

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

Printed: 07/02/2025
Form Approved OMB
No. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115520 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/29/2023 |
| NAME OF PROVIDER OR SUPPLIER Sears Manor Nursing Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 3311 Lee Street Brunswick, GA 31521 | |
| 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39786</p> <p>Based on observations, staff interviews, and review of the facility policy titled, Maintenance Service. The facility failed to ensure that residents rooms and living environment was in good repair. Specifically, the facility failed to ensure residents room walls were free from scuff marks and holes, bathroom vents were free of dust, and that the baseboards were securely affixed to the wall boarders.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Maintenance Service dated 2008 under: Policy Interpretation and Implementation 1. The Maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. 2. A. Maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines. B. Maintaining the building in good repair and free from hazards. H. Providing routinely scheduled maintenance service to all areas.</p> <p>Observation on 6/27/2023 at 10:00 a.m. revealed dusty vent in adjoining bathroom of room [ROOM NUMBER]/104 and scuffed up wall and closet doors in room [ROOM NUMBER].</p> <p>Observation on 6/27/2023 at 10:04 a.m. and 6/28/2023 at 12:37 p.m. in room [ROOM NUMBER] bathroom, revealed hole in bathroom ceiling.</p> <p>Observation rounds on 6/29/2023 at 10:20 a.m. with the Administrator, Maintenance Director, and Housekeeping Director confirmed the following observations.</p> <p>Observation on 6/29/23 at 10:24 a.m. room [ROOM NUMBER] confirmed scuffed up walls at head of A bed, and baseboard coming off bottom of wall.</p> <p>On 6/29/2023 at 10:28 a.m. Confirmed two holes in wall in hallway between rooms [ROOM NUMBERS]. Maintenance director revealed it was where a Kiosk was taken down.</p> <p>On 6/29/2023 at 10:37 a.m. Room A 103-B Dusty vent in adjoining bathroom of room [ROOM NUMBER]/104.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: 115520 | Facility ID: 115520 If continuation sheet Page 1 of 9 |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 6/29/2023 at 10:38 a.m. Room A 104-B Dusty vent in adjoining bathroom of room [ROOM NUMBER]/104 and scuffed up wall and closet doors in room [ROOM NUMBER].</p> <p>On 6/29/2023 at 10:40a.m. Room A 106-A hole in bathroom ceiling.</p> <p>Interview on 6/29/2023 at 10:45 a.m. with the Administrator revealed they started repairs and remodeling on side one prior to covid and did not get to side two. We are working toward remodeling the whole facility. We do repairs and maintenance as they are identified and reported, and it takes about a month to get one room completed. There are plans to remodel every room eventually and a painter came in a couple weeks ago to give us a quote, we have not received it back yet. Further interview revealed that the expectation is for all maintenance concerns to be addressed as soon as possible. Any safety concerns or emergency requests will be given priority in making necessary repairs.</p> <p>48397</p> <p>Observations on 6/27/2023 at 9:02 a.m. and 11:58 a.m. revealed room (220 A) had a hole in the wall by the left side of the head of the bed, and a scuffed wall in several areas around the air conditioner and a strong odor of urine. room [ROOM NUMBER] bathroom had an opened brief laying on the grab bar by the toilet, the floor around the toilet had a brown/orange discoloration around it, the bathroom vent had fuzzy looking lint on it, and the bathroom had a strong odor of urine.</p> <p>Observation on 6/28/2023 at 9:15 a.m. room [ROOM NUMBER] A had a hole in the wall by the left side of the head of the bed, and a scuffed wall in several areas around the air conditioner and a strong odor of urine. In the private bathroom the floor around the toilet had a brown/orange discoloration around it, the bathroom vent had fuzzy looking lint on it, and the bathroom had a strong odor of urine.</p> <p>Observation and Interviews on 6/29/2023 at 10:24 a.m. with the Administrator, Maintenance Supervisor, and Housekeeping Supervisor verified the concerns identified in room [ROOM NUMBER] that included the hole in the wall at the head of the bed, the fuzzy looking bathroom vent, the strong urine odor in the room and bathroom, the orange/brown stains around the toilet and the scuffed wall underneath the air conditioner. The Maintenance Supervisor revealed that this room would need a full remodel. Maintenance Supervisor revealed that he checks the maintenance log every morning. The Administrator revealed that one room at a time is being remodeled.</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>48397</p> <p>Based on observation, record review, resident and staff interviews, and review of the facility policy titled, Care Plans-Comprehensive the facility failed to follow the care plan related to Activities of Daily Living (ADL) related to nail care for one of 29 residents (R) (R#21). This deficient practice had the potential to affect the continuity of care provided to R#21.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Care Plans-Comprehensive, dated 4/18/2017, revealed under Policy Statement: An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident.</p> <p>Review of the medical record revealed R#21 was admitted with diagnoses of but not limited contracture right hand, pain in right hand, feeding difficulties, need for assistance with personal care, and muscle weakness.</p> <p>Review of the Annual Minimum Data Sheet (MDS) 3/23/2023 revealed: Section G (Functional Status) personal hygiene and bathing-total dependent.</p> <p>Review of R#21's care plans revealed: ADL self-care performance deficit right hand contracture with edema. Date revised 6/7/2023. ADL self-care performance deficit related to unsteady gait secondary to generalized weakness, right hand contracture with edema, and bilateral hammer toes. Limited to extensive assistance with ADL's. Date revised on 6/7/2023.</p> <p>Observations on 6/27/2023 at 9:28 a.m., 6/28/2023 at 9:12 a.m., and 6/29/2023 at 10:35 a.m. revealed R#21's fingernails were excessively long, with dark matter under nails, his right hand appeared to have contractures, and his fingernails were rubbing his palm. He was unable to open the right hand completely when asked. The palm looks somewhat calloused with no open areas. He indicated he would like his nails trimmed.</p> <p>Interview on 6/28/2023 at 1:05 p.m. with Licensed Practical Nurse (LPN) MDS Coordinator LPN MDS DD revealed according to the Electronic Medical Record (EMR) R#21 was last screened on 4/7/2021 for contractures, mobility muscle tone, and transfers. She indicated she expects the staff to follow the care plan related to his ADL care.</p> <p>Interview on 6/29/2023 at 8:35 a.m. with the Administrator that he expects the nails of the residents to be trimmed and for staff to follow the care plan.</p> | | |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48338</p> <p>Based on observation, staff interview, record review, and review of the facility policy titled, Care Plans-Comprehensive the facility failed to ensure the care plan for one of three residents (R) R#19 was updated following a change in physician's order for oxygen.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Care Plans- Comprehensive dated 4/18/2017 revealed under Policy Interpretation and Implementation: 2. The comprehensive care plan is based on a thorough assessment that includes, but is not limited to, MDS.8. Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change.</p> <p>R#19 was readmitted on [DATE] with diagnosis of acute and chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease (COPD), chronic obstructive pulmonary disease with acute exacerbation, chronic respiratory failure, congestive heart failure, and dependence on supplemental oxygen.</p> <p>Record review of the comprehensive Minimum Data Set (MDS) dated [DATE] revealed R#19 had a Brief Interview for Mental Status (BIMS) of 11 (indicating moderately impaired cognition), required extensive assistance of one person with Activities of Daily Living (ADLS), did not receive oxygen during the lookback period.</p> <p>Record review of the Care Plan revealed a focus of R#19 has Emphysema/COPD, chronic respiratory failure, history of acute respiratory failure with hypercapnia and hypoxia. Shortness of breath lying flat and on exertion. She is on oxygen via nasal cannula at 2 liters per minute. The goal was for resident to be free of signs of respiratory infections through the next review date. Interventions included to keep the head of bed elevated to at least 30 degrees or out of bed upright in a chair during episodes of difficulty breathing; monitor for difficulty breathing on exertion; remind resident not to push beyond endurance; monitor for signs of acute respiratory insufficiency; oxygen settings of continuous oxygen via nasal cannula at 3 liters per minute.</p> <p>Review of the physician's orders revealed an order dated 5/25/2023 for oxygen 2 liters per minute through nasal cannula continuous, keep humidified.</p> <p>Observations on 6/28/2023 at 8:54 a.m. and on 6/29/2023 at 8:35 a.m. of R#19 revealed the resident was receiving oxygen at three (3) liters per minute via nasal cannula.</p> <p>Observation/Interview on 6/29/2023 at 9:00 a.m. of R#19 with Licensed Practical Nurse (LPN) EE verified the oxygen flow rate was set on three (3) liters per minute. Interview with LPN EE revealed R#19's physician's order was for oxygen at two (2) liters per minute via nasal cannula and should have been set according to the physician's orders.</p> <p>(continued on next page)</p> | | |

