

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

Printed: 06/06/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35062</p> <p>Based on observation, interview and record review, the facility failed to notify the physician and responsible party timely of a newly developed pressure ulcer for one resident (R) (R A) of two residents reviewed for pressure ulcers.</p> <p>Findings include:</p> <p>Review of the Minimum Data Set (MDS) Annual assessment dated [DATE] revealed R A had a Brief Interview of Mental Status (BIMS) score of 10 indicating moderate cognitive impairment. The resident had diagnoses including Diabetes Mellitus, Hypertension, and Cognitive Communication Deficit. The resident required two-person total dependance with Activities of Daily Living (ADL's) and had no pressure ulcers but was care planned for risk for pressure ulcers.</p> <p>Review of Progress Notes dated 12/21/2022 revealed resident had a stage 1 pressure ulcer to the coccyx (non-blanchable erythema of intact skin). There was no documented evidence that the responsible party or physician were notified.</p> <p>Review of Progress Note dated 12/28/2022 revealed R A had an unstageable pressure ulcer to the coccyx (back of body above buttocks) - obscured full thickness skin and tissue loss. There was no documented evidence that the responsible party or physician were notified until 1/11/2023.</p> <p>Observation of wound care on 2/12/2023 at 8:39 a.m. revealed Licensed Practical Nurse (LPN) GG provided the wound care per the physician's order. The resident was on a pressure relieving mattress and was repositioned after the treatment. The resident had a stage 4 pressure ulcer to the coccyx that was healing with edges well approximated and no signs of infection.</p> <p>Interview with the family of R A on 2/12/2023 at 12:25 p.m. revealed they were not notified of the resident's wound until they were told while visiting on 1/13/2023 that she needed to see the wound specialist. He was able to go into the resident's my chart and see that she had an appointment that following Tuesday, which he attended.</p> <p>Interview with LPN GG on 2/12/2023 at 1:48 p.m. revealed she works on the weekend. She stated the regular wound nurse works during the week and notifies the physician and responsible party when needed.</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:  115707	If continuation sheet Page 1 of 18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 2/12/2023 at 2:52 p.m. with the Director of Nursing (DON) revealed the resident's physician was not notified because he was out of town. The on-call physician should have been notified. The DON reviewed the record and confirmed that the Physician was not notified of the wound until 1/11/2023.</p> <p>Observation and interview with the Physician on 2/12/2023 at 3:41 p.m. revealed he was on vacation at that time and was notified on 1/10/2023 (record indicates 1/11/2023, but he was notified on 1/10/2023). He stated the wound center was also closed for the holidays. After observing the wound, he stated the wound is healing and the previous treatment schedule was being followed. He does not believe that notifying the on-call physician would have made a difference with the deterioration of the wound. From what he sees, he believes the residents are being turned and treatments are being done.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35062</p> <p>Based on observation, staff and resident interviews, record review, and review of facility policy, the facility failed to develop a care plan for five dependent residents (R) (#31, #40, #12, #48, #58) reviewed for Activities of Daily Living (ADLs); and failed to implement the care plan related to providing contracture management/braces/range of motion (ROM) services for one resident (R#41) of 30 sampled residents.</p> <p>Findings include:</p> <p>Review of facility policy titled Villa Interdisciplinary Plan of Care revised 11/1/2019 revealed the facility develops and implements a comprehensive interdisciplinary plan of care for each individual with seven days after the completion of the individual's comprehensive assessment and that includes measurable objective and timeframes to meet an individual's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment . The interdisciplinary plan of care should be reviewed after the comprehensive and quarterly resident assessment.</p> <p>1. Review of Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed R#31 with a Brief Interview of Mental Status (BIMS) score of 12 indicting moderate cognitive impairment. The resident required two person extensive assistance with transfer, one person total dependance with bathing and personal hygiene. On the 7/10/2022 Annual MDS Assessment, R#31 triggered for ADL Functional/Rehabilitation Potential and was marked as included on the care plan.</p> <p>Review of the care plan revised 12/1/2022 revealed no care plan for ADLs.</p> <p>Observations and interviews on 2/10/2023 at 9:58 a.m., 2/11/2023 at 1:55 p.m., and 2/12/2023 at 9:47 a.m. revealed the resident had long jagged fingernails and had not had a shower.</p> <p>2. Review of the Quarterly MDS assessment dated [DATE] revealed R#40 with a BIMS score of 15 indicating cognitively intact. She required two person total dependance for transfer and on person total dependance with personal hygiene and bathing. On the 9/29/2022 Annual MDS Assessment, R#40 triggered for ADL Functional/Rehabilitation Potential and was marked as included on the care plan.</p> <p>Review of the care plan revised 12/29/2022 revealed no care plan for ADLs.