

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>A standard recertification survey was conducted at Muscogee Manor &amp; Rehabilitation from May 10, 2021 through May 13, 2021. A Complaint Investigation survey to investigate Complaint Intake Number GA00213833 was conducted in conjunction with this survey. In addition, a CMS Resource Support Survey was conducted in conjunction with the Standard Survey. The standard survey revealed that the facility was not in substantial compliance with Medicare/Medicaid regulations at 42 Code of Federal Regulations (C.F.R.) Part 483, Subpart-Requirements for Long Term Care Facilities. The following deficiencies resulted from the facility's non-compliance related to the standard survey. The complaint was unsubstantiated with no deficiencies cited. As indicated on the facility's Form CMS-6782, Resident Census and Conditions of Residents Form, the facility census on May 10, 2021 was 116 residents.</p>	F 000		
F 0550 SS= D	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights</p> <p>§483.10(a) Resident Rights.</p> <p>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A</p>	F 0550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interviews, record review and review of the facility policy titled, "Male/Female Catherization" the facility failed to promote, maintain, and protect a resident's dignity for two of nine residents (R#35, R#56) with an indwelling urinary catheter.</p> <p>Findings include:</p> <p>Review of the facility policy titled, "Male/Female Catherization" dated 11/28/16 documented a resident has a right to respect and dignity.</p> <p>1. R#35 was admitted to the facility in 3/22/16 with diagnoses that included (partial list)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>vascular dementia, hypertension, major depression, pressure ulcers and peripheral vascular disease.</p> <p>Review of R#35's significant change Minimum Data Set (MDS) dated 2/15/21 revealed Section C-Cognition: Brief Interview of Mental Status (BIMS) score of zero (0) indicating very poor cognition; Section G-Functional Status: resident requires total assistance with all Activities of Daily Living (ADL's); Section H-Bowel and Bladder: resident has indwelling urinary catheter and is always incontinent of bowel; Section M-Skin: resident is at risk for pressure ulcers and has facility acquired unstageable pressure ulcer.</p> <p>Review of R#35's the May 2021's Physician's orders for R#35 revealed an order for: Insert 16 FR Foley catheter for wound management, record total every shift. Apply catheter strap daily. Change catheter every month on the 10th 3-11 shift. Daily catheter care-clean each shift Change catheter as needed for wound management.</p> <p>Review of R#35's Care Plans revealed a plan in place dated 5/13/21 Resident has an indwelling catheter inserted for management of unstageable wound to buttocks. Approaches include place urine bag in a privacy bag.</p> <p>An observation of R#35 on 5/10/21 at 3:28 p.m. revealed resident had an indwelling urinary catheter attached to a urinary catheter bag. The catheter bag was not in a privacy bag and the catheter bag was visible from the door.</p> <p>An observation of R#35 on 5/11/21 at 11:35 a.m. revealed resident had an indwelling urinary</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>catheter attached to a urinary catheter bag attached to the side of the bed. The catheter bag was not in a privacy bag and the catheter bag was visible from the door.</p> <p>An interview on 5/12/21 at 11:26 a.m. with Registered Nurse (RN) Unit Manager (UM) RN CC of West Wing revealed her expectations are to make sure a resident who has a catheter should always have on a catheter strap, urine bag kept below the bladder, bag kept off the floor and the bag kept in a privacy bag.</p> <p>An interview on 5/13/21 at 3:03 p.m. with the Director of Nursing (DON) revealed she would expect the nurses and Certified Nursing Assistants (CNA's) to place the resident's catheter bag in a privacy bag to maintain the resident's dignity.</p> <p>2. Review of the 2/3/2021 Quarterly MDS for R#56 revealed in Section (C) Cognition a BIMS was not done because the resident is never or rarely understood. Section (G) Functional Status revealed the resident is totally dependent upon staff for ADLs. Section (H) Bowel and Bladder revealed the resident has an indwelling foley catheter.</p> <p>Review of the care plan for R#56 revealed resident has an indwelling catheter in place. Approaches include place urine bag in a privacy bag.</p> <p>During an observation on 5/10/2021 at 12:32 p.m. revealed R#56 had an indwelling urinary catheter attached to a urinary catheter bag, urine was straw in color and attached to the side of the bed. The catheter bag was not in a privacy bag and it was visible from the door.