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| F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Interview on 6/29/2023 at 1:40 p.m. with the Director of Nursing (DON) revealed her expectations were for the nursing staff to follow the physician's order for oxygen administration. She further revealed it is the responsibility of each nurse to read and follow physician's orders and the oxygen policy as it is written. Cross reference F695 | | |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48397</p> <p>Based on observation, resident interview, staff interviews, record review, and review of the facility policy titled, Care of Fingernails/Toenails the facility failed to provide nail care for one of 29 residents (R) R#21, who is unable to independently carry out Activities of Daily Living (ADL).</p> <p>Findings include:</p> <p>Review of the facility policy titled, Care of Fingernails/Toenails, dated 12/11/2017, revealed under Policy Statement: the purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections. Policy Interpretation and Implementation: 3. Nail care includes daily cleaning and regular trimming. 4. Proper nail care can aid in the prevention of skin problems around the nail bed. 5. Unless otherwise permitted, do not trim the toenails of diabetic residents or residents with circulatory impairments. 6. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin.</p> <p>Review of the medical record revealed R#21 was admitted with diagnoses of but not limited to type two (2) diabetes mellitus, contracture right hand, pain in right hand, feeding difficulties, need for assistance with personal care, and muscle weakness.</p> <p>Review of the Annual Minimum Data Set (MDS) dated [DATE] revealed in Section C (Cognitive Patterns) a Brief Interview of Mental Status (BIMS) scores of 14 indicating little to no cognitive impairment. Section G (Functional status) revealed bed mobility-extensive assistance, transfer-total dependence, eating-supervision, toileting-total dependent, personal hygiene, and bathing- total dependent.</p> <p>Review of R#21's care plans revealed: ADL self-care performance deficit right hand contracture with edema. Date Revised 6/7/2023. ADL self-care performance deficit related to unsteady gait secondary to generalized weakness, right hand contracture with edema, and bilateral hammer toes. Limited to extensive assistance with ADL's. Date revised on 6/7/2023.</p> <p>Observation on 6/27/2023 at 9:28 a.m. revealed R#21 fingernails are excessively long, with dark matter under nails and the right hand appeared to have contractures and the fingernails were rubbing his palm. He was unable to open the right hand completely when asked. The palm looks somewhat calloused with no open areas.</p> <p>Observation on 6/28/2023 at 9:12 a.m. revealed R#21 was in bed and was asked if he would like his nails trimmed and he revealed yes and said he has asked staff to do it before. It appears that the nails are pressing into the R#21 right hand. R#21's fingernails were excessively long, with dark matter under nails and the right hand appeared to have contractures and the fingernails were rubbing his palm.</p> <p>Observation on 6/29/2023 at 10:35 a.m. of R#21 with the Administrator confirmed residents' fingernails were excessively long, with dark matter under nails and his right hand had contractures and his fingernails were rubbing his palm. During further interview it was confirmed R#21's nails were long and needed to be trimmed.</p> <p>(continued on next page)</p> | | |

