

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/21/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/26/2022
NAME OF PROVIDER OR SUPPLIER Orchard View Rehabilitation & Skilled Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8414 Whitesville Road Columbus, GA 31907	
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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46258</p> <p>Based on observation, interview, and record review, the facility failed to ensure accommodation of needs were met for one (Resident [R] #47) of 25 sampled residents. Specifically, the resident's call light was not maintained within the reach of the resident.</p> <p>Findings include:</p> <p>A review of R#47's annual Minimum Data Set (MDS), dated [DATE], revealed R#47 had diagnoses that included non-Alzheimer's dementia, hemiplegia or hemiparesis, psychotic disorder, schizophrenia, unspecified dementia without behavioral disturbances, and dysphagia. Further review of the MDS revealed R#47's Brief Interview for Mental Status (BIMS) score was four, indicating severe cognitive impairment. The MDS revealed R#47 was dependent on staff for all activities of daily living.</p> <p>A review of R#47's Care Plan, dated 03/24/2022, revealed that R#47 had self-care/mobility deficits due to advanced age, multiple medical factors, a diagnosis of lupus, history of encephalopathy due to urosepsis, and pneumonia. One of the approaches for this care plan was to keep the call light within easy reach and check on needs frequently. An additional care plan, dated 03/24/2022, revealed R#47 had a diagnosis of systemic lupus, psychosis due to a history of mood disorder, catatonic schizophrenia, and dementia. Interventions included keeping the call light within easy reach and checking needs on a frequent basis.</p> <p>Observations of R#47 on 05/23/2022 at 2:53 PM and on 05/25/2022 at 8:42 AM, 11:31 AM, and 3:10 PM revealed R#47 was lying in the bed with the call light hanging off the bed rail, outside of the reach of the resident.</p> <p>An interview with Certified Nursing Assistant (CNA) RR on 05/25/2022 at 3:17 PM revealed all call lights should be in the resident's hand or near the resident. The call light should be in a spot they could reach.</p> <p>An interview with Licensed Practical Nurse (LPN) HH on 05/25/2022 at 3:40 PM revealed the call light should be in the resident's hand or close to their hand.</p> <p>An interview with Restorative CNA OO on 05/25/2022 at 3:50 PM revealed the call light should always be within the resident's reach.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/25/2022 at 4:08 PM the Administrator revealed there was no policy and procedure for call lights.</p> <p>An interview with the Administrator and Director of Nursing on 05/26/2022 at 9:25 AM revealed the expectation was the call light should be within reach at all times.</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34575</p> <p>Based on interview, record review, and review of policies titled Change in Resident Condition and Insulin Protocol, the facility failed to notify the physician and the responsible party following two events of hypoglycemia for one (Resident [R] #33) of two sampled residents reviewed for a change in condition.</p> <p>Findings include:</p> <p>A review of the facility policy titled, Change in Resident Condition, initiated on 03/02/2021, revealed, . Healthcare professionals maintain communication with the physician, resident/patient and/or the responsible party when the resident/patient experiences changes in status which affect the current level of care. Procedure: The procedure for assuring compliance with this policy includes but is not limited to, the following measures: 1) The appropriate facility staff will immediately inform the resident/patient, physician and/or resident patient legal representative when there is: b. A significant change in the residence [sic]/ patient's physical, mental, or psychosocial status. 3) Notification regarding resident change in condition will be documented in the medical record including the licensed nurse assessment of the change in any directives given by the physician. Licensed nursing will document the following information the medical record: a. Date/time of notification b. Name of person notified c. Significant response(s) from the notified parties.</p> <p>A review of the facility's undated Insulin Protocol, provided by Physician JJ, revealed the following directive: 5. Call physician for finger stick blood glucose that are < [less than] 50 mg [milligrams]/dl [deciliter].