</p> <p>During an observation on 5/11/2021 at 9:33 a.m. revealed R #56 catheter bag remained without a privacy bag and was visible from the</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0584 SS= D	<p>door.</p> <p>During an observation and interview on 5/12/2021 at 8:15 a.m. with LPN BBB she observed the catheter bag for R #56 uncovered and visible from the door. During this time, she revealed the catheter bag does not have a privacy cover and added the catheter bag should always be covered. She revealed it is the nurse and CNAs responsibility to ensure the catheter bags are covered.</p> <p>483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment</p> <p>§483.10(i) Safe Environment.</p> <p>The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each</p>	F 0584		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interviews, the facility failed to ensure a clean, comfortable, and homelike environment for one of four halls that had a build-up of dust in the heating/AC vents, holes in the walls in two resident bathrooms and one of two shower rooms on the South Wing on one of four halls.</p> <p>Findings include:</p> <p>During the initial tour on 5/10/21 at 2:41 p.m. revealed the heating/AC vents on the South Wing hall for rooms 47-86 had a thick layer of dust in the vents.</p> <p>During the initial tour on 5/10/21 at 2:51 p.m. revealed one of two shower rooms had a hole in the lower portion of the wall with three tiles missing. The three tiles were located behind the toilet in the shower room with a black dry substance on them.</p> <p>During the initial tour on 5/10/21 at 3:02 p.m. revealed the shared bathroom between rooms 69 and 70 had a hole in the wall with several</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0641 SS= A	<p>tiles missing. The tiles were laying on the floor behind the toilet.</p> <p>During the initial tour on 5/10/21 at 3:04 p.m. revealed the shared bathroom between rooms 73 and 74 had a hole in the wall.</p> <p>During walking rounds on 5/12/21 at 12:15 p.m. with Maintenance Director (MD) revealed he was aware of the maintenance issues observed on the South Wing. MD Stated he had not received permission from corporate to start working on South Wing of the building. MD Confirmed all the above findings. MD Stated the heating/AC units are cleaned every three months and were last cleaned in March. States he does not keep a tracking log of when they are cleaned. Revealed he has a 'monthly checks and services list but it does not have heating/AC units listed as one of the items.</p> <p>483.20(g) Accuracy of Assessments</p> <p>§483.20(g) Accuracy of Assessments.</p> <p>The assessment must accurately reflect the resident's status.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to accurately code the Minimum Data Set (MDS) to reflect Preadmission Screening and Resident Review (PASRR) Level II status for one resident (R) (#96) of 54 sampled residents.</p> <p>Findings include:</p> <p>A review of the Admission MDS assessment dated 11/8/20 documented that R#96 did not have a serious mental illness with no Preadmission Screening and Resident Review (PASSAR) level II documented on the MDS.</p>	F 0641		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0725 SS= F	<p>A review of diagnoses for R#96 revealed the following diagnoses including, but not limited to: major depressive disorder, intermittent explosive disorder, impulse disorder, and psychosis.</p> <p>The PASSAR level II for R#96 revealed an assessment date of 10/18/17 and that the end date for services would be 12/31/2299 (sic). There were documented recommendations for behavioral health assessment, ongoing psychiatric care, and individual counseling.</p> <p>A review of the Physician Orders revealed an order for psychiatric and psychology services to evaluate and treat as needed.</p> <p>During an interview on 5/13/21 at 10:15 a.m. with the facility MDS Coordinator confirms R#96's MDS Assessment is coded incorrectly. It should be coded to reflect Level II status. MDS Coordinator confirmed the Admission MDS assessment did not accurately reflect that the resident had a PASARR level two screening and was receiving mental health services. A review of the medical record revealed that the resident had a PASARR level II completed and was receiving services. She stated that this was a coding error by a previous MDS nurse who no longer works here.</p> <p>483.35(a)(1)(2) Sufficient Nursing Staff</p> <p>§483.35(a) Sufficient Staff.</p> <p>The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the</p>	F 0725		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, staff and Resident interviews, and review of the Facility's Assessment the facility failed to provide sufficient nursing staff on four of four wings; North Wing, West Wing, South Wing, and Odell Wing; f to achieve the highest practicable level of well-being for all Residents. The facility census was 114 Residents.