STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675490	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Villa	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)
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident who was unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming and personal and oral hygiene for 1 of 3 residents (Resident #1) reviewed for quality of life. The facility failed to provide Resident #1 incontinent care, after she had an episode of bowel incontinence on 02/11/2026. This failure could place residents at risk of not receiving the services and care needed, decreased self-esteem, and a decreased quality of life.Findings included: Record review of a face sheet dated 02/11/2026 indicated Resident #1 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included Alzheimer's disease (progressive disease that destroys memory and other important mental functions), dementia (loss of memory, language, problem solving and other thinking abilities that were severe enough to interfere with daily life), and anxiety disorder (mental illness defined by feelings of uneasiness, worry and fear). Record review of Resident #1's Comprehensive MDS assessment dated [DATE] indicated she understood others and others understood her. The MDS assessment indicated Resident #1 had a BIMS score of 5, which indicated her cognition was severely impaired. The MDS assessment indicated Resident #1 required substantial/maximal assistance with toileting, dressing, and personal hygiene. Record review of Resident #1's care plan revised 02/08/2026 indicated she required substantial/maximal assistance with ADLs. Resident #1's care plan indicated she required assistance of 1 staff member for toileting to toilet her every 2 hours and as needed and perform incontinent care after each incontinent episode. During an observation and interview on 02/11/2026 at 10:18 AM, Resident #1 was sitting in her wheelchair in her room her pajama pants were stained brown from her crotch area, and there was an odor of stool. Resident #1 was fidgeting and attempted to grab some clean clothes laying on her bed. Resident #1's verbalizations were incomprehensible. Hospitality Aide A was sitting with Resident #1 in her room, and she said Resident #1 needed to be changed because she had a bowel movement. Hospitality Aide A said she told NA B Resident #1 had an incontinent episode and needed to be changed about an hour ago, and she was waiting for her to come change her. During an observation and interview on 02/11/2026 at 10:45 AM, LVN C said NA B was on break. LVN C said NA B had not told her Resident #1 required incontinent care before she went to break. LVN C said NA B should have reported to her Resident #1 needed incontinent care, and she would have done it or asked for another CNA to do it. LVN C said the residents not being provided incontinent care promptly could result in skin breakdown. LVN C said she had to find a CNA to provide the incontinent care for Resident #1. LVN C said she was going to have to give Resident #1 a shower. LVN C and the ADON showered Resident #1 because she had stool all over her front perineal area. During an interview on 02/11/2026 at 11:23 AM, Resident #1's family member said often when they observed Resident #1's dirty clothing it was soaked in urine. During an interview on 02/11/2026 at 2:27 PM, NA B said she was providing care for Resident #1, but she was not aware Resident #1 needed incontinent (continued on next page)

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	care before she went on her break. NA B said she went to break before 11, checked on Resident #1 before she went to break, and Resident #1 did not need incontinent care. NA B said incontinent care should be provided promptly because it could cause bed sores or the residents' skin could be bad. During an interview on 02/11/2026 at 5:29 PM, the DON said his expectations were that before any break was completed the residents care should be provided. The DON said Resident #1 should have been provided incontinent care when Hospitality Aide A reported to NA B she needed it. The DON said not providing prompt incontinent care could result in the residents having skin issues and it could also be a dignity issue. During an interview on 02/11/2026 at 5:50 PM, the Administrator said his expectations were incontinent care should be provided before the staff went on break. The Administrator said he expected incontinent care to be provided promptly, and all staff should be assisting with ensuring it happened. The Administrator said managers were supposed to provide oversight to ensure incontinent care was being provided. The Administrator said not providing incontinent care promptly could result in skin breakdown. Record review of the facility's policy dated, 11/28/2017, titled, QUALITY OF LIFE ADL CARE PROVIDED FOR DEPENDENT RESIDENTS, indicated, To appropriately address resident and facility practices that would affect the resident's ability to attain and maintain his/her highest practicable well-being. A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

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F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training. Based on interview and record review, the facility failed to not use any individual working in the facility as a nurse aide for more than four months on a full-time basis unless that individual completed a training and competency evaluation program for 2 of 3 Nurse Aides (NA B and NA D) reviewed for nursing services. The facility failed to ensure NA B and NA D were certified within the required time of four months. This failure could place residents at risk for receiving inappropriate care from an individual whose skill level was not known. Findings included: Record review of the undated Employee Data Calendar for NA D indicated NA D's date of hire was 01/03/2024. Record review of NA D's Certificate of Completion for the LTCR Nurse Aide Training and Competency Evaluation Program indicated it was completed on 12/31/2024. Record review of the undated Employee Data Calendar for NA B indicated NA B's date of hire was 11/12/2024. Record review of NA B's Certificate of Completion for the LTCR Nurse Aide Training and Competency Evaluation Program indicated it was completed on 02/16/2025. During an interview on 02/11/2026 at 2:25 PM, NA D said she worked at the facility full-time and provided care to the residents such as incontinent care and bathing. NA D said she could not remember when she completed her NA training, but it was sometime last year. NA D said she had not tested to become a CNA, and she did not have a test date scheduled. During an interview on 02/11/2026 at 2:27 PM, NA B said she worked full-time and provided care to the residents such as incontinent care and bathing. NA B said she did not remember when she completed her NA training. NA B said she had not taken the test to become a CNA, and she did not have a test date scheduled. During an interview on 02/11/2026 at 5:39 PM, the DON said the Administrative Assistant was responsible for ensuring the NAs were certified when they were supposed to. The DON said the NAs had up to one year to get certified. The DON said it was important for the NAs to be certified within the required timeframe to ensure they were competent. During an interview on 02/11/2026 at 5:44 PM, the Administrative Assistant said she and the staffing coordinator were responsible for ensuring the NAs were certified within the required timeframes. The Administrative Assistant said they had been without a staffing coordinator, and one was hired today. The Administrative Assistant said she was not sure what the required timeframe was for the NAs to get certified. The Administrative Assistant said it was important for the NAs to become certified within the required timeframe to ensure the residents were receiving the proper care and their training was correct. During an interview on 02/11/2026 at 5:58 PM, the Administrator said the DON and the Administrative Assistant kept a spreadsheet to ensure the NAs were certified within the required timeframe. The Administrator said the NAs had two years to become certified from when they completed their skills training. The Administrator said it was important for the NAs to be certified within the required timeframe because they would be required to repeat the NA class and would not be allowed to continue to work as NAs. Record review of the facility's policy revised, September 2011, titled, Nurse Aide Qualifications and Training Requirements, indicated, Nurse Aide is defined as any individual providing nursing or nursing-related services to residents in our facility who is not a licensed health professional. 3. In keeping with the Omnibus Budget Reconciliation Act of 1987 (OBRA), our facility will only employ those nurse aides who meet the requirements set forth in the federal and state statutes concerning the staffing of long-term care facilities. 4. Our facility will not use any individual as a nurse aide for more than four (4) months full-time, temporary, per diem, or other basis, unless: a. That individual is competent to provide nursing and nursing related services; and b. That individual has completed a training program and competency evaluation program, or a competency evaluation program approved by the state; or c. That individual has been deemed competent as provided (continued on next page)

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F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	in S483.150(a) and (b) of the Requirements of Participation.