</p> <p>Observations and interviews on 2/10/2023 at 10:23 a.m., 2/11/2023 at 2:19 p.m., and 2/12/2023 at 9:50 a.m. revealed R#40 had long facial hair and had not received a shower.</p> <p>Cross refer to F677.</p> <p>41914</p> <p>3. Review of resident medical record revealed R#12 was admitted to the facility with the diagnoses of Parkinson's Disease, type 2 diabetes mellitus, hypertensive retinopathy, ventricular tachycardia, depression, gastroesophageal reflux disease (GERD), osteoarthritis of the knee, and gout.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Minimum Data set (MDS) Quarterly assessment dated [DATE] revealed a BIMS score of 15 indicating resident is cognitively intact. Section G revealed resident is total dependent with one-person physical assistance for bed mobility, transfer, dressing, toilet use, personal hygiene, and bathing.</p> <p>Review of R#12 care plan did not reveal indications of ADL impairment noted in document.</p> <p>Observation on 2/11/23 at 11:29 a.m. revealed resident lying in bed noted to have facial hair present and in hospital gown.</p> <p>Interview on 2/11/2023 at 11:30 a.m. with R#12 revealed he wanted to get shaved but the staff don't have time to shave him because they are always short of staff.</p> <p>Interview on 1/12/2023 at 11:00 a.m. with MDS Coordinator revealed that residents that need assistance with Activities of Daily Living (ADL's) should have a care plan in place. She revealed that the care plans are reviewed quarterly along with MDS assessments and annually. During further interview, she confirmed that R#12 did not have and ADL care plan in the plan of care and should have.</p> <p>4. Review of R#48 medical record revealed that resident was admitted to the facility with diagnoses of hemiplegia and hemiparesis, age related nuclear cataract, type 2 diabetes mellitus, chronic pain syndrome, essential hypertension, major depressive disorder, anxiety disorder, dementia, severe morbid obesity, and hypothyroidism.</p> <p>Review of MDS Quarterly assessment dated [DATE] revealed a BIMS score of 15 indicating resident is cognitively intact. Section G revealed resident is total dependent with two-person physical assistance for bed mobility, transfer, dressing, toilet use, personal hygiene, and bathing.</p> <p>Review of R#48 care plan did not reveal indications of ADL impairment noted in document.</p> <p>Interview on 1/12/2023 at 11:00 a.m., MDS Coordinator confirmed that R#48 did not have and ADL care plan in the plan of care and should have.</p> <p>5. Review of the medical record for R#58 revealed resident was admitted to the facility with the diagnoses of neurologic neglect syndrome, nontraumatic intracerebral hemorrhage, dysphagia, cognitive communication deficit, pressure ulcer sacral region, quadriplegia, and gastrostomy status.</p> <p>Review of MDS quarterly assessment dated [DATE] revealed a BIMS score of 7 indicating resident had cognitive impairment. Section G indicated resident was totally dependent with two-person assistance for bed mobility, transfer, and total dependence with one person assistance for dressing, eating, toilet use, personal hygiene, and total dependence for bathing. Section M indicated resident is at risk for developing pressure ulcers and documented resident had one stage 4 pressure ulcer that was present upon admission to the facility.</p> <p>Review of R#58 care plan did not reveal indications of ADL impairment noted in document.</p> <p>Interview on 1/12/2023 at 11:00 a.m. MDS Coordinator confirmed that R#58 did not have and ADL care plan in the plan of care and should have.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>37739</p> <p>6. A review of the clinical medical record revealed that R#41 was admitted to the facility on [DATE].</p> <p>Review of the quarterly MDS dated [DATE] revealed a BIMS score of five, indicating severe cognitive deficit. The assessment indicated no concerns with mood or behaviors; the resident requires extensive assistance of staff for dressing, limited assistance with eating, and total assistance with toiletings, bathing, and hygiene. The assessment indicated that the resident is receiving Passive ROM and splint/brace management.</p> <p>Review of the care plan for R#41, revealed that the resident had ADL self-care performance deficit related to confusion and limited mobility. The resident will maintain current level of function in ADLs through the review date. Encourage the resident to participate to the fullest extent possible with each interaction. Encourage the resident to use bell to call for assistance. Monitor/document/report PRN any changes, any potential for improvement, reasons for self-care deficit, expected course, declines in function. Praise all efforts at selfcare. PT/OT evaluation and treatment as per MD orders.</p> <p>Review of the February 2023 Restorative Notes revealed that the resident was supposed to be receiving RESTORATIVE - Passive ROM Program and RESTORATIVE - Splint/Brace Assistance Program.</p> <p>Observation on 2/10/2023 at 11:32 a.m., R#41 was lying in his room in bed. He had left hand contracture with no splint. Legs were under sheets but appeared contracted at the knees. Resident was alert with confusion.</p> <p>Observation on 2/11/2023 at 1:47 p.m. resident was in room talking on the phone. No splints observed.