</p> <p>Findings include:</p> <p>Review of the Facility Assessment revised 4/2021 revealed a staffing plan as follows:</p> <p>In order to achieve personal care centered, foster excellence in the nursing services and promote continuity of care we take and look at the needs of our residents. We believe in consistent staffing for the benefit of the resident. This provides them with a sense of comfort along with the ability to make friendships and get to know the staff, plus staff will know slight</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>changes in the resident. To develop the assignments, we look at the acuity of the residents. By checking their AD looking into behaviors and diagnosis we are able to determine acuity level.</p> <p>During an interview on 5/10/2021 at 12:41 p.m. with Resident (R) #4 on North Wing, he revealed he has waited as long as an entire shift to get help when he was incontinent. He stated the facility does not have enough staff to take care of everyone.</p> <p>During an interview on 5/10/2021 at 1:27 p.m. with R#92 on South Wing she revealed she does not feel there is enough staff in the building and stated she often must wait for long periods of time before she can get assistance and added she has had to wait up to 3 hours.</p> <p>During an interview on 5/10/2021 at 2:24 p.m. R#2 on South Wing she revealed there is not enough staff and added that she is able to do most things herself but needs assistance at times and no one shows up.</p> <p>During an interview on 5/10/2021 at 2:59 p.m. with R#27 on South Wing he revealed there is not enough staff and has to wait for long periods of times before he can get assistance but added he knows the staff are busy and are doing the best they can.</p> <p>During an interview on 5/10/2021 at 3:59 p.m. with R#7 on North Wing he revealed he is supposed to get a bath on Tuesday, Thursday, and Saturday but is told by staff that they do not have enough staff to get him into the shower because he requires a lift and there are not enough people to safely take him to the shower. He stated she does get a bed bath but would like, at some point, to have a shower.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>During an interview on 5/10/2021 with Licensed Practical Nurse (LPN) QQ for North Wing, she revealed there was a Certified Nursing Assistant (CNA) out on North Wing for today. She stated when someone calls out, they call out to the Supervisor on duty, and it is that Supervisor's responsibility to get coverage for that call out. She stated, according to the schedule, the CNA who was supposed to work today was actually off and added it would be the Staffing Coordinators responsibility to get that position filled. LPN QQ revealed that the Staffing Coordinator was stationed in their sister facility and is responsible for staffing two locations. LPN revealed for today on North Wing there are two LPN's and two CNA's but there should be three CNA's.</p> <p>During an interview on 5/11/2021 at 7:15 a.m. with LPN RR, revealed she is staffed by the facility through Agency and has been working in the facility regularly since February 2021. She revealed she works in different areas of the facility when on the schedule and was on North Wing from 11:00 p.m. to 7:00 a.m. last night. She stated for North Wing there was one nurse, two CNA's, and one RN Supervisor for 33 residents. She revealed CNA's work a lot of split shifts and explained that some CNA's will agree to stay and work three or four hours on the next shift leaving only one CNA for all residents the remainder of that shift but sometimes they will have a CNA agree to come in early to help out the last couple of hours of a shift but added even when this happens the residents are lacking in turning, repositioning, and incontinent care. LPN RR revealed that the facility is painfully understaffed, and residents must wait long periods of time after using their call lights to get the help they need. She revealed residents are staying wet longer than they should and added this causes discomfort for the residents. She revealed weekends are especially understaffed and added the weekends are even worse related to wait times for the residents in receiving care. LPN RR stated she worked on South Wing a month ago with a Nurse</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>Supervisor who would not even try to get a replacement for a call out and told them they would be ok but added that it is the residents who suffer from the lack of staffing.