</p> <p>A review of the Face Sheet revealed the facility admitted R#33 with a diagnosis of type 2 diabetes mellitus with diabetic polyneuropathy. Review of R#33's quarterly Minimum Data Set (MDS), dated [DATE], revealed R#33 was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15 out 15, which indicated no cognitive deficits. R#33 received insulin seven of seven days during the seven-day look back period.</p> <p>A review of R#33's Departmental Notes revealed a nurses note written by Unit Manager (UM) NN and dated 04/03/2022 at 3:47 AM. The note indicated at 2:45 AM the resident's blood sugar was taken and was 30. The resident was alert, shaking, and had trouble speaking. The resident was given orange juice and a sandwich and was able to eat without difficulty. At 3:40 AM, the resident's blood sugar was 93 and was able to speak clearly. The note did not include documentation that the physician or responsible party was notified.</p> <p>A review of R#33's Departmental Notes revealed a nurses note written by Licensed Practical Nurse (LPN) MMM and dated 05/24/2022 at 6:56 AM. The note indicated the nurse was called into the resident's room due to the resident yelling. The resident was shaking uncontrollably and yelling and was unable to respond to the nurse. The resident's blood sugar was checked and was 35. The nurse administered glucose and the resident's blood sugar dropped to 28. The nurse gave the resident a coke and orange juice and the resident's blood sugar eventually went back up. The last blood sugar taken was 228. The note did not contain documentation that the physician or responsible party was notified.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/23/2022 at 2:00 PM, R#33 was interviewed in the resident's room. During the interview, R#33 stated a history of experiencing hypoglycemic episodes in the mornings and one time it was as low as 28. The resident indicated that was not a pleasant feeling.</p> <p>During an interview on 05/25/2022 at 11:28 AM, R#33's responsible party stated there had been no contact from the facility when the R#33 had hypoglycemic events.</p> <p>On 05/25/2022 at 4:43 PM, Physician JJ stated for significant hypoglycemia nursing staff were to call him. Physician JJ was asked if he was notified when R#33 experienced two recent hypoglycemic events. He responded that he did not remember, but he felt sure they would have called him because that's what they do.</p> <p>On 05/26/2022 at 9:07 AM, attempted to contact LPN MMM to discuss the hypoglycemic event that occurred on 05/24/2022 but LPN MMM was not available for interview.</p> <p>During an interview on 05/26/2022 at 9:18 AM, UM NN stated that if blood sugars were over 450, they followed Physician JJ's protocol found in the chart, and if the blood sugars were below 50 to also follow the protocol and to call the physician. UM NN further stated that she would document the event and notification in the nursing notes. UM NN stated she did not believe she called the physician when the resident had a low blood sugar on 04/03/2022. UM NN stated that the resident recovered quickly and was able to drink and eat a snack. UM NN stated, Notification of the doctor allows him to know what is happening and he can make changes as needed so it does not happen in the future.</p> <p>On 05/26/2022 at 9:31 AM, RN EEE stated in an interview if a resident's blood sugar was less than 50 the resident's physician should be notified. RN EEE stated the physician may need to change dosing of insulin to keep the resident from continuing to have hypoglycemic events.</p> <p>On 05/26/2022 at 2:05 PM, the Director of Nursing (DON) was made aware of the concern that the physician and responsible party had not been notified when R#33 had two separate hypoglycemic events. The DON stated her expectation regarding notification included to follow the physician's protocols/orders to treat the resident's hypoglycemic/hyperglycemic events, and if there were multiple events the physician should have been made aware.</p> <p>On 05/26/2022 at 3:44 PM, the Administrator was made aware of the concern regarding notification of the physician and responsible party. The Administrator stated that it was his expectation that the nursing staff follow protocols and to call the physician.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34575</p> <p>Based on observations, interviews, and record review, the facility failed to ensure staff followed a care plan for two of 25 sampled residents (Resident [R] #33 related to hypoglycemic/hyperglycemic episodes and R #52 related to oxygen usage) reviewed for care plans.</p> <p>Findings include:</p> <p>1. A review of the Face Sheet revealed the facility admitted R#33 with a diagnosis of type 2 diabetes mellitus with diabetic polyneuropathy. Review of R#33's quarterly Minimum Data Set (MDS), dated [DATE], revealed R#33 was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated no cognitive deficits. R#33 received insulin seven of seven days during the seven-day look back period.