</p> <p>Interview on 2/12/2023 at 9:26 a.m. the Assistant Director of Nursing (ADON) stated that the facility does have a restorative nursing program: Nurse over that program is Restorative Nurse PP with the assistance of two CNA's who works with the residents in the restorative program. She confirmed that R#41 was on that list to receive restorative services and that the CNA should document the minutes on the flow sheet. He is on the program for passive ROM and splinting but could not provide documentation related to splinting and contracture management for R#41.</p> <p>Interview on 2/12/2023 at 9:36 a.m. MDS Assistant and Restorative Nurse PP, stated R#41 was on the program before he took over. R#41 was on therapy and as soon as they discharged him, he was on RP. She has been working with the RP for about 6 months. She is on the floor. Meetings as needed. They are part of the monthly meeting. They work the floor as well and have been working the program at least 2-3 years. Physical therapy assists with training for the program. The facility could not provide documentation for contracture management or splinting for R#41.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35062</p> <p>Based on observation, staff and resident interviews, record review and review of facility policy, the facility failed to ensure six residents (R) (R#31, R#40, R#12, R#48, R#54, and R#58) received showers and personal hygiene needs of 30 sampled residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Villa Activities of Daily Living revised 11/1/2019 revealed the facility provides an individual who is unable to carry out ADLs with the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Activities of daily living include a) bathing c) grooming.</p> <p>1. Review of Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed R#31 with a Brief Interview of Mental Status (BIMS) score of 12 indicating moderate cognitive impairment. The resident required two person extensive assistance with transfer, one person total dependence with bathing and personal hygiene.</p> <p>Review of the bathing schedule revealed R#31 is scheduled for Tuesday/Thursday/Saturday on the 3 p.m. - 11 p.m. shift.</p> <p>Review of the ADL-Bathing sheet for February 2023 revealed no documented showers on 2/2, 2/7, and 2/11. For January 2023, bath/shower given on 1/5, 1/7, and 1/12, all other scheduled days were blank. For December 2022, bath/shower given on 12/3, 12/10, 12/13, 12/15, 12/20, all other scheduled days were blank. Type of bathing was not indicated.</p> <p>Observation and interview on 2/10/2023 at 9:58 a.m. revealed R#31 flicking her nails. Her nails are long with some slightly jagged. She stated staff will give her a shower and cut her nails, but they do not have time to do everything they need to do. Resident has slight matting in her eyes and a piece of skin hanging off her lip.</p> <p>Observation and interview on 2/11/2023 at 1:55 p.m. revealed resident in room with fingernails the same. She stated she still had no shower, but staff came in to trim fingernails but she refused because they cut them too short.</p> <p>Observation and interview on 2/12/2023 at 9:47 a.m. revealed resident still had long jagged fingernails and stated she still did not get a shower. She stated they do not want to get her up to shower because they don't have enough people to do so.</p> <p>2. Review of the Quarterly MDS assessment dated [DATE] revealed R#40 with a BIMS score of 15 indicating cognitively intact. She required two person total dependence for transfer and on person total dependence with personal hygiene and bathing.</p> <p>Review of the bathing schedule revealed resident is scheduled for Tuesday/Thursday/Saturday on 11 p.m. - 7 p.m. shift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of ADL- Bathing revealed only bath/shower given for February 2023 was 2/10, all other scheduled days were blank. For January 2023, bath/shower given on 1/4, 1/8, 1/13, 1/18, and 1/27, all other scheduled days were blank. For December 2022, bath/showers given 12/2, 12/7, 12/9, 12/11, and 12/16, all other scheduled days were blank. Type of bathing was not indicated.</p> <p>Observation and interview on 2/10/2023 at 10:23 a.m. revealed R#40 had long facial hair on the mustache area and chin. She stated her biggest complaint is that she does not get a shower. They will give her a bed bath but not a shower. She stated they will help her get her facial hair cleaned up when she goes to the shower, but she hasn't had a shower in so long.</p> <p>Observation on 2/10/2023 at 10:31 a.m. revealed R#40 was dressed and assisted up to the wheelchair but was not provided a shower.</p> <p>Observation and interview on 2/11/2023 at 2:19 p.m. revealed resident up in wheelchair and out in the common area. Resident's hair looks disheveled and flat on one side. The chin hair was still present on the mustache area and chin. Resident stated she did not get a shower.</p> <p>Observation on 2/12/2023 at 9:50 a.m. revealed resident in bed sleeping. Hair continues to look disheveled and facial hair still present on mustache area and chin.</p> <p>Interview with the Certified Nursing Assistant (CNA) HH on 2/12/2023 at 4:20 p.m. revealed she works 7 a.m. - 3 p.m. but is staying over because they needed help. She stated that facial hair for women is addressed during showers. She confirmed that some showers are not being done due to not enough staff. She stated that if a shower is not done, a bed bath is given, and the CNA should address the facial hair at that time.</p> <p>41914</p> <p>3. Review of Minimum Data set (MDS) Quarterly assessment dated [DATE] revealed a BIMS score of 15 indicating resident is cognitively intact. Section G revealed resident is total dependent with one-person physical assistance for bed mobility, transfer, dressing, toilet use, personal hygiene, and bathing.