

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115686	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/29/2024
NAME OF PROVIDER OR SUPPLIER Nancy Hart Operation LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2117 Dr George Ward Road Elberton, GA 30635	
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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37650</p> <p>Based on observations, staff and resident interviews, record review, and review of the facility's policy titled Storage of Medications, the facility failed to assess and obtain a physician order for one of 29 sampled Residents (R) (R56) to safely self-administer and store medication at bedside.</p> <p>Findings include:</p> <p>Review of the undated facility's policy titled, Storage of Medications under the Policy Statement revealed, The Facility shall store all drugs and biologicals in a safe, secure, and orderly manner.</p> <p>Observation and interview on 2/27/2024 at 9:53 a.m. with R56 revealed the resident pulled a single pill from his pocket and stated he was not sure what the pill was for.</p> <p>Observation and interview on 2/27/2024 at 10:06 a.m. with R56 in the resident's room revealed the following medications: atorvastatin 10 milligrams (mg), trazodone 50 mg, tamsulosin 0.4 mg, clopidogrel 75 mg, and Voltaren topical gel 1% (one percent) located in the bottom dresser drawer in R56's room. R56 reported his family member brought the medications from home and put them in his drawer.</p> <p>Review of R56's clinical record revealed the following diagnoses but not limited to unspecified injury of head, subsequent encounter, generalized anxiety disorder, unspecified atrial fibrillation, hypertension, insomnia, and muscle weakness.</p> <p>Review of R56's Admission Minimum Data Set (MDS) dated [DATE] revealed for Section C-Cognition, a Brief Interview Mental Status Score of nine, which indicated his cognition was moderately impaired.</p> <p>Review of R56's January 2024 Physician Orders revealed there were no orders for R56 to self-administer or store medications at bedside.</p> <p>Interview on 2/27/2024 at 9:59 a.m. with Licensed Practical Nurse (LPN) CC reported another resident told her R56 had medications in his pocket. LPN CC reported she did not verify if R56 had medications in his pocket.</p> <p>Interview on 2/27/2024 at 10:04 a.m. with the Director of Nursing (DON) reported that no resident in the facility had been assessed for self-administration of medications. The DON confirmed that R56 had medications in his pocket.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete		Event ID: Facility ID: 115686
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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation and Interview on 2/27/2024 at 10:16 am with the DON confirmed the medications were in R56's room. The DON revealed that residents are not allowed to keep medications in their room. She reported that R56 's medication incident was an oversight, and that R56 did not have an assessment to self-medicate or store medications in his room.		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>49140</p> <p>Based on observations, staff and resident interviews, record review, and review of the facility's policy titled P&P Resident Council Meeting, the facility failed to provide documented responses to residents' grievances and concerns regarding resident care and life expressed during Resident Council meetings in six of eight meetings. The facility census was 58.</p> <p>Findings include:</p> <p>Review of the facility's policy titled P&P Resident Council Meeting dated 4/1/2022 under the section titled Procedure revealed, The purpose of the Resident Council is to provide a forum for residents: a. To discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; 4. The facility will provide a designated staff person who is approved by the resident group who is approved by the resident group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. 5. The facility will consider the views of a resident group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. a. The facility will demonstrate their response and rationale for such responses.</p> <p>Review of the Resident Council minutes dated 7/27/2023 revealed the following resident concerns: aides should check rooms more often; aides should be more respectful; and staff congregates in hallways on their phones. The minutes indicated that the Social Services Director (SSD) was present at the meeting. The section marked New Business Review/Action Plan revealed Actions Taken and Person Responsible as blank. There were no entries under Old Business Review and the fields of Issue, Status Update, and Person Responsible were blank. The section Facility Policies and Procedures Developed/Revised/Updates in the last 30 days indicated No. The section Resident [NAME] of Rights review was blank. The sign-in sheet indicated 14 residents present at the meeting.</p> <p>Review of the Resident Council minutes dated 8/31/2023 revealed the following resident concerns: not getting showers often; resident at window when food is being served; and aides being too loud at night. The minutes indicated that the SSD was present at the meeting. The section marked New Business Review/Action Plan revealed Actions Taken and Person Responsible as blank. There were no entries under Old Business Review and the fields of Issue, Status Update, and Person Responsible were blank. The section Facility Policies and Procedures Developed/Revised/Updates in the last 30 days indicated No. The section Resident [NAME] of Rights review was blank. The sign-in sheet indicated 13 residents present at the meeting.</p> <p>Review of the Resident Council minutes dated 9/28/2023 revealed the following resident concerns: need satellite dish/cable; very loud roommates; need better smoking area; aides on nights are loud and residents can't sleep; and aides need to be more attentive and check on residents. The minutes indicated that the SSD was present at the meeting. The section marked New Business Review/Action Plan revealed Actions Taken as blank and Person Responsible indicated in first two issues with no Outcome indicated. There were no entries under Old Business Review and the fields of Issue, Status Update, and Person Responsible were blank. The section Facility Policies and Procedures Developed/Revised/Updates in the last 30 days indicated No. The section Resident [NAME] of Rights review was blank. The sign-in sheet indicated seven residents present at the meeting.