</p> <p>The Care Plan, dated 06/21/2021, revealed that R#33 was at risk for abnormal bloods sugars and complications related to a diagnosis of diabetes. Interventions included to follow facility protocol for hypoglycemic/hyperglycemic episodes.</p> <p>A review of R#33's Departmental Notes revealed a nurses note written by Unit Manager (UM) NN and dated 04/03/2022 at 3:47 AM. The note indicated at 2:45 AM the resident's blood sugar was taken and was 30. The resident was alert, shaking, and had trouble speaking. The resident was given orange juice and a sandwich and was able to eat without difficulty. At 3:40 AM, the resident's blood sugar was 93 and was able to speak clearly. The note did not include documentation that the physician or responsible party was notified.</p> <p>A review of R#33's Departmental Notes revealed a nurses note written by Licensed Practical Nurse (LPN) MMM and dated 05/24/2022 at 6:56 AM. The note indicated the nurse was called into the resident's room due to the resident yelling. The resident was shaking uncontrollably and yelling and was unable to respond to the nurse. The resident's blood sugar was checked and was 35. The nurse administered glucose and the resident's blood sugar dropped to 28. The nurse gave the resident a coke and orange juice and the resident's blood sugar eventually went back up. The last blood sugar taken was 228. The note did not contain documentation that the physician or responsible party was notified.</p> <p>2. A review of the quarterly Minimum Data Set (MDS) assessment, dated 03/18/2022, revealed R#52 had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive deficits. Additionally, R#52's MDS revealed R#52 had shortness of breath or trouble breathing with exertion, while sitting at rest, and lying flat. The MDS indicated R#52 was receiving oxygen therapy.</p> <p>A review of R#52's Care Plan, updated 03/11/2022, revealed the resident was at risk for impaired gas exchange/respiratory distress and shortness of breath due to a diagnosis of acute/chronic respiratory failure with hypoxia and chronic obstructive pulmonary disease (COPD) exacerbation. An approach was to administer oxygen as ordered.</p> <p>A review of the Physician's Orders for May 2022 revealed an order dated 03/11/2022 for oxygen at four liters via nasal cannula.</p> <p>(continued on next page)</p>		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>An observation on 05/23/2022 at 9:25 AM with R#52 confirmed R#52's oxygen was set at five liters per minute.</p> <p>An observation of R#52 in their room on 05/25/2022 at 2:56 PM revealed R#52 was receiving oxygen at five liters per minute.</p> <p>An interview with the Director of Nursing (DON) on 05/26/2022 at 1:25 PM revealed it was important for staff to follow facility policy regarding care plans.</p> <p>An interview with the Administrator on 05/26/2022 at 1:34 PM revealed he expected the staff to follow each resident's care plan.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46535</p> <p>Based on observations, interviews, record review, and review of Wound Care Suggestive Guidelines, the facility failed to ensure care and treatment was provided to treat a skin tear for one of two residents (Resident [R] #105) who was reviewed for non-pressure related skin conditions. Specifically, R#105 obtained a skin tear to the hand and the facility failed to assess the area and provide treatment according to the facility's wound care guidelines.</p> <p>Findings include:</p> <p>Review of the facility's Wound Care Suggestive Guidelines, undated, revealed skin tear treatment options were to monitor for infection, put arrow on dressing in direction of flap to protect integrity of flap. The guidelines further noted that the frequency of the dressing change was every three days and as needed.</p> <p>A review of R#105's quarterly Minimum Data Set (MDS), dated [DATE], revealed the resident had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident had moderate cognitive impairment. The MDS indicated the resident had no skin conditions.</p> <p>A review of Departmental Notes dated 05/20/2022 at 8:18 PM, revealed a nursing note that indicated the resident's responsible party reported R#105 slid out of their wheelchair during dinner with family outside of the facility. A skin tear was noted on the dorsal side of the left hand and the resident denied pain or discomfort.</p> <p>An observation on 05/23/2022 at 2:13 PM, revealed R#105 was in room with a dressing applied to left hand. The dressing had a date of 05/20/2022 written on the top of the bandage. An interview with R#105 at the time of the observation revealed R#105 reported that they had fallen, tried to stop the fall, and obtained a skin tear on the hand.