

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2025
NAME OF PROVIDER OR SUPPLIER Golden Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 S William St Atlanta, TX 75551	
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain all mechanical, electrical, and patient care equipment in safe operating condition for 1 of 4 resident raised toilet seat reviewed for essential equipment (Resident #1). Resident #1's raised toilet seat had a missing anti-slip rubber foot. This failure could result in resident falls and injury while the raised toilet seat. Record review of an undated face sheet, revealed Resident #1 was a [AGE] year-old female that admitted on [DATE]. Resident #1 had diagnoses of dementia (an umbrella term for a decline in mental ability severe enough to interfere with daily life, affecting memory, thinking, language, and problem-solving), COPD (a group of diseases that cause airflow blockage and breathing-related problems), and anxiety. Record review of a quarterly MDS assessment dated [DATE] revealed Resident #1 had a BIMS score of 07, which indicated moderate cognitive impairment. The MDS also indicated Resident #1 required supervision for transfer from to and from the toilet. The MDS further indicated that a walker was Resident #1's primary mode of mobility. Record review of a care plan dated 08/21/2025 revealed Resident #1 was at risk for falls related to being in a new environment. Fall interventions listed for Resident #1 increased monitoring and raised toilet seat. During an observation and interview on 12/09/2025 at 10:15 a.m., it was noted that Resident #1 had a sitter for monitoring related to the falls. Resident #1 was noted to have a raised toilet seat. The right front leg of the raised toilet seat was noted to be missing the anti-slip rubber foot on the left front leg. Resident #1 was unable to tell how long the rubber foot had been missing. Upon touching the raised toilet seat, it was noted to rock slightly when weight was applied to the left side of the raised seat. During an observation on 12/09/2025 at 1:00 p.m., Resident #1's raised toilet seat continued to be missing the anti-slip rubber foot on the left front leg of the seat. During an interview on 12/09/2025 at 2:00 p.m., the maintenance director stated there was no specific schedule to check equipment for function and safety. He stated the system for fixing broken equipment was for the staff to leave the information about the broken item on one of two clipboards he had in the facility. He stated he checked them and made repairs twice daily. The maintenance director stated there was no record of the missing anti-slip foot on the raised toilet seat. During an interview on 12/09/2025 at 1:15 p.m., the DON stated it was important for all residents to have functioning equipment. The DON stated non-functioning equipment could result in serious injury from falls and other accidents. The DON stated the maintenance man was responsible for making monthly checks on equipment, as well as completing any work orders. During an interview on 12/09/2025 at 2:30 p.m., the Administrator stated it was the maintenance director's responsibility to maintain all equipment in the facility. The Administrator stated it was important to have functioning equipment for all residents for safety. The Administrator stated they had no policy on the functioning of essential equipment.</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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