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	05/19/2026

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide or obtain laboratory services to meet the needs of 1 of 5 (Resident #1) residents reviewed for laboratory services.The facility failed to obtain a urinalysis with culture and sensitivity (a laboratory test that grows and identifies bacteria or yeast in a urine sample to diagnose a urinary tract infection. The sensitivity test is then performed on the cultured germs to determine which specific antibiotic, or antifungal medication will effectively treat the infection) for Resident #1 per physician's order placed on 12/18/26.This failure could place residents at risk of delays in treatment, and/or deterioration in condition Findings include:Record review of a face sheet dated 05/18/26 revealed Resident #1 was an [AGE] year-old female admitted to the facility on [DATE] with the diagnoses including dementia, coronary artery disease, and chronic kidney disease.Record review of a quarterly MDS assessment dated [DATE] revealed Resident #1 had a BIMS score of 07, which indicated severe cognitive impairment. The MDS indicated Resident #1 required supervision or touching assistance with ADLs.Record review of a care plan last revised on 04/13/26 revealed Resident #1 experienced symptoms of fatigue, weakness, and confusion related to anemia. There was an intervention to obtain lab reports and report to physician as ordered.Record review of physician's orders dated 12/18/25 revealed Resident #1 had an order for a urinalysis with culture and sensitivity.Record review of the health record on 05/09/26 revealed Resident #1 had no lab results for the ordered urinalysis with culture and sensitivity.During an interview on 05/19/26 at 1:50 p.m., the DON said he was on vacation in December 2025. He said ultimately, he was the one responsible for making sure urinalysis and lab work were followed through with. He said he was not aware that Resident #1 had an order. He said normally those orders came through their morning meetings. He said he was not sure why it had not been done. He said it was important to follow orders to improve resident outcomes. He said the doctor wrote those orders as a diagnostic test and it was their responsibility to carry those orders out.During an interview on 05/19/26 at 1:58 p.m., the Administrator said they had been unable to find the urinalysis results for Resident #1 that were ordered on 12/18/25. He said he was not sure if she had refused or what had happened. He said he could not find any documentation about the urinalysis except for the order. He said it was important for any order to be completed so they knew how to treat the resident. He said it was super important for the well-being of the resident and quality of care.Record review of the Lab and Diagnostic Test Results - Clinical Protocol facility policy last revised September 2012 indicated, .The physician will identify and order diagnostic and lab testing based on diagnostic and monitoring needs.The staff will process test requisitions and arrange for tests .A nurse will review all results.

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards in 1 of 1 kitchen reviewed for food service safety.The facility failed to ensure frozen food items were stored properly in their walk-in freezer.This failure could place residents at risk of foodborne illness and food contamination.Findings include:Findings include:During an observation on 05/18/26 at 10:15 a.m., in the walk-in freezer there was a thin ice buildup on the ceiling of freezer. On the left top shelf, there were bags of food items with thick frost build-up. The bags were stuck together into one lump and could not be pulled apart to check dates or labels. In the center of the freezer, there were three stacks of boxes approximately 5 - 6 feet high on top of plastic milk crates and a cart with boxes on it. The stacks of boxes and cart were blocking access to the shelves in the freezer.During an interview on 05/19/26 at 1:04 p.m., Dietary Aide A said they had problems with the freezer for years. She said they need a day to actually get everything out and clean it. She said one person could not clean it by themselves. She said to access the shelves they had to pull out all three stacks of boxes and the cart with boxes. She said the bags of food on the shelves were covered with frost and frozen together. She said there was no way to check the dates on the bags. She said the food could very well be freezer burned and there was no way to tell with them covered in frost and stuck together. She said she could not say if the bags of food on the shelves were bad or good.During an interview on 05/19/26 at 1:11 p.m., the Dietary Manager said the freezer was a disaster. She said they had not had time to clean it. She said they had only been adding food to the freezer. She said she was aware of the frost buildup on the bags of foods on the shelves and not being able to pull the bags apart to check for dates or labels. She said it was important to make sure all foods were accessible to make sure they were not freezer burnt. She said if freezer burnt food or out of date food were served to a resident, it could make them sick. When asked how they functioned in the freezer she said, very carefully.During an interview on 05/19/26 at 1:35 p.m., the DON said it was important to serve fresh foods. He said mealtime was one of the favorite times for the residents. He said it was important for the food to be rotated out in the freezer to prevent spoilage and infection.During an interview on 05/19/26 at 1:58 p.m., the Administrator said everything in the freezer should be unpacked, labeled, and stored in the right order. He said there should not be any boxes in the freezer. He said he would expect for the freezer to be defrosted. He said he was not sure why it was not, because it was a self-defrosting freezer. He said food that was not stored properly could change the food quality and nutritional value.Record review of the Sanitization facility policy last revised October2018 indicated, .The food service area shall be maintained in a clean and sanitary manner.All kitchens, kitchen areas and dining areas shall be kept clean.The Food Services Manager will be responsible for scheduling staff for regular cleaning of kitchen and dining areas. Food service staff will be trained to maintain cleanliness throughout their work areas during all tasks, and to clean after each task before proceeding to the next assignment.

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure the facility assessment was reviewed and updated as necessary, and at least annually, to include the resident population, diseases, conditions, physical and behavioral health needs, cognitive status, acuity of the resident population, and other pertinent information for 1 of 1 facility.The facility failed to include any resident disease, conditions, physical and behavioral health needs, cognitive status, and acuity of the resident population as well as the number of staff to care for the resident population on the Facility Assessment.This failure could affect residents by not having the necessary resources to ensure appropriate care was provided.Findings included: Record review of the facility assessment dated [DATE] revealed, .The Facility Assessment is required by the nursing home Requirements of Participation to identify and analyze the facility's resident population and identify the personnel, physical plant, and environment and emergency response resources needed to competently care for the resident during day-to-day operation, including nights and weekends, and emergencies. The section titled Resident Acuity section did not indicate an outline of the acuity of their resident population. The section titled Special Treatments and Conditions did not indicate any information concerning the resident population. Part 3: Facility Resources Needed to Provide Competent Support and Care for our Resident Population Every Day and During Emergencies in the section titled Staff Planning did not indicate the number of nurse aides needed for the day shift, evening shift and the night shift. During an interview on 05/19/2026 at 1:09 p.m., the Administrator stated he must have overlooked adding the resident acuity information and the number of nurse aides needed to provide the care. He stated the purpose of the facility assessment was to give a summary of the types of residents they cared for and give a base for how many different staff it would take to care for the different levels of acuity in the facility. He stated it was an important tool for the facility to use to provide care that promoted quality of life for the residents, and though it was not looked at every day for staffing purposes, it was a guide to the facility on how many people to staff in the different positions, like nurses and CNAs on each shift. He stated he did not feel missing the information affected the facility because they still staffed based on resident need. An undated policy titled ?Facility Assessment' revealed the facility assessment includes a detailed review of the resident population. This part of the assessment includes: a. Resident census data from the previous 12 months;b. Resident capacity of the facility and its occupancy rate for the past 12 months;c. Factors that affect the overall acuity of the residents, such as the number and percentage of residentswith:(1) Need for assistance with ADLs;(2) Mobility impairments;(3) Incontinence (bowel or bladder);(4) Cognitive or behavioral impairments; and(5) Conditions or diseases that require specialized care (e.g., dialysis, ventilators, wound care). The facility assessment also includes a detailed review of the resources available to meet the needs of the resident population. This part of the assessment includes: e. All personnel, including:(1) Directors;(2) Managers;(3) Regular employees (full and part time);(4) Contracted staff (full and part time); and(5) Volunteers.