</p> <p>A review of the medical record on 05/24/2022 at 1:26 PM revealed no orders for wound or skin care were located on the treatment administration record (TAR) for the month of May 2022. The resident did not have any treatments; therefore, the resident did not have a TAR.</p> <p>A review of the Physician's Orders for May 2022 revealed there was no order for treatment for the skin tear to R#105's left hand until 05/25/2022.</p> <p>Observations of R#105 on 05/24/2022 at 2:59 PM and again on 05/25/2022 at 10:09 AM revealed the dressing on the left hand was in place and had the date 05/20/2022 written on the dressing.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/25/2022 at 10:10 AM, Licensed Practical Nurse (LPN) KK indicated R#105 received a skin tear on left hand on 05/20/2022. LPN KK reported that when a skin tear was identified, the nurse who identified it should address it and decide what treatment was needed for the injury. The treatment nurse was then notified to assess the area and the treatment changed if the treatment nurse decided other treatment options were better. LPN KK attempted to look up the treatment order in the electronic medical record for R#105's skin tear. After looking for the order, LPN KK stated there was no order for a treatment for the skin tear. LPN KK reported that the same dressing should not have been in place for five days.</p> <p>During an interview on 05/25/2022 at 3:41 PM, Unit Manager (UM) LL reported that if a resident obtained a skin tear, the nurse who identified it would implement the first treatment for it and notify the treatment nurse. The treatment nurse would then assess the skin tear and decide if the treatment was appropriate. UM LL also indicated that when a resident obtained a skin tear there should be an order written, family should be informed, staff should communicate with the next shift, and it should be placed on the 24-hour report. UM LL reported that the dressing should have been changed at least every three days.</p> <p>During an interview on 05/25/2022 at 3:51 PM, LPN PP reported she was the treatment nurse and that she had not been made aware of a skin tear on R#105.</p> <p>During an interview on 05/26/2022 at 9:40 AM, the Director of Nursing (DON) reported that skin tears should be treated, family notified, and orders on the wound care protocol sheet should be implemented. The DON reported that the expectations of the staff was for the wound care protocols to be followed.</p> <p>During an interview with the Administrator on 05/26/2022 at 9:55 AM, he reported that the expectation was to follow the policy and procedure for treatments of skin tears.</p>		

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<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>46258</p> <p>Based on observations, interviews, record reviews, and review of policy titled, Oxygen Therapy Guidelines/Equipment changes, the facility failed to ensure oxygen was provided according to physician's orders for one of one resident (Resident [R] #52) who was reviewed for oxygen use. Specifically, R#52's was receiving oxygen at a rate of five liters per minute but the Physician's Orders were for oxygen at 4 liters per minute.</p> <p>Findings include:</p> <p>A review of the facility policy titled Oxygen Therapy Guidelines/Equipment changes, undated, revealed Protocol: III. The following sequence should be used in evaluating adjusting (titrating) a patient's oxygen therapy: F. Document new liter flow or discontinuance of oxygen therapy in patient chart and notify physician/RN [Registered Nurse]/RRT [Registered Respiratory Therapist] per accepted protocol mechanism. Clinical Responsibilities: II. The following guidelines will be adhered to in all oxygen therapy patients at all times: A. All oxygen titration will be communicated to and coordinated between the nurse and the RRT in charge of the patient.</p> <p>An observation on 05/23/2022 at 9:25 AM with R#52 in R#52's room revealed oxygen set at five liters per minute.</p> <p>An observation of R#52 in room on 05/25/2022 at 2:56 PM revealed R#52 was receiving oxygen at five liters per minute.</p> <p>A review of the Face Sheet for Resident (R) #52 revealed the facility admitted the resident with diagnoses that included heart failure, hypertensive heart disease with heart failure, and chronic obstructive pulmonary disease with (acute) exacerbation.</p> <p>A review of the quarterly Minimum Data Set (MDS) assessment, dated 03/18/2022, revealed R#52 had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive deficits. Additionally, R#52's MDS revealed R#52 had shortness of breath or trouble breathing with exertion, while sitting at rest, and lying flat. The MDS indicated R#52 was receiving oxygen therapy.