</p> <p>Review of facility document titled, Bathing Schedule revealed R#12 shower days are on 3-11 on Tuesday/Thursday/Saturday.</p> <p>Review of ADL- Bathing revealed there was no evidence documented that resident received a bath/shower during month of February 2023. For January 2023, bath/shower given on 1/3, 1/17, 1/21, 1/24, and 1/31, all other scheduled days were blank. For December 2022, bath/showers given 12/6 and 12/15, all other scheduled days were blank.</p> <p>Observation on 2/11/2023 at 11:29 a.m. revealed resident lying in bed noted to have facial hair present and in hospital gown.</p> <p>Interview on 2/11/2023 at 11:30 a.m. R#12 revealed that he wanted to get shaved but the staff doesn't have time to shave him because they are always short of staff.</p> <p>(continued on next page)</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Review of MDS Quarterly assessment dated [DATE] revealed a BIMS score of 15 indicating resident is cognitively intact. Section G revealed resident is total dependent with two-person physical assistance for bed mobility, transfer, dressing, toilet use, personal hygiene, and bathing.</p> <p>Review of facility document titled, Bathing Schedule revealed R#48 shower days are on 7-3 on Tuesday/Thursday/Saturday.</p> <p>Review of ADL- Bathing revealed there was no evidence documented that resident received a bath/shower during month of February 2023. For January 2023, bath/shower given on 1/5, 1/7, 1/10, 1/17, and 1/31, all other scheduled days were blank. For December 2022, bath/showers given 12/8 and 12/13, all other scheduled days were blank.</p> <p>Interview on 2/11/2023 at 10:00 a.m. resident revealed that she only gets a bed bath once a week and there had been times when she did not get a bath for the week at all. Resident continued to reveal that because the staff is so short especially on the evening shift with only one nurse aide working, that she cannot get the assistance that she needs.</p> <p>5. Review of MDS Annual assessment dated [DATE] revealed a BIMS score of three indicating severe cognitive impairment. Section G revealed resident is total dependent for bed mobility, transfer, dressing, toilet use, personal hygiene, and bathing due to contractures.</p> <p>Review of facility document titled, Bathing Schedule revealed R#54 shower days are on 3-11 shift on Monday/Wednesday/Friday.</p> <p>Review of ADL- Bathing revealed there was no evidence documented that resident received a bath/shower during month of February 2023. For January 2023, bath/shower given on 1/9, 1/13, and 1/27, 1/24, all other scheduled days were blank. For December 2022, bath/showers given 12/12, 12/16, and 12/21, all other scheduled days were blank.</p> <p>Observation on 2/11/2023 at 12:21 p.m. R#54 lying in bed with eyes closed. Resident does appear unshaved.</p> <p>Observation on 2/12/2023 at 12:42 p.m. of R#54 revealed resident lying in bed with hospital gown on and continued to be unshaved.</p> <p>6. Review of MDS Annual assessment dated [DATE] revealed a BIMS score of seven indicating severe cognitive impairment. Section G revealed resident is total dependent with two-[NAME] assistance for bed mobility, transfer, dressing, toilet use, personal hygiene, and bathing.</p> <p>Review of facility document titled, Bathing Schedule revealed R#58 shower days are on 11-7 shift on Monday/Wednesday/Friday.</p> <p>Review of ADL- Bathing revealed only bath/shower given for February 2023 was 2/8, all other scheduled days were blank. For January 2023, bath/shower given on 1/16, 1/18, and 1/27, all other scheduled days were blank. For December 2022, bath/showers given 12/12, 12/16, and 12/21, all other scheduled days were blank.</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35062</p> <p>Based on observation, interview, record review, and review of facility policy, the facility failed to ensure weekly wound measurements were obtained for one of two residents (R) (R A) reviewed for pressure ulcers.</p> <p>Findings include:</p> <p>Review of the Minimum Data Set (MDS) Annual assessment dated [DATE] revealed R A had a Brief Interview of Mental Status (BIMS) score of 10 indicating moderate cognitive impairment. The resident required two-person total dependance with Activities of Daily Living (ADL's) and had no pressure ulcers but was care planned for risk for pressure ulcers.</p> <p>Review of Progress Notes dated 12/21/2022 revealed resident had a stage 1 pressure ulcer to the coccyx (non-blanchable erythema of intact skin). There were no measurements documented.</p> <p>Review of Progress Note dated 12/28/2022 revealed R A had an unstageable pressure ulcer to the coccyx (back of body above buttocks) - obscured full thickness skin and tissue loss. There were no measurements documented.</p> <p>Review of Progress Note dated 1/10/2023 revealed open unstageable pressure ulcer that is larger than a fifty-cent piece, but no actual measurements were documented. The area was cleaned with wound cleanser and patted dry. Aquacel Ag applied to area with ABD pad and medipore tape.</p> <p>Review of the Treatment Administration Records (TAR) revealed the resident was receiving wound care for the buttocks since 10/24/2022 through 1/12/2023 to cleanse with normal saline, pat dry, apply Resinol/Z-guard and cover with Allevyn once a day every other day.</p> <p>Further review of the medical record revealed the resident was seen at the wound center on 1/17/2023 after which measurements were obtained and documented weekly. Skin assessments were documented weekly from 11/30/2022 through current.