</p> <p>During an interview on 05/11/21 at 8:20 a.m. with RN SS on North Wing she revealed when someone calls out for the oncoming shift, and it is agency, she will call agency to get a replacement but if a staff member of the facility calls out, she will, if the employee has not worked a double already, she asks an off-going employee if they would be willing to stay. She stated the biggest problem with Agency staffing is that they are not open and will not answer their phone in the middle of the night or early morning so she must wait for the day shift RN Supervisor (RN AA) to come in and try to get someone to fill the vacancy. RN SS stated there is no definite process to get replacement staff for call outs. She stated there is an as needed (PRN) pool but no one will answer their phone. RN SS revealed the residents are not being turned and repositioned during the night. She stated the CNA's do dry rounds every two hours and there was no time for them to turn and reposition because they do not have enough staff. She stated she helps out with med pass and even with CNA duties when they are short but stated that the residents suffer related to, they are staying in one spot because they are not being turned and repositioned like they should be. She stated she has not seen any evidence of wounds or skin conditions related to this but added there is discomfort for the residents and if this shortage of staff continues there is the potential for skin breakdown and worsening pressure sores. RN SS stated Staffing Coordinator VV is responsible for staffing this facility and their sister facility and added she is located in the other facility.</p> <p>During an interview on 5/11/2021 at 10:23 a.m. with R#97 on South Wing revealed the nurse only comes by one time per week and stated it takes a long time for the staff to respond to her</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>call light. She revealed she has not had a shower in 2 to 3 months. R#97 stated she was not getting changed in a timely matter when she was soiled.</p> <p>During an interview on 5/11/2021 at 10:25 a.m. with LPN YY on South Wing she revealed she feels resident care suffers because there are not enough staff members to provide the necessary care for the residents need. She stated they do the best they can to take care of the residents but there just are not enough people to help with the residents.</p> <p>During an interview on 5/11/2021 at 10:28 a.m. RN AAA on South Wing she revealed she does not feel the facility has sufficient staff to provide adequate resident care. She stated the Certified Nursing Assistants (CNAs) sometimes have between 15-20 residents to take care of on their assignment and added they do the best they can but sometimes the residents do have to wait for long periods of time before someone can get to them.</p> <p>During an interview on 5/12/2021 at 6:50 a.m. with LPN BB, Agency Nurse, on West Wing, she revealed she works 40 hours per week in the facility on the day shift Monday through Friday. She stated the facility has a shortage of both nurses and CNA's and added they had one CNA on Monday for 7:00 a.m. to 3:00 p.m., two CNA's Tuesday on 7:00 a.m. to 3:00 p.m., and today they have four CNA's for 7:00 a.m. to 3:00 p.m. LPN BB revealed Residents are not gotten out of bed or showered due to lack of staff to do so.</p> <p>During an interview on 05/12/2021 at 7:00 a.m. with CNA HH on North Wing she revealed she worked 3:00 p.m. to 11:00 p.m. the previous shift and volunteered to stay over and do night shift because there was only one CNA scheduled for that shift. She revealed there are</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>33 residents on the North Wing and most of them are incontinent and require changing every two hours and added that there is no way one CNA can manage that by themselves. She revealed that even with two CNA's sometimes they cannot get around again to everyone during the shift, but they do the best they can. CNA HH revealed not having the allotted number of staff for a shift is a frequent occurrence and the facility is constantly asking staff to stay over or work extra. She revealed what bothers her most is that the residents have to wait long periods of time and sometimes stay wet or soiled for a significant amount of time and stated at times it is over an hour but added thankfully there has been no major skin issues but only some redness and discomfort from laying in one place all the time.