</p> <p>A review of the Physician's Orders for May 2022 revealed an order dated 03/11/2022 for oxygen at four liters via nasal cannula.</p> <p>A review of Departmental Notes, dated 03/22/2022, revealed a respiratory therapy note that indicated R#52's oxygen was in use via a nasal cannula at five liters per minute and that the resident requested the oxygen liter flow be increased from four liters per minute due to feeling short of breath the previous day after moving back to their room. The note further indicated R#52's oxygen saturation was 99%, and indicated the resident wanted to leave the liter flow rate at five liters per minute.</p> <p>Further review of Departmental Notes, dated 05/20/2022, 05/23/2022, and 05/25/2022 revealed documentation by respiratory therapy that R#52 was receiving oxygen via a nasal cannula at five liters per minute.</p> <p>(continued on next page)</p>		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>An interview with Certified Nursing Assistant (CNA) QQ on 05/26/2022 at 11:10 AM revealed R#52's oxygen should be at four liters per minute.</p> <p>An interview with Licensed Practical Nurse (LPN) MM on 05/26/2022 at 11:15 AM revealed R#52's oxygen should be at four liters per minute.</p> <p>An interview with Respiratory Therapist SS on 05/26/2022 at 12:00 PM revealed R#52's oxygen should be on five liters of oxygen and had been for a few weeks.</p> <p>An interview with the Administrator on 05/26/2022 at 1:50 PM revealed all physician orders should be followed and any changes in an order should be communicated to the pharmacy and staff.</p> <p>An interview with the Director of Nursing (DON) on 05/26/2022 at 1:59 PM revealed all physician's orders were expected to be followed. If there were any changes made, they should be communicated to the staff.</p>		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34575</p> <p>Based on record review, observations, interviews, and review of policy titled Adaptive Devices, the facility failed to assure that one of one sampled resident (Resident [R] #32) was provided with a therapy-recommended adaptive device to facilitate self-feeding during mealtimes. Specifically, R#32 was to utilize right angled silverware during meals; however, observations revealed the resident was utilizing regular utensils.</p> <p>Findings include:</p> <p>A review of the facility policy titled, Adaptive Devices, dated 11/28/2016, revealed, It is our policy to utilize adaptive devices at mealtime to facilitate resident's meal consumption. Procedure: It is the responsibility of the Dietary Supervisor to assure the Physician's order for adaptive devices is included on the diet tray card. It is the responsibility of the Dietary employee preparing the tray at mealtime to place the specified adaptive device directly onto the tray before releasing the tray to be served.</p> <p>During observations on 05/25/2022 at 5:45 PM, during mealtime, revealed R#32 was sitting upright in bed, in room, self-feeding. The food was mechanical soft, and the resident was eating with a regular spoon.</p> <p>During observation on 05/26/2022 at 9:10 AM, during mealtime, R#32 was sitting upright in bed, self-feeding. The food was mechanical soft and the resident was eating with a regular spoon.</p> <p>During observation on 05/26/2022 at 12:54 PM, during mealtime, R#32 was in the dining room eating lunch, using a divided plate and regular utensils.</p> <p>A review of the Face Sheet revealed the facility admitted R#32 with diagnoses which included hypertensive heart disease and dysphagia. A review of R#32's quarterly Minimum Data Set (MDS), dated [DATE], revealed R#32 had a Brief Interview for Mental Status (BIMS) score of 4, indicating severe cognitive impairment. Further review of the MDS revealed R#32 required supervision with the physical assistance of one-person for eating.</p> <p>A review of R#32's Care Plan, dated 12/28/2021, revealed R#32 had a problem of weight loss related to receiving a mechanically altered diet with pureed meats and nectar thickened liquids and required extensive eating assistance. The approaches included right angled silverware to assist with self-feeding and for staff to set-up the resident's tray and assist with meals as needed.</p> <p>A review of a dietary notes input by the Registered Dietitian (RD) FFF on 05/17/2022 revealed the resident had no significant weight change in the past 30 to 180 days. The note further indicated the resident received a mechanical soft diet with pureed meats and nectar thickened liquids. The note indicated that the resident took in approximately 75% for meals and required extensive assistance and utilized adaptive feeding devices.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/26/2022
