STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115012	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harborview Decatur	2787 North Decatur Road Decatur, GA 30033

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	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and review of facility's policies titled, Wound Treatment Management, and Skin Assessments, the facility failed to provide care and services related to pressure ulcers for three of 10 Residents (R) (R214, R24, and R215) reviewed for pressure ulcers. Specifically, the facility failed to ensure a skin assessment was completed prior to R214's discharge to home where it was discovered he had a buttock pressure ulcer. In addition, the facility failed to ensure a low loss air mattress (a specialized medical mattress designed to prevent and treat pressure ulcers by providing constant airflow and alternating pressure) was placed on R24 and R215's bed per the wound care physician's order. These failures placed the residents at risk of unidentified and worsening wound care needs. Findings include: Review of the facility's policy titled, Wound Treatment Management, dated 3/1/2024, revealed, . To promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders . Review of the facility's policy titled, Skin Assessments, dated 3/1/2024, revealed, . It is our policy to perform a full body skin assessment as part of our systemic approach to pressure injury prevention and management . 1. Review of R214's admission Record, located in the Profile tab of the electronic medical record (EMR), revealed R214 was admitted to the facility on [DATE] and discharged home on 4/11/2025. R214 had diagnoses that included dementia and gallbladder surgery. Review of the admission Minimum Data Set (MDS), located in the MDS tab of the EMR and with an Assessment Reference Date (ARD) of 3/27/2025 for Section C (Cognitive Patterns) revealed that R214 had a Brief Interview of Mental Status (BIMS) score of one out of 15, which indicated R214 was severely impaired in cognition; Section M (Skin Conditions) revealed, R214 was at risk of developing pressure ulcers but had no pressure ulcer identified during the observation period. Review of R214's weekly skin assessment, dated 4/7/2025 and located in the Assessments tab of the EMR, revealed, . redness to both the left and right buttocks . Review of R214's Daily Skilled Nursing Documentation, dated 4/10/2025 and located in the Assessments tab of the EMR, revealed, . no open skin impairments . (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Harborview Decatur		STREET ADDRESS, CITY, STATE, ZIP CODE 2787 North Decatur Road Decatur, GA 30033	

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 R214's Transfer/Discharge, dated 4/11/2025 and located in the Assessments tab of the EMR, revealed a section titled, Outcomes of Physical Assessment. There was no documented evidence that a skin assessment was performed prior to R214's discharge home. During an interview on 5/5/2025 at 11:29 am, Family Member (FM) 2 stated, His bed sore is the biggest thing right now. I found the pressure ulcer the day he came home. When [R214] was assessed by the home health nurse, she confirmed the pressure ulcer was a stage 2 (partial tissue loss) or stage 3 (full-thickness tissue loss), and there were no wound care orders on the discharge paperwork. During an interview on 5/6/2025 at 11:30 am, the Assistant Director of Nursing (ADON), who was the nurse who documented the Transfer/Discharge note, was asked why a skin assessment had not been performed on R214 prior to being discharged . The ADON stated, The way I interpret the Transfer/Discharge form would be to fill it out if the resident was going to the hospital and not being discharged to home, but I can see how that could be an issue. During an interview on 5/7/2025 at 7:49 pm, the Director of Nursing (DON) was asked what her expectation was regarding skin assessments prior to discharge. The DON stated, A head-to-toe assessment needs to be done prior to discharge. 2. Review of R24's admission Record, located in the Profile tab of the EMR, revealed R24 was admitted to the facility on [DATE] with diagnoses that included a stroke with left-side paralysis. Review of R24's admission MDS, located in the MDS tab of the EMR and with an ARD of 4/4/2025 for Section C (Cognitive Patterns) revealed, R24 had a BIMS score of nine out of 15, which indicated that R24 was moderately impaired in cognition, Section H (Bladder and Bowel) revealed, R24 was frequently incontinent, and Section M (Skin Conditions) revealed, no pressure ulcers. Review of R24's Wound Care Physician Visit Note, dated 4/21/2025 and located in the Documents tab of the EMR, revealed, R24 had developed a stage 2 left buttock pressure ulcer, and a recommendation for a low air loss mattress was made. During an observation and interview on 5/6/2025 at 2:47 pm, R24 was lying in bed. He was asked if the staff changed his brief when it was soiled. R24 stated, Yes, they change me pretty quickly. R24 was asked why he did not have the low air loss mattress on his bed, per the physician's order. R24 stated, I don't know why. 3. Review of R215's admission Record, located in the Profile tab of the EMR, revealed R215 was admitted to the facility on [DATE] with diagnoses that included a malignant neoplasm of the rectum. Review of R215's admission MDS, located in the MDS tab of the EMR and with an ARD of 4/25/2025 for Section C (Cognitive Patterns) revealed, R215 had a BIMS score of 14 out of 15, which indicated R215 was cognitively intact. Review of R215's Wound Care Physician Visit Note, dated 4/28/2025 and located in the Documents tab of the EMR revealed, . General recommendation: low air loss mattress . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harborview Decatur	2787 North Decatur Road Decatur, GA 30033