</p> <p>Observation of wound care on 2/12/2023 at 8:39 a.m. revealed Licensed Practical Nurse (LPN) GG provided the wound care per the physician's order. The resident was on a pressure relieving mattress and was repositioned after the treatment. The resident had a stage 4 pressure ulcer to the coccyx that was healing with edges well approximated and no signs of infection. LPN GG did not measure the wound.</p> <p>Interview with LPN GG on 2/12/2023 at 1:48 p.m. revealed she works on the weekend and does wound treatments but does not measure wounds. She stated the regular wound nurse works during the week and completes all skin assessments and wound measurements.</p> <p>Interview on 2/12/2023 at 2:52 p.m. with the Director of Nursing (DON) revealed the regular wound nurse normally does the measurements. She stated the regular wound nurse gets pulled to the cart most of the time due to lack of staff. An LPN comes in during the week Monday through Friday and assists with completing wound treatments and labs but does not measure the wounds.</p> <p>(continued on next page)</p>		

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

Printed: 06/06/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0686  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Review of facility policy titled Villa Wound Care revised 11/1/2019 revealed the wound care team will meet weekly to make rounds for visual assessment of wound care issues, including pressure injuries of all individuals . The wound care team will document findings of rounds and make recommendations as needed. The RN (Registered Nurse) or LPN on the wound care team will discuss the need for order changes with the provider as needed. Obtaining wound measurements is not included in the facility policy for wound care.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41914</p> <p>Based on observations, resident interviews, staff interviews, family interviews, and review of facility document titled, SGMC Lakeland Villa Facility Assessment 2022, the facility failed to ensure that the facility had adequate nursing staff. The deficient practice affected the care provided to the 58 residents that resided in the facility.</p> <p>Findings include:</p> <p>Observation on 2/11/2023 at 9:30 a.m. revealed there were four Certified Nursing Assistant (CNAs) and three licensed nurses working in the facility at time of observation for the 7-3 p.m. shift, with a census of 58.</p> <p>Observation on 2/11/2023 at 3:10 p.m. revealed there were two CNAs and two licensed nurses working in the facility for the 3-11 p.m. shift, with a census of 58.</p> <p>Observation on 2/12/2023 at 8:40 a.m. revealed for 7- 3p.m. there were two licensed nurses, and four CNAs for the entire facility with a census of 58.</p> <p>Review of facility document titled, Adequate Staff to Meet needs dated 12/18/2022 revealed (Per Patient Day) PPD of 1.8, 12/24/2022 PPD was 1.8, 12/25/2022 PPD 1.6, 1/28/2023 PPD was 1.8</p> <p>Review of facility schedule titled, SGMC Lakeland Villa LPN &amp; RN schedule- February 2023 revealed on 2/10/2023 there were three CNAs scheduled to work 7 a.m. to 3 p.m., two CNAs' for 3 p.m. to 11 p.m., and two CNAs' scheduled for 11 p.m. to 7 a.m. shift with the facility census of 58 residents. On 2/11/2023 there were four CNAs scheduled to work 7 a.m. to 3 p.m., two CNAs' for 3 p.m. to 11p.m., two CNAs' for 11 p.m. to 7 a.m., facility census was 58 residents, for 2/12/2023 there were three CNAs' scheduled to work 7 a.m. to 3 p.m., two CNAs' for 3 p.m. to 11p.m., two CNAs' for 11 p.m. to 7 a.m., facility census was 58 residents.</p> <p>Interview on 2/11/2023 at 10:00 a.m. with R#48 revealed sufficient nurse staffing has been a major concern. She stated that she is not getting changed or checked every two hours, maybe just once per shift. The facility only has one nursing assistant that works the evening shift most days and it takes a long time for her to be changed. During interview with resident it was disclosed that after she is changed by the day shift staff after lunch her brief is not changed again until 11:00 p.m. at night and sometimes later. Further interview with R#48 also revealed that she only gets a bed bath once a week and there had been times when she did not get a bath for the week at all. Resident continued revealed because there is not enough staff, especially on the evening shift with only one nurse aide working, she cannot get the assistance that she needs. Review of Minimum Data Set (MDS) Quarterly assessment dated [DATE] revealed R#48 had a Brief Interview for Mental Status (BIMS) score of 15 indicating resident is cognitively intact and able to answer questions appropriately.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 2/11/2023 at 10:30 a.m. with the Director of Nursing (DON) confirmed that the facility is currently having some staffing issues when it comes to nursing scheduling. During the interview it was disclosed that there should be six CNAs' scheduled for the 7 a.m.-3 p.m. shift, six CNAs' for 3 p.m. - 11 p.m. and four CNAs' for the 11 p.m. - 7 a.m. shift. During interview, the DON disclosed that the designated staffing numbers for each shift is not being met. The DON further stated complaints have been made about residents not receiving their scheduled showers and bathes. Continued interview also revealed she is responsible for scheduling the licensed nursing staff and the Assistant Director of Nursing (ADON) is responsible for scheduling the CNAs.