NAME OF PROVIDER OR SUPPLIER Orchard View Rehabilitation & Skilled Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8414 Whitesville Road Columbus, GA 31907	
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 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility document titled, Restorative Nursing Program, dated 04/03/2021 revealed the equipment to be used for dining for R#32 was a divided plate, built up curved handle spoon, and Dycem.</p> <p>A review of the Physician's Orders for May 2022 revealed an order to provide right-handed silverware at meals.</p> <p>On 05/26/2022 at 12:07 PM, an interview was conducted over the telephone with RD FFF regarding R#32. RD FFF stated that R#32 had been eating well and was independent with eating, utilizing the right-angled utensils ordered for the resident for assistance with self-feeding. RD FFF stated when R#32 was using regular silverware, the resident was losing weight as it was difficult for the resident to self-feed. RD FFF stated that occupational therapy initiated the use of the adaptive equipment on or around 11/10/2021. RD FFF stated that the adaptive equipment was kept in the kitchen and the kitchen was aware of the need for adaptive equipment and it should be sent with the meal when it was served.</p> <p>On 05/26/2022 at 12:33 PM, an interview was conducted with Director of Rehabilitation (DOR) GGG. DOR GGG stated that R#32 was seen by occupational therapy (OT) back in April 2021, at which time the resident was placed on a restorative nursing program with the instruction to use a divided plate, built-up curved handled spoon, and Dycem (under the plate). DOR GGG further stated that R#32 was still on the program, and that in December 2021 the therapy staff reinforced the approach, as the resident had some decline with speech therapy and occupational therapy. They reiterated the need for a built-up spoon to be used.</p> <p>On 05/26/2022 at 10:13 AM, an interview was conducted with Licensed Practical Nurse (LPN) III. LPN III stated there were four residents who required assistance with feeding on the Grove Terrace unit. R#32 was not included in her list. LPN III further stated that R#32 does well with eating. LPN III stated that R#32 used a divided plate and regular silverware.</p> <p>Certified Nursing Assistant (CNA) JJJ, the team leader, was interviewed on 05/26/2022 at 12:57 PM in the dining room, where R#32 was eating at that time. CNA JJJ stated that the kitchen sent up any ordered adaptive equipment with the meal trays, and the CNAs were required to review the AAR book (the CNA book) to review the activities of daily living requirements for each resident. CNA JJJ stated that she would have to review the AAR book to determine if R#32 had any requirements for adaptive equipment. CNA JJJ showed reviewed the book and saw that R#32 was required to have right-handed silverware at meals. CNA JJJ stated that it should have come up from the kitchen.</p> <p>On 05/26/2022 at 1:06 PM, Registered Nurse (RN) EEE, Unit Manager, stated that she was unaware that R#32 required a right-handed utensil for mealtimes. She referred to the CNA AAR book and verified that it was documented in the book.</p> <p>On 05/26/2022 at 1:31 PM, an interview was conducted with Dietary Manager (DM) AA. The DM stated that when a resident required adaptive equipment the kitchen would receive a communication slip. Once the communication was received, the directive was put into the computer system so that when the individual menus were printed out it showed up on the menu. At the end of the plating line, the utensils were placed on the tray. If there was a directive for adaptive equipment that replaced the regular silverware, it was wrapped in the napkin in the same manner. The DM provided a copy of R#32's menu which revealed Angled Utensil was listed under the Beverages/Equipment section of the menu.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Orchard View Rehabilitation & Skilled Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8414 Whitesville Road Columbus, GA 31907	
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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 05/26/2022 at 2:06 PM, the Director of Nursing (DON) stated in an interview that it was her expectation that orders for adaptive equipment should be followed. She expected staff, licensed and unlicensed, to follow and know what was on the AAR (CNA book).</p> <p>In an interview on 05/26/2022 at 3:47 PM, the Administrator stated that his expectation was that staff followed the orders as written.</p>		