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Resident Council minutes dated 10/26/2023 revealed the following resident concerns: need more aides on weekends; takes too long to answer call lights; and staff too loud in hallway at night. The minutes indicated that the SSD was present at the meeting. The section marked New Business Review/Action Plan revealed Actions Taken and Person Responsible as blank. There were no entries under Old Business Review and the fields of Issue, Status Update, and Person Responsible were blank. The section Facility Policies and Procedures Developed/Revised/Updates in the last 30 days indicated No. The section Resident [NAME] of Rights review was blank. The sign-in sheet indicated 13 residents present at the meeting.</p> <p>Review of the Resident Council minutes dated 11/30/2023 revealed the following resident concerns: hard time getting smokers out on weekends; need a van; and need to stop residents from wandering in and out of rooms. The minutes indicated that the SSD was present at the meeting. The section marked New Business Review/Action Plan revealed Actions Taken and Person Responsible as blank. There were no entries under Old Business Review and the fields of Issue, Status Update, and Person Responsible were blank. The section Facility Policies and Procedures Developed/Revised/Updates in the last 30 days indicated No. The section Resident [NAME] of Rights review was blank. The sign-in sheet indicated nine residents present at the meeting.</p> <p>Review of the Resident Council minutes dated 12/28/2023 revealed the following resident concerns: need shower beds and shower team in place; need van; need extension over smoking area; and need more aides on weekends. The minutes indicated that the SSD was present at the meeting. The section marked New Business Review/Action Plan revealed Actions Taken and Person Responsible as blank. There were entries under Old Business Review and two issues were listed as ongoing and one resolved. The section Facility Policies and Procedures Developed/Revised/Updates in the last 30 days indicated No. The section Resident [NAME] of Rights review was blank. The sign-in sheet indicated six residents present at the meeting.</p> <p>Review of the Resident Council minutes dated 1/29/2024 revealed the following resident concerns: more Certified Nursing Assistants (CNA's) needed; takes long time to answer call lights; need more menu changes. The minutes indicated that the SSD and Administrator were present at the meeting. The section marked New Business Review/Action Plan revealed Actions Taken and Person Responsible was complete. The Old Business Review and the fields of Issue, Status Update, and Person Responsible were complete. The section Facility Policies and Procedures Developed/Revised/Updates in the last 30 days was blank. The section Resident [NAME] of Rights review indicated review of Right to Privacy. The sign-in sheet indicated 15 residents present at the meeting.</p> <p>Review of the Resident Council minutes dated 2/27/2024 revealed the following resident concerns: smoking on weekends; call lights not being answered timely; and mold in shower room. The minutes indicated that the SSD was present at the meeting. The section marked New Business Review/Action Plan revealed Actions Taken and Person Responsible was complete. The Old Business Review and the fields of Issue, Status Update, and Person Responsible were complete. The section Facility Policies and Procedures Developed/Revised/Updates in the last 30 days was blank. The section Resident [NAME] of Rights review indicated review of right to refuse medication and showers. The sign-in sheet indicated 10 residents present at the meeting.</p> <p>(continued on next page)</p>		

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

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Observation and interview on 2/28/2024 at 11:00 am revealed a meeting held with six members of the resident council including the resident council president. The newly appointed resident council president said she would like the Administrator to attend more future meetings and to address individual and collective grievances. She added that she would appreciate any response to their ongoing concerns. The residents verbalized an understanding of the grievance process, but they were concerned about the lack of facility response to their concerns.</p> <p>Interview on 2/28/2024 at 11:57 am with the Administrator indicated that he does not respond in writing to any of the council's concerns. The Administrator voiced an understanding that the lack of documented follow-up to concerns presented by the resident council gave an indication that their complaints had not been resolved.</p> <p>A follow up interview on 2/28/2024 at 2:21 pm with the Administrator confirmed that he was aware he was to respond to resident council concerns, be he didn't.</p>		