</p> <p>Interview on 2/11/2023 at 10:30 a.m. with CNA FF revealed that she often has to work overtime because there is nobody to work the shift during the day. Further interview revealed there are days when the residents cannot get their shower because there is not enough help during the day to complete them.</p> <p>Interview on 2/10/2023 at 10:49 a.m. with R#27 revealed that he has been at the facility for 8 years and there is not enough staff on 3-11 or 11-7 shifts to turn him every two hours at night. Further interview revealed that the CNA's are tired and cannot do it all by themselves. Review of MDS Quarterly assessment dated [DATE] revealed a BIMS score of 15 indicating resident is cognitively intact and able to answer questions appropriately.</p> <p>Interview on 2/10/2023 at 12:19 p.m. with R#51 stated that there isn't enough help. She must wait hours for staff to come assist her, an example was last night at 9:00 p.m. she asked for ice it was 1:00 a.m. before they brought her ice. Resident stated that she wears a brief and that she will call them when she needs to be changed but sometimes it is hours before they can change her. She confirmed that they do not check or change her every two hours. She stated that she does not get showers like she is supposed to. Resident stated that there are some weeks she only gets one shower. Review of MDS Quarterly assessment dated [DATE]Section C0500 revealed a BIMS score of 15 indicating resident is cognitively intact and able to answer questions appropriately.</p> <p>Interview on 2/11/2023 at 12:59 p.m. with family member of R#4 revealed that the biggest issue is they don't have enough help to take care of the residents. When the call light is activated, it takes the staff along time to come to the room.</p> <p>Interview on 2/11/2023 at 4:00 p.m. with CNA EE revealed that she was the only CNA scheduled for the 3- 11 p.m. shift today and that they called in another CNA from night shift to come in and help her. Further interview revealed that there is usually only two CNAs' that work the second shift most of the time. During further interview, CNA EE stated that there are six to eight resident showers that are scheduled on the 3 - 11 shift that cannot get done because it is only two CNAs working in the whole building. She stated that she has worked overtime multiple days throughout the week just to help the other CNAs. During interview staff member also confirmed that there have been days when there was only one CNA working on 3- 11 p.m. shift for the whole building. Staff member also revealed that the care of the residents had declined because of the staffing shortages.</p> <p>Interview on 2/11/2023 at 4:05 p.m. with CNA DD revealed she usually works the 11- 7 a.m. shift and she came in to help on 3 p.m. - 11p.m. shift and will be getting off at 3:00 a.m. Further interview revealed that staff member came in to help so that the CNA working 3- 11p.m. would not have to work the whole building by themselves.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 2/11/2023 at 4:15 p.m. with Licensed Practical Nurse (LPN) CC revealed there were 28 residents on the hall that she was responsible for and there was only one CNA working that unit.</p> <p>Interview on 2/11/2023 at 4:20 p.m. with Unit Clerk BB revealed there were 30 residents on the unit with one CNA working the 3-11 p.m. shift and one nurse that would be leaving at 7 p.m. and another nurse coming in at 7 p.m.</p> <p>Review of facility grievance log revealed a grievance was submitted by a family member of a facility resident on 1/3/2023 of the resident not receiving their scheduled showers, oral care, and the decline of the overall care the resident receives at the facility. Further review of facility grievances revealed there were care concerns voiced by residents' family and residents on the following dates: 8/9/2022, two on 8/22/2022, two on 8/31/2022.</p> <p>Review of facility document titled, SGMC Lakeland Villa Facility Assessment 2022 updated June 14, 2022 revealed under staffing plan ; Total number needed or average or range for nurse Aides- 21. Review of facility list of currently employed nurse aide staff revealed the facility currently have 14 nurse aides employed at the facility.</p> <p>Interview on 2/12/2023 at 8:16 a.m. with the family member of R#3, revealed that the facility has issues with not enough staff. Her care is not affected because the ones who are here give the best care that they can but like last night, there was only two CNA's in the building. It burns the ones that are here out. We have been here [AGE] years.</p> <p>Interview on 2/12/2023 at 8:40 a.m. with LPN AA revealed there is not enough staff especially on the evening shift to take care of the residents. There have been times when there is only one CNA that is assigned to the shift and is responsible for the entire building. Residents do not get their showers on a regular basis because there is not enough staff to complete the task. Further interview also revealed that due to this shortage of staff the residents cannot get the care that they need.</p> <p>Interview on 2/12/2023 at 11:25 a.m. with Assistant Director of Nursing (ADON) revealed that staffing has been an issue for the facility for the past six months and has gotten worse within the last three months. The ADON disclosed there have been times when she has had to work the floor as a CNA on the 3 - 11 shift at least three to four times per week and on the weekends as well. During further interview, she stated agency nursing staff was coming to the facility, but they all quit because of the shortage of staff on the floor and did not return. The ADON stated that the facility has been advertising for CNAs but has not gotten the response that was anticipated. ADON stated the Administrator is the one who makes the schedule for the nurse and the CNAs and if there are any needs that must be filled then that is done by herself and the DON.