</p> <p>During an interview on 05/12/21 at 7:15 a.m. with CNA UU, from a staffing Agency, revealed she has been coming to this facility regularly for five years and works on the 7:00 a.m. to 3:00 p.m. shift. She stated she feels so bad for the residents because there is not enough staff to even be able to give them showers and they are being washed off while in the bed. CNA UU stated R #65 has been begging her for a shower for two weeks and there has not been enough staff, so she has not been able to give her a shower and has been washing her off for the last two weeks. She stated if enough staff show up today, she is planning on getting some showers done today. She revealed there is not enough staff to get them up and certainly not enough staff to use a lift that requires two people for safety. CNA UU revealed the weekend schedule is mostly blank with maybe two positions filled for the whole facility and added it is very difficult to find staff to come in and work, so the bare minimum gets done on the weekend. She revealed that she has worked so much extra that if she is being honest, lately she has called in some due to being exhausted. CNA UU revealed the same people are volunteering to work and help and they are getting exhausted and burned out.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>During an interview on 5/12/2021 at 8:20 a.m. with LPN MM on South Wing she revealed there are not enough CNAs to give the residents the care they need and stated most residents on the South Wing are extensive to totally dependent with Activities of Daily Living (ADLs). CNAs do not have time to give the residents baths, feed them, get them dressed, or out of bed before it is time for them to leave for the day.</p> <p>During an interview on 5/12/2021 at 11:10 a.m. with CNA ZZ on South Wing she revealed she has a difficult time getting to all of her residents. She stated she has between 10-15 residents on her assignment and added that the resident care does suffer because she always feels rushed to get to them all.</p> <p>During an interview on 5/12/2021 at 11:26 a.m. with RN CC on West Wing, the behavior/dementia wing, she revealed the facility has a staffing problem. RN CC revealed they use agency staff to work a lot of their shifts, but stated agency does not usually work the weekend or holidays and added most of the regular facility staff left two months ago. RN CC revealed she is currently on workman's compensation and has limited duties but does work about every day including the weekends and stated she assists with feeding the residents. She revealed the residents are not getting their scheduled showers and added that they might get one shower a week, but they do get washed in the bed every day. RN CC revealed the residents are getting turned and changed but not getting out of bed and added that most residents require a lift to get up and added it is too unsafe to get them up with a lift without sufficient staff. She revealed she has asked repeatedly for more staff because the residents in this unit require more care as most need assistance with meals, take longer to feed, or feed themselves, are total care, have behaviors and require constant monitoring. RN</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>CC did not feel residents were losing weight or getting more wounds due to the lack of staff at this time and stated the staff that are here work very hard to get things done. She revealed that she has two nurses and four CNAs today and stated today is a good day.</p> <p>During an observation on 5/10/2021 at 11:00 a.m. on North Wing revealed there was no residents observed to be up out of bed and there were no residents observed to be up in chairs.</p> <p>During an observation on 5/10/2021 at 4:00 p.m. on North Wing revealed residents remained in bed.</p> <p>During an observation on 5/11/2021 at 10:00 a.m. on North Wing revealed residents in bed. There were no residents observed up in chairs.</p> <p>During an observation on 5/11/2021 at 3:30 p.m. on North Wing revealed residents remained in bed.</p> <p>During an interview on 5/13/2021 at 9:30 a.m. with RN AA revealed on the Staffing Sheet "P/U" means shift was picked up by a regular staffed employee and that the others are agency staff who worked the shift. She revealed for North Wing there should be four CNA's, West Wing should have four CNA's, South Wing should have six CNA's, and Odell Wing should have two CNAs to provide adequate care to the residents. RN AA revealed recently, it is getting so bad, and staff are leaving or going to PRN status. She revealed, because she has very little staff, when she does get someone to agree to work, they beg not to be put in certain areas such as South Wing because there are 46 residents and not enough staff to help. She revealed her first concern about not having enough staff in the building is that residents are</p>			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>not getting good quality care and added staff are not able to get residents up out of bed every day because there are not enough staff to get them up safely. She stated she comes in, in the morning and does rounds to see if they have enough staff and will move staff around as necessary. She stated the Unit Secretary sets up appointments, arranges transportation, answers call lights, and is a CNA. RN AA revealed there is one CNA that strictly goes to doctor appointments with residents. She revealed her biggest concern is there is not enough staff, CNA's, to adequately provide care to the residents but stated they do the very best they can.