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F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37650</p> <p>Based on record review, staff and resident interview, the facility failed to assure residents who have authorized the facility in writing to manage any personal funds have ready and reasonable access to those funds for one Resident (R) (R5) of 29 sampled residents.</p> <p>Findings include:</p> <p>Review of the clinical record revealed R5 was admitted to the facility with diagnoses that included but not limited to type 2 diabetes mellitus with hyperglycemia, schizophrenia unspecified, chronic systolic (congestive) heart failure, generalized anxiety disorder, major depressive disorder, post-traumatic stress disorder, schizoaffective disorder depressive type, and gout unspecified.</p> <p>Review of the Annual Minimum Data Set (MDS) dated [DATE] revealed R5 had a Brief Interview for Mental Status (BIMS) score of 13 which indicated the resident's cognition was intact.</p> <p>Interview on 2/27/2024 at 10:52 am with R5 revealed she requested \$220.00 from the BOM last month (January) to purchase some items she wanted from the store. R5 revealed she had not received the \$220.00 she requested nor was it explained why she had not received the funds.</p> <p>Interview on 2/28/2024 at 3:58 pm with the Business office Manager (BOM) reported that R5 requested personal funds in the amount of \$200.00 on 1/26/2024. The BOM reported that she gave \$70.00 of R5's personal funds to the Activities Director (AD) because she does the shopping for the residents. The BOM reported that the ledger was to be signed by residents when they receive their personal funds. A request for the ledger was made but the BOM indicated she was not able to find it. During the interview, the BOM reported that she did not feel comfortable giving R5 that amount of money because R5 likes to purchase wigs, perfume, and make-up.</p> <p>Interview on 2/29/2024 at 4:30 pm with the Administrator revealed his expectations were for residents who have a personal funds account, should receive their funds when they request them.</p> <p>A request was made to the BOM on 2/28/2024 for the facility's policy on Resident Personal funds and for the money distribution log that the residents would sign when he/she received money. The policy or money distribution ledger were not made available for review.</p>		

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45813</p> <p>Based on observations, staff interviews, record review, and review of the facility's policies titled, Standards and Guidelines: SG Resident Rights, Dignity, and Visitation Rights, and Blood Glucose Monitoring, the facility failed to ensure visual privacy during treatment for two of 29 sampled Residents (R) (R39) and (R21).</p> <p>Findings include:</p> <p>Review of facility's policy titled Standards and Guidelines: SG Resident rights, Dignity, and Visitation Rights dated 9/27/2022 under Guidelines revealed, 3. The facility will make effort to assist each resident in exercising his/her rights to ensure that the resident is always treated with respect, kindness, and dignity; providing care that is comfortable and consistent with his/her normal life habits, observing resident's choices whenever able.</p> <p>Review of the undated facility's policy titled Blood Glucose Monitoring under Policy revealed, It is the policy of the facility to perform blood glucose monitoring to diabetic residents as per physician's orders. Under the section titled Procedure: revealed, 5. Provide privacy.</p> <p>1. Review of R39's clinical records revealed he had diagnoses that included but not limited to, Type II diabetes mellitus without complications, essential hypertension, generalized anxiety disorder, restlessness and agitation, and unspecified intellectual disabilities.</p> <p>Review of R39's physician orders included but not limited to, Lantus solution 100 unit/ml (milliliters) (Insulin Glargine) inject 35 unit subcutaneously two times a day for diabetes mellitus, Admelog Injection Solution 100 100 unit/ml (Insulin Lispro) inject as per sliding scale, Admelog Injection Solution 100 unit/ml (Insulin Lispro) Inject 15 unit subcutaneously before meals related to Type II diabetes mellitus without complications, and accuchecks AC (before meals) and HS (at bedtime).</p> <p>Review of R39's Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Section C-Cognitive Patterns, a Brief Interview of Mental Status (BIMS) score of 11 which indicated he had moderate cognitive impairment; Section I-Medically complex conditions indicated, hypertension, cerebrovascular accident, diabetes mellitus, anxiety disorder, depression; Section N-Medication, indicated he received insulin injections.</p> <p>Review of R39's care plan dated 5/31/2022 revealed a focus for diabetes mellitus with interventions that included but not limited to, diabetes medications as ordered by doctor.</p> <p>Observation on 2/28/2024 at 10:49 am with Licensed Practical Nurse (LPN) AA gathered supplies, entered R39's room with supplies in hand. LPN AA conversed with R39 who was sitting on his bed (B Bed/middle). LPN AA performed glucometer check, the result was 287 which required insulin coverage per sliding scale, R39 also had a routine dose of insulin due at this time. LPN AA did not close the door or pull the privacy curtain while performing blood glucose monitoring or insulin administration to right arm. There was another resident in the room by the C bed at this time and other residents were in the hallway during the treatment which was visible from the hallway.</p> <p>(continued on next page)</p>		

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>2. Review of R21's clinical records revealed he had diagnoses that included but not limited to, Type II diabetes mellitus without complications, essential hypertension, and dementia unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>Review of R21's physician orders included but not limited to, Lantus Subcutaneous Solution 100 unit/ml inject 20 units subcutaneous at bedtime for diabetes mellitus type II, Novolog Flex pen Subcutaneous Solution Pen-Injector 100 unit/ml inject as per sliding scale, and accuchecks four times a day for diabetes mellitus.</p> <p>Review of R21's Annual Minimum Data Set (MDS) assessment dated [DATE] revealed Section C-Cognitive Patterns, a Brief Interview of Mental Status (BIMS) score of 10 which indicated he had moderate cognitive impairment; Section I-Medically complex conditions indicated, respiratory failure, dementia, diabetes mellitus; Section N-Medication, indicated he received insulin injections.</p> <p>Review of R21's care plan dated 12/16/2022 revealed a focus for diabetes mellitus with interventions that included but not limited to, diabetes medications as ordered by doctor.