

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  08/25/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>36377</p> <p>Based on observations, staff interviews, record review, and review of the facility policy titled, Use of Oxygen Therapy, the facility failed to ensure one of 14 residents (R) (R27) receiving oxygen (O2) therapy was administered O2 in accordance with the physician order. The deficient practice had the potential to place R27 at risk of respiratory complications.</p> <p>Findings include:</p> <p>A review of the facility's policy titled Use of Oxygen Therapy, dated 7/1/2024, revealed the section titled Guideline included, Physician's order for oxygen should be obtained and include oxygen with liter flow as ordered.</p> <p>A review of R27's clinical record revealed a diagnosis of chronic obstructive pulmonary disease (COPD), unspecified.</p> <p>A review of R27's Physician Order Form revealed an order dated 10/2/2023 for O2 via a nasal cannula (NC) at two liters per minute (LPM) as needed for SOB (shortness of breath) or wheezing.</p> <p>Observations on 8/23/2024 at 1:30 pm and 8/24/2024 at 2:00 pm revealed R27 lying in bed receiving O2 via a NC at 2.5 LPM instead of 2.0 LPM.</p> <p>During observation and interview on 8/25/2024 at 11:45 am, the Administrator and Director of Nursing (DON) confirmed R27 was receiving O2 at 2.5 LPM instead of 2.0 LPM. The DON stated her expectation was for O2 to be administered per the physician's order. The Administrator reported staff will receive education on following physician's orders for O2.</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
---	-------	-----------

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  08/25/2024
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>36377</p> <p>Based on observations, staff interviews, and a review of the facility policy titled, Storage Areas, the facility failed to ensure the dumpster area was maintained in sanitary conditions. The deficient practice had the potential to promote the harboring of pests, insects, and other organisms. The facility census was 89 residents.</p> <p>Findings include:</p> <p>A review of the facility policy titled, Storage Areas, dated 12/29/2023, revealed the section titled Dumpster included, Area should be free of trash and debris. Containers should be kept in good condition and covered.</p> <p>Observations on 8/23/2024 at 8:45 am of the facility dumpster area with the Dietary Manager (DM) revealed two of the three dumpster lids were badly damaged and did not allow a secure closure. Further observation revealed broken pallet pieces and large pallets covered with dirt and debris on the ground between two of the dumpsters.</p> <p>During an interview on 8/23/2024 at 10:00 am, the Maintenance Director and DM confirmed the observations. The Maintenance Director reported their vendors deliver supplies, on pallets, to the facility every Tuesday and the last delivery was on 8/20/2024. He further stated the Housekeeping Staff usually unloaded the delivery truck and should place the pallets in the dumpsters. The Maintenance Director stated he would have the dumpsters replaced.</p> <p>In an interview on 8/24/2024 at 11:10 am, the Housekeeper Supervisor reported being unaware that her staff was assigned to place the pallets in the dumpster.</p> <p>In an interview on 8/25/2024 at 11:13 am, the Administrator reported she planned to have all staff monitor the dumpster area for cleanliness and trash. She reported being unaware of the lids being badly dented and that staff were leaving broken pallets on the ground. She stated that her expectation was for staff to maintain the dumpster in a sanitary manner. She further stated that all staff were responsible for reporting damages and any concerns about the dumpster area not being maintained in a sanitary manner.</p>		