</p> <p>Review of the staffing sheets revealed on Saturday 5/8/2021 7:00 a.m. to 3:00 p.m. North Wing had two LPN's and two CNAs for 33 residents but needed 4 CNAs. The West Wing had two LPN's and two CNAs for 27 residents but needed four CNAs. The South Wing had three LPN's and three CNAs for 47 residents but needed six CNAs, and Odell Wing (Rehab Wing) had one LPN and one CNA for seven residents but needed two CNAs.</p> <p>Review of the staffing sheets revealed on Saturday 5/8/2021 3:00 p.m. to 11:00 p.m. North Wing had two LPN's and one CNAs for 33 residents but needed four CNAs. The West Wing had one LPN's (needed three LPNs) and three CNAs for 27 residents but needed four CNAs. The South Wing had two LPN's and four CNAs for 47 residents but needed six CNAs, and Odell Wing (Rehab Wing) had one LPN and two CNA for seven residents.</p> <p>Review of the staffing sheets revealed on Saturday 5/8/2021 11:00 p.m. to 7:00 a.m. North Wing had one LPN's (Needed two) and two CNAs for 33 residents but needed three CNAs. The West Wing had one LPN (Needed two LPNs) and two CNAs for 27 residents but needed four CNAs. The South Wing had two</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>LPN's and two CNAs for 47 residents but needed four CNAs, and Odell Wing (Rehab Wing) had one LPN and two CNAs for seven residents.</p> <p>Review of the staffing sheets revealed on Sunday 5/9/2021 7:00 a.m. to 3:00 p.m. North Wing had two LPN's and three CNAs for 33 residents but needed four CNAs. West Wing had two LPN's and three CNAs for 27 residents but needed four CNAs. The South Wing had two LPN's the entire shift and one LPN until 1:00 p.m. and two CNAs, one CNA for the entire shift and one CNA until 2:00 p.m., for 47 residents but needed six CNAs. The Odell Wing (Rehab Wing) had one LPN and one CNA for seven residents but needed two CNAs.</p> <p>Review of the staffing sheets revealed on Sunday 5/9/2021 3:00 p.m. until 11:00 p.m. the North Wing had two LPN's and three CNAs for 33 residents but needed four CNAs. The West Wing had two LPN's (needed 3 LPNs) and three CNAs for 27 residents but needed four CNAs. The South Wing had two LPN's and two CNAs for 47 residents but needed six CNAs, and The Odell Wing (Rehab Wing) had one LPN and two CNA for seven residents.</p> <p>Review of the staffing sheets revealed on Sunday 5/9/2021 11:00 p.m. to 7:00 a.m. the North Wing had one LPN's (Needed two) and two CNAs for 33 residents but needed three CNAs. The West Wing had one LPN's (needed two) and one CNAs for 27 residents but needed four CNAs. The South Wing had two LPN's (a 3rd LPN came in early on day shift at 5:00 a.m.) and three CNAs for 47 residents but needed four CNAs. The Odell Wing (Rehab Wing) had one LPN and two CNA for seven residents.</p> <p>During a four hour long continuous observation on 5/13/2021 from 10:30 a.m. to 2:30 p.m. on the North Wing outside of the rooms for R#58,</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>R#78, and R#51 revealed no one entered the resident's room during that time.</p> <p>Review of the 4/26/2021 Quarterly Minimum Data Set for R#58 in Section (C) Cognition revealed a Brief Interview for Mental Status (BIMS) score of 00 indicating severe cognitive impairment. Section (G) Function Status revealed the resident is totally dependent upon staff for ADLs.</p> <p>Review of the 3/19/2021 Quarterly MDS for R #78 revealed in Section (C) Cognition that no assessment for cognition should be done because the resident was never or rarely understood. Section (G) Functional Status revealed the resident is totally dependent upon staff for ADLs.</p> <p>Review of the 3/2/2021 Quarterly MDS for R #51 revealed in Section (C) Cognition that no assessment for cognition should be done because the resident was never or rarely understood. Section (G) Functional Status revealed the resident is totally dependent upon staff for ADLs.</p> <p>During an interview on 5/12/2021 at 2:35 p.m. with RN AA on North Wing she revealed she was sitting behind the nurse station working on setting up appointments for residents and making arrangements for transportation because the Unit Secretary was out, and she normally makes those arrangements for the residents and she did not notice there had not been anyone in the rooms of R#51, R#58, and R #78 for four hours. She revealed all three residents are totally dependent upon staff for care and that someone should have gone in and turned the resident and checked them for incontinence twice in a four-hour period.