</p> <p>Observation on 2/28/2024 at 11:00 am revealed LPN AA gathered supplies from the medication cart drawer and entered R21's room. Another resident was in the same room in wheelchair by bed A and a staff member was standing in the doorway of resident's room. LPN AA performed blood glucose check; the result was 340 which required insulin coverage per sliding scale. LPN AA did not close the room door. The privacy curtain was pulled, but the resident was positioned in the wheelchair beyond the point where the privacy curtain stopped. There was a resident present in the hallway during the treatment with R21 who was visible from the doorway during the administration of insulin.</p> <p>Interview on 2/28/2024 at 11:11 am with LPN AA acknowledged and confirmed she did not close the door or ensure privacy was provided during procedures for R39 or R21. LPN AA further stated R21's back was turned, so she thought that was enough privacy for him.</p> <p>Interview on 2/28/2024 at 11:16 am with the Director of Nursing (DON) revealed the nurse should have asked residents about privacy during the procedure. DON further stated privacy should be provided when providing treatments or care.</p> <p>Cross Reference F880</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<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** 49138</p> <p>Based on observations, staff interviews, the facility failed to provide a safe, clean, comfortable, and homelike environment for nine of 23 rooms (Rooms 100, 101, 107, 201, 202, 203, 204, 205, 206) and two of three hallways (Hallways 200 and 300). Specifically, the bathrooms in rooms 100, 201, 203, 204, and 206 contained unstable floors, cracked and broken tile, soiled toilets and sinks, and broken lights. Additionally, the residents' rooms and hallways contained loose tiles, holes in the walls, chipped and peeling paint, missing cabinet faces, and sticky hallway floors. The facility census was 58 residents.</p> <p>Findings include:</p> <p>Observations on 2/27/2024 from 9:15 am to 9:35 am revealed the following:</p> <p>The 200 and 300 hallway floors were noted to be sticky while walking the entirety of both floors. There were brown substances found stuck to the floor and paint chipping throughout both hallways;</p> <p>room [ROOM NUMBER]- bathroom light not working;</p> <p>room [ROOM NUMBER]-cracked tile and floor dug out in front of the bathroom door;</p> <p>room [ROOM NUMBER]- missing floor in front of the door leading to the bathroom;</p> <p>room [ROOM NUMBER]- soft floor at the bathroom entry and beside the sink; 201B- resident night stand missing cabinet face with no handle;</p> <p>room [ROOM NUMBER]A- tile missing under residents' bed; 202B- loose tile under resident's bed;</p> <p>room [ROOM NUMBER]-hole in the wall by A bed, soft floor at the bathroom entry, bedside the sink and at the foot of Bed A;</p> <p>room [ROOM NUMBER]- paint peeling on door; feces on the bathroom toilet and brown substance on the sink;</p> <p>room [ROOM NUMBER]- soft, unstable floor, sink clogged up repeatedly;</p> <p>room [ROOM NUMBER]-paint peeling on the outside of the door; 206 (bathroom)-leaking toilet, soft floor and broken tile.</p> <p>Interview on 2/27/2024 at 1:00 pm with the Maintenance Director (MD) revealed he has been employed with the facility for about six months and has not received any training related to maintenance. The MD stated he has no prior history in the maintenance field. The MD further revealed a contractor was coming into the building next week to begin repairs on the bathrooms that were not functional. He stated the floors are sticky from fogging during COVID-19 (Coronavirus Disease of 2019).</p> <p>(continued on next page)</p>		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>An observational tour of the facility was conducted on 2/27/2024 at 1:30 pm with the MD, who confirmed the above findings.</p> <p>Interview on 2/27/2024 at 2:00 pm with the Administrator revealed the MD was unstopping the toilet in the bathroom for resident rooms 202-204 and noticed the floor felt soft when standing in the bathroom. The Administrator stated the MD notified him of the bathroom floor three weeks ago. The Administrator further stated the facility was awaiting a contractor to repair the flooring scheduled for 3/4/2024.</p> <p>Interview on 2/28/2024 at 9:00 am with the Administrator revealed the 200 hall with the severe sticky floor were stripped this morning around 5:00 am. There was little improvement when surveyors arrived that day (2/28/2024) in which the MD had gone to obtain more supplies to strip the floor again.</p> <p>The Administrator revealed that the 300 hall would not be stripped at this time and would be scheduled later since the 200 hall was worse.</p> <p>Policy requested from facility but not received.</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45813</p> <p>Based on observations, staff interviews, record review, and review of facility's policy titled "P&P Restraints," the facility failed to ensure one of one Resident (R) (R49) reviewed for physical restraints was free from an unnecessary physical restraint. Specifically, R49 did not have the necessary consent, physician's order, or a completed assessment in place for lap tray to be applied and used with a Geri chair.</p> <p>Findings include:</p> <p>Review of the facility's policy titled "P&P Restraints" dated 4/1/2022 under the section titled Policy revealed, "It will be the policy of this facility that restraints shall only be used for the safety and well-being of the resident(s) and only after other alternatives have been tried unsuccessfully. Restraints shall only be used to treat the resident's medical symptoms and never for discipline or staff convenience. Definition of a Restraint: Physical Restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. Under the section titled Procedure revealed, 5. Other in emergency situations, prior to placing a resident in restraints, there shall be a pre-restraining assessment/evaluation and review to determine the need for the restraints. 6. Should a resident not be capable of making a decision, the surrogate or responsible party may exercise the right of the use of non-use of a restraint. 