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| F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Interview on 6/28/2023 at 11:40 a.m. with the Restorative Certified Nursing Assistant (CNA) Restorative CNA DD revealed CNA's do nail care when they give showers and R#21 had a shower yesterday. Cross reference F656 | | |

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48338</p> <p>Based on observation, record review, staff interview, and review of the facility policy titled, Oxygen Administration, the facility failed to provide the correct dosage of continuous oxygen for one of nine residents (R) (R#19) as ordered by the physician. The deficient practice had the potential to affect the respiratory status of R#19.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Oxygen Administration dated 3/24/2017 revealed the policy's interpretation and implementation. A. Verify there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration.</p> <p>R#19 was admitted to the facility with diagnoses of acute and chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease (COPD), chronic obstructive pulmonary disease with acute exacerbation, chronic respiratory failure, congestive heart failure, and dependence on supplemental Oxygen.</p> <p>Record review of the comprehensive Minimum Data Set (MDS) dated [DATE] revealed R#19 had a Brief Interview for Mental Status (BIMS) of 11 (indicating moderately impaired cognition), required extensive assistance of one person with Activities of Daily Living (ADLS), did not receive oxygen during the lookback period.</p> <p>Record review of the Care Plan revealed a focus of R#19 has Emphysema/COPD, chronic respiratory failure, history of acute respiratory failure with hypercapnia and hypoxia. Shortness of breath lying flat and on exertion. She is on oxygen via nasal cannula at 2 liters per minute. The goal was for resident to be free of signs of respiratory infections through the next review date. Interventions included to keep the head of bed elevated to at least 30 degrees or out of bed upright in a chair during episodes of difficulty breathing; monitor for difficulty breathing on exertion; Remind resident not to push beyond endurance; monitor for signs of acute respiratory insufficiency; oxygen settings of continuous oxygen via nasal cannula at 3 liters per minute.</p> <p>Review of the physician's orders revealed an order dated 5/25/2023 for oxygen 2 liters per minute through nasal cannula continuous, keep humidified.</p> <p>Observations on 6/28/2023 at 8:54 a.m. and on 6/29/2023 at 8:35 a.m. of R#19 revealed the resident was receiving oxygen at three (3) liters per minute via nasal cannula.</p> <p>Observation/Interview on 6/29/2023 at 9:00 a.m. of R#19 with Licensed Practical Nurse (LPN) EE verified the oxygen flow rate was set on three (3) liters per minute. Interview with LPN EE revealed R#19's physician's order was for oxygen at two (2) liters per minute via nasal cannula and should have been set according to the physician's orders.</p> <p>(continued on next page)</p> | | |

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