</p> <p>During an interview on 05/12/2021 at 9:00 a.m.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>with the Director of Nursing (DON), Staffing Coordinator VV, and the HR Director, who revealed she is present because she is Staff Coordinator VVs direct Supervisor, Staff Coordinator VV revealed she has helped in the facility as a CNA and with staffing since December of 2020 but in February 2021 she stated she began the job of Staffing Coordinator for the facility and a sister facility. She revealed she is not stationed in this facility but stated when a staff member calls out on night shift it is the responsibility of the night Supervisor to try to get a replacement and added it is the same process for the other shifts. The DON stated if the Supervisor cannot get a replacement, she will stay over until the RN AA gets in around 9:00 a.m. so she can work on getting someone to fill the position for the shift. Staffing Coordinator VV explained that she has a program that she uses to do the facility schedule with and added she takes the full-time employees and places them on the schedule and then she tries to get agency or regular facility staff to fill in the vacant shifts on the schedule and then sends it down to the RN AA. Staffing Coordinator VV revealed it is very difficult, due to Covid-19, to get anyone to work. HR Director stated employee's calling out should call out to the Nurse Supervisor on duty two hours prior to their shift to give the facility time to find a replacement. DON revealed the night supervisor has a book with the names and numbers of staff, and agency numbers, to call to work on getting a replacement for the call out and added that she has not heard of problems related to a decline in resident care from staff. HR Director revealed the facility is using agency staff daily and that the facility must have two Licensed Practical Nurses for each shift for each Wing and one CNA per 10 residents and stated right now they staff a total of 59 CNA's but are grossly understaffed. Staffing Coordinator VV stated she currently does the schedule for one to two weeks at a time and gives it to the RN AA. During this time the staffing book was reviewed with the Staffing Coordinator and she revealed there was a lot of open shifts available for CNA's and LPNs on various dates and</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>added that she tried to get them scheduled but no one wants to work especially on weekends so she fills what she can and sends the schedules to the RN AA. HR Director revealed she did a job fair last week and there was a total of 60 people come through but stated she has ads in the local newspaper that links the jobs available to online job sites. She stated she places job openings with various public sites. She stated all applications come to her and she sends them to the facility for the DON to call and set up interviews. HR Director stated they offer shift differentials for nights and weekends and recently gave a \$750.00 bonus to all staff as well as, during Covid, gave them additional pay on the hour but added they are not offering any sign on bonuses or incentives at this time. DON stated a lot of times she will call and set up interviews and they will not show, and she will call again to try and set up another interview but most of the time they don't answer. HR Director stated up until last quarter, October 2020 to December 2020, they averaged 350 applications per quarter for four facilities for all departments, and this quarter January 2021 to March 2021 they received 77. DON stated she, RN AA, and the Administrator have come in on various weekends to help pass trays, feed residents, pass medications, assist with care, because of the lack of staff and added that the wound care nurse has come in and worked some Saturdays as well but when she isn't here the nurse taking care of the resident is responsible for the wound care and stated they have a Wound Care Agency Nurse who has been with them for six months that helps out with wound care through the week and on weekends. She revealed she was aware the residents were not being gotten up and that showers were not being done because there was not enough staff to get them up safely and verified most, if not all of the residents on North and South Wing, are totally dependent on staff for ADLs. HR Director revealed over 16 hours in a shift would be a safety issue and staff may not work over 16 hours at a time and cannot go beyond working a double shift.