7. Restrained individuals shall be reviewed regularly to determine whether they are candidates for restraint reduction, less restrictive methods of restraints, or total restraint elimination. 8. The resident's plan of care should include the use of restraint.</p> <p>Review of R49's "Face Sheet" found in the Electronic Medical Record (EMR) under the Profile tab revealed R49 admitted with diagnoses that included dementia unspecified severity with agitation, altered mental status, history of falling, Alzheimer's disease, restlessness, and agitation.</p> <p>Review of R49's Quarterly "Minimum Data Set (MDS)" assessment with an Assessment Reference Date (ARD) of 12/1/2023, found in the EMR under the "MDS" tab, indicated a Brief Interview for Mental Status (BIMS) score of 99 (the assessment was not able to be conducted due to the resident's poor cognition). The assessment indicated R49 was dependent upon staff for transfers. The assessment indicated physical restraints of any kind were Not Used.</p> <p>Review of R49's current physician orders located under the Orders tab in the EMR revealed there was not an order for use of the Lap tray while out of bed to Geri chair.</p> <p>Review of R49's Restraint Evaluation/Reduction assessment dated [DATE] located under the 'assessment tab in the EMR indicated there was not a medical symptom for the use of a restraint. The assessment did not indicate a type of restraint/device. Restraint Outcome - indicated there had not been any decline in condition negative response to restraint use. The following sections on the assessment were all blank: Restraint Alternative Attempts, Summary /Recommendations/Plan, Care Plan Initiation, Family notified, Physician notified, Staff notified.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R49's medical records revealed there was no documentation that an assessment had been completed for the use of the lap tray, for alternative interventions to the lap tray, or ongoing application of the lap tray. No documentation was found in R49's record to indicate informed consent had been obtained by the resident's representative for the use of the lap tray. No documentation was found in the record to indicate R49's lap tray was being monitored every 30 minutes or released every two hours.</p> <p>Observation on 2/28/2024 at 9:10 am, 11:38 am, and 12:23 pm revealed, R49 sitting in Geri chair with a lap tray affixed to it. The lap tray was observed to be secured in a locked position to the chair during each observation.</p> <p>Observation on 2/28/2024 at 1:01 pm revealed R49 sitting in Geri chair with lap tray attached during mealtime. A staff member was feeding the resident with the meal tray positioned on the dining room table.</p> <p>Observation on 2/28/2024 at 1:41 pm revealed R49 sitting in Geri chair with lap tray attached, in front of the nurses' station.</p> <p>During an interview on 2/28/2024 at 1:16 pm with the Therapy manager revealed, R49 was on Hospice Services and had not been evaluated by therapy for positioning while out of bed.</p> <p>During an interview on 2/28/2024 at 2:05 pm with Certified Nursing Assistant (CNA) EE revealed she fed R49 in the dining room today. CNA EE further stated the lap tray was intact during mealtime. She stated she moved the food from the lap tray and placed it on the regular dining table because R49 would play in the food if the tray was within her reach. CNA EE stated R49 had the lap tray because she would get up out the Geri chair unassisted and fall.</p> <p>During an interview on 2/28/2024 at 2:16 pm with Licensed Practical Nurse (LPN) AA revealed R49 should not have had the lap tray intact at all times, just during mealtimes. LPN AA stated that she had not seen any orders related to when the lap tray was to be used but knew what it was used for. LPN AA stated she had not noticed R49 with the lap tray intact until a few minutes ago.</p> <p>During an interview on 2/28/2024 at 2:29 pm with the Director of Nursing (DON) revealed R49 used the lap tray for safety. She stated she would not call it a restraint. DON further stated that if the lap trap was not used, R49 would get up unassisted and be on the floor. DON also stated the resident had been on Hospice Services since admission to the facility and the Hospice company supplied the Geri chair with the lap tray attached at the time of admission. DON further stated the Hospice company was responsible for giving them an order and obtaining consent for use of the lap tray. DON verified the record did not have an order or consent on the record related to the use of the lap tray. DON also verified the Restraint Evaluation/Reduction assessment completed upon admission was incomplete and there was no other information in the chair related to use of a restraint.</p> <p>During an interview on 2/28/2024 at 2:46 pm with the Administrator revealed if a resident had restraint, it was his expectation that the facility staff obtain a consent and order for the device. He stated that Hospice would typically obtain the order, but it was the facility's responsibility to ensure that orders and consents are in place for the device being used.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>45813</p> <p>Based on staff interviews, record review, and review of the facility's policy titled P & P Hemodialysis, the facility failed to have ongoing communication and collaboration with the dialysis center for one out of 29 sampled Residents (R) (R20) reviewed for dialysis.</p> <p>Findings include:</p> <p>Review of the facility's policy titled P & P Hemodialysis, dated 4/1/2022 under Procedure revealed, 9. The facility and the dialysis center should maintain regular communication and should a change in condition occur before or during the dialysis treatment, the sending facility should communicate the changes in needs to the receiving facility.</p> <p>Review of R20's Admission Record under the Profile tab in the Electronic Medical Record (EMR) revealed R20 was admitted with diagnoses that included end stage renal disease, dependence on renal dialysis, Type 2 diabetes Mellitus without complications, and unspecified sequelae of other cerebrovascular disease.