

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2025
NAME OF PROVIDER OR SUPPLIER Harborview Health Systems Thomaston		STREET ADDRESS, CITY, STATE, ZIP CODE 310 Avenue F Thomaston, GA 30286	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, residents and staff interviews, and review of the facility policy titled Resident Rights, the facility failed to accommodate the needs of one of 42 sampled residents (R) (R8). This deficient practice had the potential to place R8 at risk of not attaining or maintaining her highest practicable physical, mental, and psychosocial well-being. Findings include: Review of the policy titled Resident Rights, revised 2/1/2025, included the facility will inform the resident both orally and in writing, in a language that the resident understands, of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility will also provide the residents with prompt notice (if any) of changes in any State or Federal laws relating to resident rights or facility rules during the resident's stay in the facility. Receipt of any such information must be acknowledged in writing. 5. Self-determination. The resident has the right to, and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to: a. The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this partb. The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident.c. The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.e. The resident has a right to organize and participate in resident groups in the facility.h. The residents have a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. Review of R8's electronic medical record (EMR) revealed the resident was admitted to the facility on [DATE] with diagnoses including, but not limited to, unspecified heart failure, essential (primary) hypertension, hyperlipidemia, peripheral vascular disease, morbid obesity due to excess calories, and unilateral primary osteoarthritis. Review of R8's Quarterly Minimum Data Set (MDS) assessment, dated 6/30/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 11 (indicating moderate cognitive impairment). Section GG (Functional Abilities and Goals) documented that R8 used a wheelchair and required assistance with transfers and propelling the wheelchair. Section K (Swallowing/Nutritional Status) documented R8 was 67 inches tall and weighed 281 pounds. In an interview on 6/30/2025 at 11:50 am, R8 revealed that staff did not assist her in getting out of bed. She expressed interest in participating in activities and stated she had expressed this concern to staff. In an interview on 7/1/2025 at 12:59 pm, R8 stated that she would love to get out of bed but was bedbound and unable to walk. In an interview on 7/1/2025 at 1:27 pm, Certified Nursing Assistant (CNA) GG stated that she had attempted to assist R8 out of bed, but was unable to do so due to the unavailability of a geriatric chair large enough to accommodate her. CNA GG stated that only one geriatric chair was available on the floor,</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: 115329	If continuation sheet Page 1 of 4

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>and it was already in use by another resident. CNA GG also reported that R8 did not use her regular wheelchair because it caused her discomfort. In an interview on 7/2/2025 at 11:45 am, the Director of Nursing (DON) confirmed that three residents required the use of a bariatric geriatric chair and the facility only had one such chair. In an interview on 7/2/2025 at 3:15 pm, the Administrator was unable to confirm how many residents required a bariatric geriatric chair or how many the facility had to accommodate them.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<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>Based on observations, record review, staff interviews and review of the facility's policies titled Medication Administration and Medication Storage, the facility failed to place open dates on one container of glucometer strips on each of the 100 and 300 Hall medication carts, and failed to remove one expired inhaler from the 100 Hall medication cart. The facility's census was 105. The facility's census was 105. Findings include: Review of the facility's policy titled Medication Administration, reviewed 6/1/2024, documented Policy: Medications are administered In accordance with professional standards of practice . Policy Explanation and Compliance Guidance: 13. Identify expiration date. If expired, notify the manager. Review of the facility's policy titled Medication Storage, reviewed 3/1/2025, documented Policy: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and or medication rooms according to the manufacturer's recommendations . Policy Explanation and Compliance Guidelines: 1. General Guidelines: a. All drugs and biologicals will be stored in locked compartments (i.e, medication carts Observation on 7/1/2025 at 2:32 pm, during review of the 100 Hall medication cart, revealed one albuterol sulfate inhaler had an expiration date of 3/2024. Further observation revealed one opened container of glucometer strips with no open date. The container of glucometer strips had a label that stated the strips were to be used within six months after opening or by the expiration date. The Director of Nursing (DON) was present during the review. Observation on 7/1/2025 at 3:09 pm, during review of the 300 Hall medication cart, revealed one container of glucometer strips with no open date. The container of glucometer strips had a label that stated the strips were to be used within six months after opening or by the expiration date. Licensed Practical Nurse (LPN) AA was present during the review. In an interview on 7/1/2025 at 3:27 pm, LPN AA confirmed the glucometer strips on the 300 Hall medication cart container had no open date and had the label, which stated the strips were to be used within six months after opening or by the expiration date. She stated that the nurse would not know when the strips were to be discarded if there was no open date on the container. LPN AA further stated that if the strips were used past the discard date, they could cause inaccurate blood sugar readings, which could have adverse effects on a resident's treatment. In an interview on 7/1/2025 at 4:59 pm, the DON stated staff had not been placing open dates on the glucometer strip containers when opening them. She stated a negative outcome for the resident would be possible incorrect blood sugar results, which could negatively affect the residents. In an interview on 7/2/2025 at 10:04 am, the DON confirmed that there was one albuterol sulfate inhaler with an expiration date of 3/2024 in the drawer of the 100 Hall medication cart. She stated she was not sure who the inhaler belonged to and stated that, at times, the residents were admitted from home or a hospital without the medications in manufacturers' boxes or their names on the medications. She stated her expectations were for no expired medications to be on the medication carts and that expired medication would not be effective for the resident if the resident received it. In an interview on 7/2/2025 at 10:06 am, LPN CC stated there should not be expired medications on the medication carts. She stated the nurses were responsible for removing the expired medications.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, staff interviews, and review of the facility's policy titled Food Receiving and Storage, the facility failed to ensure that opened food items were dated and failed to discard food items after the best if used by date in the walk-in refrigerator. This deficient practice had the potential to place the 101 residents receiving an oral diet from the kitchen at risk of foodborne illness. Findings include: Review of the facility's policy titled Food Receiving and Storage revealed the Policy Statement section stated, Food shall be stored in a manner that complies with safe food handling practices. The Policy Interpretation and Implementation section included, 1. Food Services, or other designated staff, will always maintain clean food storage areas. 2. When food is delivered to the facility, it will be inspected for safe transport and quality before being accepted. 6. All foods stored in the refrigerator or freezer will be covered, labeled, and dated (use by date). Observation on 6/30/2025 at 9:45 am of the walk-in freezer revealed several food items were not labeled with open dates or use-by dates or were noted to be expired, including: five chocolate pies, one meringue pie, one coconut pie, 70 pieces of French toast, two packs of Hawaiian rolls (24 count), four packs of breadsticks (10-12 per bag), two-five pound bags of hashbrowns, and one box of bananas (some were peeled and flies were present). In an interview on 6/30/2025 at 9:55 am, the Dietary Manager (DM) confirmed all food items listed were not dated or labeled. She confirmed all food items should be dated and labeled open and used by date. In an interview on 7/1/2025 at 10:13 am, the National Director of Dining FF reaffirmed that all food items must be labeled with open and use-by dates. In an interview on 7/1/2025 at 10:50 am, the Certified Dietitian confirmed that staff should ensure all food items were labeled with open and use-by dates.</p>		