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	During an observation and interview on 5/4/2025 at 11:37 am, R215 stated, I have had this stage 4 [the most severe type] pressure ulcer for two years now. R215 was asked why she did not have a low air loss mattress on her bed. R215 stated, I don't know. During an interview on 5/7/2025 at 4:39 pm, the DON was asked why R24 and R215 did not have low air loss mattresses on their beds per Physician 1's orders. The DON stated, I don't know but will find out. During an interview on 5/7/2025 at 5:14 pm, the DON confirmed that R24 and R215 did not have low air loss mattresses on their beds according to Physician 1's orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115012	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harborview Decatur	2787 North Decatur Road Decatur, GA 30033

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure medically related social services were provided to meet the needs of two of 35 sampled Residents (R) (R116 and R54). This failure had the potential to affect the safety and well-being of the residents and their caregivers and help prevent re-admission. Findings include: Review of the facility provided Director of Social Services Job Functions: Duties and Responsibilities revealed, Develop and implement policies and procedures for the identification of medically related social and emotional needs of the resident . Participate in discharge planning, development and implementation of social care plans and resident assessments . Refer resident/families to appropriate social service agencies when the facility does not provide the services or needs of the resident. 1. Review of R116's admission Record, from the Profile tab of the electronic medical record (EMR), showed an admission date of 2/25/2025 with medical diagnoses that included type II diabetes, dementia, chronic obstructive pulmonary disease (COPD), and acute kidney failure. Review of the Census tab of the EMR revealed R116 discharged on 3/22/2025. During a telephone interview on 5/4/2025 at 11:12 am, R116's Family Member (FM) 7 stated only one day of home health was provided prior to her passing on 4/5/2025. Review of the Progress Notes, Assessments, and Documents tabs of the EMR did not show discharge information regarding the home health referral. A follow-up telephone interview on 5/4/2025 at 11:34 am with FM7 and FM8 realized the name of the home health agency that provided the one day of service. Review of the facility printed emails, dated 3/11/2025, revealed the referral made by the Social Services Director (SSD) to a home health agency. The agency R116 was referred to via email on 3/11/2025 was different from the agency that provided the one day service. During a telephone interview on 5/7/2025 at 12:42 pm, the Home Health supervisor (HH)1 stated they did receive the referral, but due to limited therapy and Certified Nurse Aide (CNA) availability, they were not able to accept R116 as a patient and had emailed the SSD regarding the issues on 3/13/2025. During a telephone interview on 5/7/2025 at 12:02 pm, HH2 (from the agency FM7 and FM8 stated provided services) advised that the first referral for R116 was received on 3/25/2025 from the SSD. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Harborview Decatur		STREET ADDRESS, CITY, STATE, ZIP CODE 2787 North Decatur Road Decatur, GA 30033	