</p> <p>Review of R20's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/8/2024 revealed a Brief Interview of Mental Status (BIMS) score of 15 out of 15 which indicated the resident was cognitively intact.</p> <p>Review of R20's EMR revealed there were no pre/post dialysis weights documented. There was no communication documented in the EMR of verbal/written reports from the dialysis center to the facility after each dialysis treatment.</p> <p>During an interview on 2/28/2024 at 3:02 pm, the Licensed Practical Nurse (LPN) CC provided surveyor with a green binder labeled R20 Hemodialysis Communication sheets. Review of the communication sheets in the binder revealed that the latest communication sheet was dated 7/14/2023 which was verified at this time by LPN CC</p> <p>During a telephone interview on 2/28/2024 at 3:38 pm with the dialysis center Administrator DD, revealed the facility would call the dialysis center to obtain R20's weights once a month. Administrator DD further stated the facility did not provide the dialysis center with communication sheets relevant to R20's care as they once did.</p> <p>During a follow up interview on 2/28/2024 at 3:52 pm with LPN CC revealed R20 attend dialysis three days every week on Monday, Wednesday, and Friday. LPN CC stated that she would check the resident's vital signs before she went to dialysis. LPN CC further stated she was supposed to send a communication form to the dialysis center, but she had not been doing it. She stated that she started completing the pre dialysis assessment in the electronic record today, and it was the first day she had done it. LPN CC further stated that the dialysis center would call her if anything went on with R20 while at the dialysis center, but the communications between the two centers were not routine. LPN CC stated she did not have any knowledge of resident's pre and post dialysis weights.</p> <p>(continued on next page)</p>		

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

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/28/2024 at 3:58 pm with the Director of Nursing (DON) revealed that the facility recently switched to the new electronic system and started utilizing the pre-dialysis assessment in the electronic record this week. In addition, the DON stated the facility did not complete communication sheets. DON further stated that the nurses at the facility are required to call the dialysis center if anything was going on with the resident but there wasn't any routine communication. She stated the pre-dialysis assessments started today were not sent to the dialysis center with R20 and the dialysis center did not send a report back.		

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>45813</p> <p>Based on observations, staff interviews, record review, and review of the facility's policy titled Use of Psychotropic Medication, the facility failed to ensure one of five Residents (R) (R30) was evaluated for use of as needed (PRN) psychiatric medications beyond 14 days.</p> <p>Findings include:</p> <p>Review of the undated facility's policy titled Use of Psychotropic Medication, revealed under Policy: Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident as demonstrated by monitoring and documentation of the resident's response to the medication(s). Under the subheading titled Policy explanation and Compliance Guidelines revealed, 9. PRN orders for all psychotropic drugs shall be used only when the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record, and for a limited duration (i.e. 14 days). 9(a). If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she shall document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>Review of R30's Electronic Medical Record (EMR) revealed the resident was admitted to the facility with diagnoses that included but not limited to Alzheimer's disease, dementia unspecified severity with agitation, restlessness, generalized anxiety disorder, and repeated falls.</p> <p>Review of R30's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/22/2024 revealed for Section C (Cognitive Patterns) a Brief Interview for Mental Status (BIMS) score of 99 which indicated the assessment was not able to be conducted due to the resident's poor cognition; Section N (Medications) revealed she was receiving antipsychotics and antianxiety.</p> <p>Review of R30's care plan dated 12/29/2023 indicated a focus for use of anti-anxiety medications due to anxiety disorder and agitation. The goals included but not limited to residents will be free from discomfort or adverse reactions related to anti-anxiety therapy through the review dates with interventions that included but were not limited to administering anti-anxiety medications as ordered by physician.</p> <p>Review of R30's Physician orders revealed a Medical Doctor's (MD) order for lorazepam 0.5 milligram (mg) one tablet by mouth every eight hours as needed (PRN) for increased agitation with start date of 12/19/2023 but did not include a stop date.</p> <p>Review of the Controlled Drug Record sheet located in a notebook on the medication cart revealed R30's lorazepam 0.5 mg was signed out as administered on 2/13/2024, 2/16/2024, 2/18/2024, 2/22/2024, 2/27/2024, and 2/28/2024.</p> <p>(continued on next page)</p>		