</p> <p>Interview on 2/12/2023 at 11:30 a.m. with the Administrator revealed that the staffing shortage at the facility has been ongoing for quite some time and has progressively gotten worse over the past six months. Administrator acknowledged that staffing for the licensed nurses and CNAs was a concern and could have a negative impact on the care of the residents. Further interview also revealed that there are two nursing agency that are in the progress of coming on board to help with the staffing issue. During interview Administrator confirmed that the greatest shortage is on the evening and night shift and that there have been times when there are only two CNAs scheduled to work that shift and administrative staff will stay and help including herself when this shortage arises.</p> <p>(continued on next page)</p>		

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

Printed: 06/06/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0725  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Cross Reference F677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0791  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide or obtain dental services for each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37739</b></p> <p>Based on observation, interviews and record review, the facility failed to ensure that one of 30 sampled residents (R) (R#57) received routine dental services as needed.</p> <p>Findings included:</p> <p>Review of the clinical record revealed that R#57 was admitted to the facility on [DATE] with diagnosis of, but not limited to, Alzheimer's Disease and cognitive communication deficit.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] noted that R#57 presented with a Brief Interview for Mental Status (BIMS) score of three, indicating severe cognitive deficit and presented with obvious likely cavity or broken teeth.</p> <p>Review of the Dental Care Plan revealed that R#57 had oral/dental health problems related to poor oral hygiene. It noted that the facility would coordinate arrangements for dental care, transportation as needed/as ordered; will monitor/document/report as needed signs and symptoms of oral/dental problems needing attention: pain (gums, toothache, palate), abscess, debris in mouth, lips cracked or bleeding, teeth missing, loose, broken, eroded, decayed, tongue (black, coated, inflamed, white, smooth), ulcers in mouth, and/or lesions.</p> <p>Observation on 2/10/2023 at 12:12 p.m. resident was noted with discolored bottom teeth with buildup and/or food and was missing all top teeth.</p> <p>Interview on 2/12/2023 at 12:18 p.m. the Administrator stated that they have a contract with a dental company.</p> <p>Interview on 2/12/2023 at 1:59 p.m. the Business Manager (BM) stated that she is responsible for enrolling residents in the dental program. She stated that if the resident or the family has signed up for the program and the physician sees a need, he will make a referral but not every resident receives routine services. She stated that the information is given to residents and families in the admission packet upon admission. After a review of the admission packet, she confirmed that the information related to the dental program was not found and was not in the packet. She confirmed that she looked it up and she could not find that the resident had a dental assessment and that there was no note related to the resident or her family refusing dental care.</p> <p>Interview on 2/12/2023 at 2:02 p.m. the Social Worker (SW) stated that they have a form to notify residents and family to get on the dental plan to receive routine services and that to resident with medication liability. have had an assessment. If the family declines services, it should be documented that it was discussed with the family, and they declined services.</p> <p>Interview on 2/12/2023 at 3:27 p.m., the MDS coordinator stated that the doctor said she had no acute concerns when she was admitted to the facility. He provided a physician note dated 10/26/2021. He stated that she was edentulous. When explained that the resident has bottom teeth, he did not say anything.</p> <p>(continued on next page)</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0791  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>On 2/12/2023 at 3:42 p.m. the SW confirmed, thru observation at this time, that R#57 had missing top teeth and had obvious cavities on bottom teeth.</p> <p>Interview on 2/12/2023 at 4:31 p.m., the Administrator stated that the facility did not have a policy related to routine dental services.</p> <p>On 2/12/2023 at 3:46 p.m. the MDS Coordinator brought in the first Admission MDC assessment completed for R#57 on 10/25/2021. The assessment noted that R#57 was admitted with cavities/broken teeth.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36200</b></p> <p>Based on observations, interviews, and review of facility documents titled Daily Patient Room Cleaning Steps, Housekeeping Orientation Skills Validation Form, and Tray Presentation Standards the facility failed to maintain sanitary and clean conditions related to cross contamination when mopping resident rooms and bathrooms. In addition, the facility failed to ensure food items on meal trays were covered when delivered. This deficient practice impacted two of four hallways.