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/7/2025 at 1:00 pm, the SSD confirmed the first contact to the agency that provided services to R116 was made on 3/25/2025, three days after R116 was discharged from the facility. The SSD stated R116 received a NOMNC (notice that her Medicare A services would end) on 3/21/2025 so she was still on services. The SSD was looking for the documents but was not able to go back that far. When asked if it was a weekend or the family just showed up to take R116 home unplanned, the SSD responded, It was a normal discharge, they [FM7 and an unnamed family member] were involved. So, yeah, it was planned. When asked if R116 was discharged without home health services, the SSD stated, Yeah, that is on my part, [it] wasn't done. I'm thinking another appeal [regarding Medicare A services] was put in and they could have denied that on Friday. The SSD confirmed R116 discharged on Saturday 3/22/2025 without home health services and the next referral was not until 3/25/2025. When asked why no referrals were made on 3/22/2025 through 3/24/2025, the SSD stated, I don't have an answer for that. During an interview on 5/7/2025 at 7:31 pm, the Director of Nursing (DON) expressed an expectation that everything they [a resident] would need for a safe discharge would be provided to empower them to not need to return. 2. Review of R54's admission Record, located in the electronic medical record (EMR) under the Profile tab, revealed R54 was admitted to the facility on [DATE] with diagnoses which included unspecified cirrhosis of liver and depression, unspecified. Review of R54's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 4/22/2025 and located under the MDS tab of the EMR for Section C (Cognitive Patterns) revealed, R54 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R54 was cognitively intact; Section H (Bladder and Bowel) revealed, R54 was coded for Always incontinent of urine and bowel. Review of R54's Documents tab of the EMR revealed a letter addressed to R54 and dated 3/24/2025 notifying R54 that he would be discharged [DATE]. A review of the Documents tab revealed this letter to be the last document uploaded to R54's EMR. Review of R54's Progress Notes, dated 4/3/2025 and located in the EMR under the Progress Notes tab, revealed a Social Services Progress Note that indicated, The legal aide stopped by about the resident's 30-day discharge letter. The letter is to be reissued. Review of R54's Progress Notes and Documents tabs of the EMR revealed no documented evidence that R54 or the family had been notified the 3/24/2025 discharge letter had been rescinded. There was no documented evidence of a discharge letter being issued on or after 4/3/2025. Review of a facility letter from Name of State web portal, with a submission date of 4/3/2025 by the Business Office Manager, indicated a Medicaid application had been submitted on R54's behalf. Review of R54's Progress Notes and Documents tab revealed no documented evidence R54 or the family had been notified a Medicaid application had been submitted on R54's behalf. There was no Medicaid application in the Documents tab. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harborview Decatur	2787 North Decatur Road Decatur, GA 30033

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/6/2025 at 9:30 am, R54 stated he was scared he was going to be kicked out of the facility this Saturday, 5/10/2025. R54 stated he had not received any formal notice since receiving the letters of discharge that anything related to his discharge had changed or been rescinded. R54 stated his family member had been working on his Medicaid application because the facility would not help, but he did not know the status of his application. During an interview on 5/5/2025 at 9:15 am, R54's family member (FM6) reported she had not received any assistance from the facility to complete the Medicaid application after asking the Social Services Director (SSD), the Business Office Manager (BOM), and the Administrator for help. FM6 stated she had completed the Medicaid application and had confirmed with the Medicaid office today that R54's Medicaid application that she had submitted was currently in pending status. FM6 stated she had heard from the Ombudsman that R54's letter of discharge had been reversed but had not received a formal letter or notice from the facility directly. FM6 was concerned that if the Medicaid application was not formally pending, R54 would be discharged to his home which the complainant described as not livable due to R54's hoarding and lack of upkeep. FM6 also stated that R54 required incontinent care around the clock. During an interview on 5/6/2025 at 11:10 am, the Social Services Director (SSD) stated the facility had not issued a letter to the resident or family indicating the letter of discharge had been rescinded. The SSD stated R54 was currently Medicaid pending but could not provide details because she did not do Medicaid applications. The SSD stated the facility had issued three separate letters of discharge to R54, with the last letter indicating a discharge date of 5/10/2025. During an interview on 5/6/2025 at 12:40 pm, the Business Office Manager (BOM) stated she had completed R54's Medicaid application on 4/3/2025 after R54's legal aide had requested her assistance in completing the form for R54. The BOM could not provide information related to R54 or family being notified that she had completed the Medicaid application on 4/3/2025. The BOM acknowledged that she and R54's family had submitted Medicaid applications simultaneously. The BOM confirmed that there was no letter of notice rescinding the letter of discharge in R54's EMR. During an interview on 5/6/2025 at 12:45 pm, the SSD stated she could not provide information on who updated the family or R54 with the pending Medicaid status. During an interview on 5/7/2025 at 2:15 pm, R54 stated FM6 was notified for the first time on 5/6/2025 that the facility had completed R54's Medicaid application. During an interview on 5/7/2025 at 7:00 pm, the Administrator stated there was a complete lack of communication on the facility's part regarding R54's Medicaid and notice of discharge process. The Administrator confirmed the facility had not issued a letter rescinding the letter of discharge nor had the facility informed R54 and family that the facility had completed a Medicaid application. The Administrator indicated the facility did not have a social services policy.