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Review of R30's Medication Administration Record (MAR) revealed lorazepam 0.5 mg was documented as administered after the 14 days on 1/5/2024, 1/18/2024, 2/13/2024, 2/16/2024, 2/18/2024, 2/22/2024 and 2/27/2024.</p> <p>Review of R30's EMR revealed no documentation related to a rationale or a documented duration for continuation of the PRN antianxiety medication beyond 14 days.</p> <p>Interview 2/29/2024 at 11:43 am with the Nurse Practitioner revealed she had recently adjusted R30's Buspar due to behaviors, but she had not addressed the lorazepam (PRN medication) since the medication was initiated.</p> <p>Interview on 2/29/2024 at 11:45 am with the Director of Nursing (DON), she confirmed and verified the order dated 12/19/2023 for lorazepam 0.5 mg every eight hours as needed was started on 12/29/2023 without a stop date. She reviewed the record and verified there was no documentation in the EMR related to a rationale and duration for continued use of the medication. DON stated she was aware all PRN antipsychotics had to be re-evaluated for continued use after 14 days.</p>		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45813</p> <p>Based on observations, staff interviews, and review of the facility's policy titled Storage of Medications, the facility staff failed to store physician ordered medications in a locked compartment when unattended for one of three medication carts in the facility. The facility census was 59.</p> <p>Findings include:</p> <p>Review of the undated facility's policy titled Storage of Medication under the Policy Statement revealed, The facility shall store all drubs and biologicals in a safe, secure, and orderly manner. Under the section, Policy Interpretation and Implementation revealed, 7. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals shall be locked when not in use, and trays or carts used to transport items shall not be left unattended if open or otherwise potentially available to others.</p> <p>Observation on 2/28/2024 at 8:04 am revealed a medication cart in front of the nurse's station. The cart was out of sight of a nurse. The medication cart was unlocked. There were three residents around the unlocked medication cart. Licensed Practical Nurse (LPN) AA returned to a medication cart directly alongside the unlocked medication cart at 8:15 am. LPN AA confirmed the medication cart was left unlocked while unattended. LPN AA opened the drawers of the unlocked med cart to verify there were blister packs of medications inside the first, second, and third drawers of the medication cart. LPN AA stated the unlocked medication cart was used for storage of medications delivered from the pharmacy. The drawers to the medication cart were easily accessible to anyone passing by the nurse's station.</p> <p>Observation on 2/28/2024 at 4:09 pm revealed the medication cart in front of the nurse's station to be unlocked again. There was not a nurse in the area at the time of the observation. Further observation revealed a resident in a wheelchair positioned on the right side and two residents positioned in front of the unlocked medication cart. After six minutes, the nurse did not return to the unlocked medication cart. The surveyor, while still observing the medication cart informed the Director of Nursing (DON) of the cart being unlocked. DON verified the medication was unlocked while not attended by a nurse.</p> <p>During an interview on 2/28/2024 at 4:27 pm with the DON revealed that the medication cart should be locked after each used. She further stated that medication carts were not used to administer medication during the med pass but used to store the medications delivered from the pharmacy. She stated that the medication cart should only be accessible by the nurses and the certified medication aides.</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49138</p> <p>Based on observations, staff Interviews, record review and review of the facility's policy titled Food Receiving and Storage, the facility failed label and date food items stored in the refrigerator. In addition, the facility failed to maintain the appropriate concentration of sanitizing solution in the three-compartment sink. The facility census was 58 residents.</p> <p>Findings include:</p> <p>Review of the undated facility's policy titled Food Receiving and Storage under the Policy Statement revealed, Food shall be received and stored in a manner that complied with food and safety handling practices. Under the section titled Policy Interpretation and Implementation revealed, 7. All foods store in the refrigerator or freezer will be covered, labeled, and dated (used by date).</p> <p>Observation of the kitchen on 2/27/2024 at 9:15 am revealed the following:</p> <p>All food items in the refrigerator were not labeled or dated which included sausage, fish, turkey, and hot dogs; The sanitize strip test conducted for the three-compartment sink was negative and revealed the sanitizing solution was not at the appropriate concentration according to the manufacturer's instructions.</p> <p>Interview on 2/27/2024 at 9:15 am with Certified Food Manager (CFM), FF revealed that staff did not label the food as instructed and that there was a problem with labeling falling off on frozen foods. CFM, FF also confirmed that there was no chemical sanitizing solution added to the water.</p> <p>Interview on 2/28/2024 at 11:25 am with Cook, II revealed that the frozen foods identified from the freezer during the kitchen tour was thrown away.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45813</p> <p>Based on observations, staff interviews, record review, and review of the facility's policies titled Handwashing/Hand Hygiene, and Blood Glucose Monitoring, the facility failed to help prevent the development and transmission of communicable diseases and infections for two of 29 sampled Residents (R) (R39 and R21). Specifically, the facility failed to follow proper procedures for hand hygiene, donning and removing gloves while performing a blood glucose test. In addition, the facility failed to clean and disinfect the glucometer per the manufacturer's instructions.</p> <p>Findings include:</p> <p>Review of the undated facility's policy titled Handwashing/Hand Hygiene, under Policy Interpretation and Implementation revealed, 7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: (d). before performing any non-surgical invasive procedures; (e). before and after handling an invasive device; g. before handling clean or soiled dressing, gauze pads, etc.; (i). after contact with a resident's intact skin; (j). after contact with blood or bloody fluids, (k). after handling used dressings, contaminated equipment, etc.; m. after removing gloves; 9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.