

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115728	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/12/2025
NAME OF PROVIDER OR SUPPLIER  Archway Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4373 Houston Avenue Macon, GA 31206	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on staff interview, record review, and review of the facility policy titled Abuse Prohibition-Reporting and Investigating, the facility failed to ensure that an allegation of abuse was reported to the state survey agency for one resident (R) (R8) from a total sample of nine residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Abuse Prohibition-Reporting and Investigating, review date 12/27/2024, revealed the policy included that all allegations of abuse must be reported immediately, but no later than two hours. The Administrator or designee will notify the Complaint Investigation Intake and Referral Unit of the incident and the pending investigation.</p> <p>Review of R8's clinical record revealed that she was admitted to the facility on [DATE] and had diagnoses that included, but were not limited to, paranoid schizophrenia, generalized anxiety disorder, and hallucinations.</p> <p>Review of the 5/16/2025 Quarterly Minimum Data Set (MDS) assessment revealed that R8 was assessed as being cognitively impaired with a Brief Interview of Mental Status (BIMS) score of 3 out of 15.</p> <p>Further review of R8's clinical record revealed a 4/3/2025 Event-Initial Note that documented R8 sustained a fall in her room and laceration to the lips and inner mouth with moderate bleeding. The actions taken following the fall included R8 being sent to the hospital emergency room. Review of nurses' notes revealed R8 was hospitalized from [DATE] through 4/5/2025 and returned to the facility.</p> <p>Review of R8's hospital emergency department provider notes, dated 4/3/2025, revealed that R8 alleged she was raped six weeks prior at the facility. R8 named the perpetrator as R9. Review of the 4/3/2025 genitourinary exam findings revealed no abnormalities documented. Review of hospital case management notes, dated 4/5/2025, revealed that R8 alleged that she was raped by R9 multiple times. Further review of the case management notes revealed that law enforcement was notified, along with R8's family and Registered Nurse (RN) AA at the facility.</p> <p>However, there was no evidence that the facility reported R8's allegation of rape to the State Survey Agency.</p> <p>During an interview on 6/9/2025 at 1:15 pm, the Director of Nursing (DON) confirmed that the facility did not submit an initial report to the State Survey Agency (SSA) for R8's rape allegation.</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
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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>During an interview on 6/12/2025 at 3:05 pm, RN AA confirmed she spoke with the hospital case manager on 4/5/2025 and was made aware of R8's rape allegation. RN AA stated she told the hospital case manager that R8 had made allegations in the past, and they had been looked into, but that R8 had not made any allegations prior to her going to the hospital on 4/3/2025. RN AA stated that she notified the DON and Administrator via text message on 4/5/2025. RN AA stated that on the following Monday, 4/7/2025, the allegation was discussed in the facility staff's morning meeting, and it was decided that it was not a true reportable to the SSA, and RN AA went ahead and made a note of the call from 4/5/2025.</p>		