</p> <p>Findings include:</p> <p>Review of document titled Daily Patient Room Cleaning Steps (undated) revealed 12 steps listed under instructions which included the following:</p> <p>8. Dust Mop</p> <p>9. Damp Mop Restroom</p> <p>10. Damp Mop Patient Area using New Mop Head</p> <p>1.Review of the Housekeeping Orientation Skills Validation Form dated 10/12/2022 for Housekeeper (HSK) JJ revealed a verbalization of the process for duties but the form did not indicate that there was observation of duties.</p> <p>Observation on 2/11/2023 at 10:56 a.m. Housekeeper (HSK) JJ was observed mopping the bathroom floor in room [ROOM NUMBER] and then mopping the room floor with the same mop without changing the mop head.</p> <p>Observation on 2 /11/2023 at 11:04 a.m. HSK JJ was observed mopping the bathroom floor in room [ROOM NUMBER] and then mopping the room floor with the same mop without changing the mop head.</p> <p>Observation on 2/11/2023 at 11:28 a.m. HSK KK was observed to use the dry broom to sweep trash from the bathroom into room [ROOM NUMBER] and continued sweeping the room with the same broom. After sweeping HSK KK was observed to mop the bathroom floor and then the room floor without changing the mop head.</p> <p>Interview on 2/12/2023 at 12:55 p.m. with Infection Preventionist (IP) and IP LL (back up to IP) reported that best practice would be for housekeeping staff to mop the room first and then mop the bathroom last.</p> <p>Observation and interview on 2/12/23 at 1:03 p.m. with HSK JJ who was observed to clean the toilet with a green rag and then rewet the green rag in the clean mop head solution. HSK JJ then removed a mop head from the solution and began to mop the bathroom floor and then the room floor without getting a new mop head. HSK JJ reported that she was taught the process of mopping the bathroom and then the room by the Housekeeper that trained her for the position. IP and IP LL also observed the cleaning and mopping of the room by HSK JJ.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115707	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2023
NAME OF PROVIDER OR SUPPLIER  Sgmc Health Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  138 West Thigpen Ave Lakeland, GA 31635	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 2/12/2023 at 1:19 p.m. with HSK KK reported that HSK II taught her the process to mop the bathroom floor first and then to mop the room floor with the same mop.</p> <p>Interview on 2/12/2023 at 3:10 p.m. with the Director of Housekeeping and Housekeeping Supervisor reported that mopping should start from clean to dirty. It was explained that mopping should start first in the room and then a second mop head should be used to clean the bathroom. It was further reported that a 12-step process is used for cleaning.</p> <p>2. Review of Tray Presentation Standards (updated 7/2020) revealed a picture of a meal tray and how items should be arranged on the tray. All items on the tray had a cover to include the hot/cold entree, tea/juice, hot tea/coffee, soup/salad, and dessert.</p> <p>Observation on 2/11/2023 at 12:32 p.m. revealed multiple Certified Nursing Assistants (CNA) delivering lunch trays at the top of 200 hall. The trays were removed from the meal cart and carried more than four room lengths away with the bowl of oranges and bowl of pasta salad on the trays not being covered.</p> <p>Observation on 2/12/2023 at 12:22 p.m. of CNA FF who took a tray off the meal cart that was near room [ROOM NUMBER] and delivered to room [ROOM NUMBER] with the desert on the tray uncovered.</p> <p>Observation on 2/12/2023 at 12:23 p.m. of CNA NN who took a tray off the meal cart that was near room [ROOM NUMBER] and delivered to room [ROOM NUMBER] (opposite end of hall) with the desert uncovered.</p> <p>Observation on 2/12/2023 at 12:27 p.m. of CNA MM who took a tray off the meal cart that was near room [ROOM NUMBER] and delivered it to room [ROOM NUMBER] with the desert uncovered.</p> <p>Observation on 2/12/2023 at 12:29 p.m. of CNA NN who removed a tray from sitting on top of the meal cart near room [ROOM NUMBER] and delivered it to room [ROOM NUMBER]. It is noted that this meal tray had been sitting on top of the meal cart since 12:22 p.m. with the desert uncovered.</p> <p>Interview on 2/12/2023 at 12:38 p.m. with CNA MM acknowledged that the desert that was delivered at the top of 200 hall was not covered. It was reported that the food items on the meal cart are delivered however they come from the kitchen. CNA MM further reported that they do not have anything to cover the meal tray with, so the meal tray is delivered as is.</p> <p>Interview on 2/12/2023 at 3:07 p.m. with the Director of Nursing (DON) reported that foods should be covered when being delivered down the hallways. She reported that typically they are covered when she has helped deliver meals. She further reported that whenever CNAs see an uncovered item, they should notify someone.</p> <p>Interview on 2/12/2023 at 4:32 p.m. with the Dietary Manager (DM) reported that dining associates should be making sure that the items on the meal tray are covered, but ultimately as the Dietary Manager she is responsible.</p> <p>During a subsequent interview on 2/12/2023 at 4:53 p.m. with DM reported that the meal cart should be pushed up and down the hall during meal service and meal trays should not be walked the distance of the hallway.</p>		