observed to be in the area of the medication. There was no nursing staff in the immediate area of the medication. In an interview on 2/19/2025 at 10:00 am, the Director of Nursing (DON) confirmed the medication was left in an unsecured area. The DON stated that she expected all medication to be secured in the medication cart or locked in the medication room at all times and further stated the Certified Medication Technicians (CMT) and Licensed Practical Nurses (LPN) should keep direct eye contact with their medication carts. In an interview on 2/19/2025 at 1:00 pm, LPN AA stated she had been passing medications with 13 to 14 different medications, and the medication bubble card must have slid from the medication cart onto the nurse's station countertop.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50524 Based on observations, staff interviews, record reviews, and review of the facility's policy titled Hand Hygiene, the facility failed to ensure that infection control processes were followed between resident (R) care on one of five halls (Hall 400) and during tracheostomy (a surgical opening in the front of the neck with a tube to provide an airway) care for one of two R (R56) receiving tracheostomy care. The deficient practices had the potential to increase the risk of cross-contamination and spread of infection on Hall 400 and place R56 at risk of avoidable infection. Findings include: Review of the facility's policy titled Hand Hygiene, dated 4/1/2024, revealed the Policy was All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. The Policy Explanation and Compliance Guidelines section included, 1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. 1. Observations on 2/19/2025 at 9:42 am revealed Certified Nursing Assistant (CNA) EE provided care to one resident in room [ROOM NUMBER] while wearing gloves. Further observation revealed that CNA EE provided care to a different resident in room [ROOM NUMBER] without changing her gloves or performing hand hygiene between residents. In an interview on 2/19/2025 at 9:44 am, CNA EE confirmed she did not remove her gloves and sanitize her hands between residents while providing care to the residents in room [ROOM NUMBER]. She stated she should have removed her gloves, washed or sanitized her hands, and put on a new pair of gloves between resident care. She further stated that the failure to change gloves and perform hand hygiene between residents could spread germs from one resident to another. In an interview on 2/19/2025 at 9:56 am, the Director of Nursing (DON) stated she expected staff to ensure they sanitized their hands between residents while providing care. She further stated that the same pair of gloves must not be used when caring for two residents, and the failure to change gloves and perform hand hygiene between residents could spread germs from one resident to another. In an interview on 2/19/2025 at 10:19 am, the Infection Preventionist (IP) HH stated hand hygiene should be performed before and after any procedure with the residents. She stated that staff should change gloves and perform hand hygiene between residents and that the failure to do so could spread germs between residents. 2. Review of R56's electronic medical records (EMR) revealed diagnoses including, but not limited to, acute and chronic respiratory failure with hypoxia. Review of R56's Admission Minimum Data Set (MDS), dated [DATE], revealed section O (Special Treatments, Procedures, and Programs) documented the resident received oxygen therapy, suctioning, and tracheostomy care. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R56's Physician's Orders revealed orders dated 2/5/2025 for an adult flexible tracheostomy tube size six and tracheostomy care one time a day and as needed. Observation on 2/19/2025 at 12:34 pm of tracheostomy care for R56 revealed Licensed Practical Nurse (LPN) AA washed her hands, put on gloves, removed and disposed of the inner cannula, removed the soiled pair of gloves, and put on a new pair of gloves without washing or sanitizing her hands. LPN AA then removed her gloves, used her ungloved left hand, and held the tracheostomy tube in place while securing the tracheostomy ties with her right hand. In an interview on 2/19/2025 at 4:26 pm, the DON revealed she expected the staff to wash or sanitize their hands after removing gloves and before putting on a new pair of gloves. The DON stated that tracheostomy care is a sterile procedure and that hand hygiene and sterile gloves should be used during tracheostomy care. She stated that if hand hygiene was not performed between glove changes, the resident was at risk of infection due to cross-contamination. In an interview on 2/19/2025 at 4:34 pm, IP HH stated that staff should perform hand hygiene between glove changes and further stated that if hand hygiene was not performed, residents could get an infection. In an interview on 2/19/2025 at 4:38 pm, LPN AA confirmed she did not perform hand hygiene between glove changes during tracheostomy care for R56. She stated hand hygiene should be performed between glove changes to prevent the spread of infection to residents. Cross-reference F695