</p> <p>Review of the undated facility's policy titled Blood Glucose Monitoring under Policy Explanation and Compliance Guidelines revealed, 3. The nurse will abide by the infection control practices of cleaning and disinfection of the glucometer as per the manufacturer's instructions and in accordance with the facility's glucometer disinfection policy. Under Procedure revealed, 3. Perform hand hygiene and donn gloves. 17. Remove and discard gloves and perform hand hygiene.</p> <p>1. Review of R39's clinical records revealed he had diagnoses that included but not limited to, Type 2 Diabetes Mellitus without complications.</p> <p>Review of R39's physician orders included but not limited to, Lantus solution 100 unit/ml (milliliters) (Insulin Glargine) inject 35 unit subcutaneously two times a day for diabetes mellitus, Admelog Injection Solution 100 100 unit/ml (Insulin Lispro) inject as per sliding scale, Admelog Injection Solution 100 unit/ml (Insulin Lispro) Inject 15 unit subcutaneously before meals related to Type II diabetes mellitus without complications, and accuchecks AC (before meals) and HS (at bedtime).</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During observation of medication administration task on 2/28/2024 at 10:49 am, Licensed Practical Nurse (LPN) AA entered R39's room, donned gloves while in the resident's room. LPN AA preformed fingerstick blood sugar, exited the room with contaminated supplies wearing the gloves used to perform the procedure, returned to medication cart, and disposed of the supplies. LPN AA then placed the contaminated glucometer directly on top of the medication cart, removed gloves, applied another pair of gloves, and proceeded to disinfect the glucometer with a sanitizing wipe. LPN AA placed the glucometer back on the med cart in the same area, obtained another sanitizing wipe and wrapped the glucometer with the wipe and then placed it on the medication cart. LPN AA then removed gloves and gathered insulin for administration (no hand hygiene or glove change observed). LPN AA returned to R39's room to administer insulin, applied gloves, used an alcohol wipe to clean the injection site, removed the cap from the needle and injected the medication into the right arm (no hand hygiene or glove change observed). LPN AA exited the room and returned to the medication cart wearing the gloves used for the procedure, disposed of the used supplies and sharps, removed gloves, and performed hand hygiene using a hand sanitizer on the medication cart.</p> <p>2. Review of R21's clinical records revealed he had diagnoses that included but not limited to, Type II diabetes mellitus without complications.</p> <p>Review of R21's physician orders included but not limited to, Lantus Subcutaneous Solution 100 unit/ml inject 20 units subcutaneous at bedtime for diabetes mellitus type II, Novolog Flex pen Subcutaneous Solution Pen-Injector 100 unit/ml inject as per sliding scale, and accuchecks four times a day for diabetes mellitus.</p> <p>During observation of medication administration task on 2/28/2024 at 11:00 am, LPN AA entered R 21's room, upon entry into resident's room LPN AA placed the glucometer and other supplies onto residents' bed, applied gloves, cleansed residents finger using an alcohol wipe then pricked residents finger wearing gloves. LPN AA exited the room and returned to the medication cart wearing the gloves used during the procedure and disposed of the supplies. LPN AA then placed the contaminated glucometer directly onto the medication cart, removed gloves, applied another pair of gloves, and cleaned glucometer. LPN AA then removed gloves, obtained the insulin for administration, and returned to R21's room. LPN AA applied gloves and administered insulin. LPN AA returned to the medication cart, disposed of the sharps but never removed the gloves and/or performed hand hygiene during the observation.</p> <p>During an interview on 2/28/2024 at 11:11 am LPN AA acknowledged that glove change and hand hygiene should have been conducted before and after blood glucose checks and for administration of the insulin injections. She also agreed the glucometer and supplies should not have been placed on R21's bed and the contaminated glucometer should have not been placed on the medication cart.</p> <p>During an interview on 2/4/2024 at 2:28 pm with the Director of Nursing (DON) she stated she expected staff to follow the hand hygiene policy when performing injections and blood glucose monitoring. DON further stated she was not familiar with the process/procedure for disinfecting the glucometer.</p> <p>Cross Reference F583</p>		

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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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. 37650 Based on staff interview, record review and review of the facility's policy titled Antibiotic Stewardship Program, the facility failed to establish an Antibiotic Stewardship Program that included antibiotic use protocols and a monitoring system to track and trend antibiotic use. The facility census was 59. Findings include: Review of the facility's policy titled Antibiotic Stewardship Program dated May 2022 under the section titled Policy revealed, It is the policy of the facility to implement an Antibiotic Stewardship Program as part of the facility's overall infection prevention and control program. The purpose of the program is to optimize the treatment of infections while reducing the adverse events associated with antibiotic use. Under the section titled Policy and Explanation and Compliance Guidelines revealed, 4(b). Monitoring antibiotic use: (iv). Antibiotic use shall be measured by (monthly prevalence, antibiotic starts, and/or antibiotic days of therapy). Review of the Infection Control Monthly/Yearly Report from 1/2023 to 12/2023 revealed there was a lack of documentation of surveillance data collected for seven out of 12 months. Interview on 2/29/2024 at 4:41 pm with the Director of Nursing (DON), the Infection Control Preventionist (ICP) reported she had not been tracking, trending, or mapping the infections and use of antibiotics per the McGreers criteria. The DON/ICP revealed she had only been in the position for a short time and the previous DON had stopped monitoring the use of antibiotics and infections.		