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>During an interview on 5/12/2021 at 9:55 a.m. with RN AA she revealed she has worked in the facility for 10 years. She revealed that the HR Director made the decision to change how staffing was done about two to three months ago and put Staffing Coordinator VV over staffing for two facilities including this facility. RN AA stated she was happy doing staffing and it was good because she works in the facility and has a good relationship with staff, and they would work well with her and pick up shifts when needed. She revealed when Covid hit a lot of staff left and it became more difficult to staff the facility because people were afraid. RN AA revealed even though it was more difficult, staffing was still better when she was doing it because she had a better relationship with staff and the agencies they utilized. She revealed she does not know why the decision was made to move a needed CNA for resident care into a Staffing Coordinator position but added Staffing Coordinator VV did staffing at the sister facility she came here from and she helped her with staffing when she came to the facility. RN AA stated Staffing Coordinator VV was sending her staffing sheets one day at a time and she told her that she needed a whole week at a time because one day at a time did not provide her with enough time to cover the available shift that she (Staffing Coordinator VV) did not get covered, so she just started sending her, this week, the schedules for 2 weeks at a time. RN AA confirmed that Staffing Coordinator VV is putting the staff on the schedule who are currently employed by the facility and leaving her (RN AA) with the responsibility to fill any vacant shift. She revealed she and the DON and others come out to the floor and help pass trays and with resident care when needed but only those who are trained to provide resident care may do so and added that she has and will come in on weekends when needed and stated they really are doing the best they can.</p> <p>During an interview on 5/12/21 at 12:35 p.m. with RN WW for North Wing she revealed she has worked in the facility for eight years. She</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0761 SS= E	<p>stated she works Monday through Friday 7:00 a.m. to 3:00 p.m. and added there have been weekends that she has had to come in because there was no nurse to work and pass medications, especially on holidays. She stated they have some Agency nurses who are permanent staff, one being CNA UU on North Wing. RN WW revealed that they do their best to get the resident's showers and get them up out of bed but most of the time they only have two CNAs for 33 residents who reside on the North Wing and it takes two CNAs to get a resident up safely using a lift and most residents on North Wing require a lift. She revealed, even though most days they work with only two CNAs, there had not been any falls that have resulted in a major injury and no new or worsening pressure sores. She revealed the residents do have to wait longer times for assistance and some wait as long as an hour to be turned and repositioned or to receive incontinent care and added that the nurses help out as much as they can. RN WW revealed today there are three CNAs on the North Wing so some residents will receive showers today. She stated staffing was much better when RN AA, who is always in the facility, was doing staffing because she knows all the staff and is familiar with the residents and the facility needs but added that with staffing shortage everywhere she doesn't know that at this point if it mattered who was doing staffing because there is a problem in all facilities right now with staffing due to Covid.</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals</p> <p>§483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p>	F 0761		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interviews, and review of the facility policy titled, "Medication Storage in the Care Center" the facility failed to discard expired biologicals prior to the expiration dates in two of four medication storage rooms.</p> <p>Findings Include:</p> <p>Review of the facility policy titled, "Medication Storage in the Care Center", copyrighted 2019, revealed: Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication destruction, and reordered from the pharmacy, if a current order exists.</p> <p>An observation on 5/13/21 at 8:28 a.m. of the West Wing medication room revealed three unopened bottles of aspirin 325mg with an expiration date printed on the bottles of April</p>			



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>2021. Expired medications verified by the Licensed Practical Nurse (LPN) LPN BB.</p> <p>An interview on 5/13/21 at 8:28 a.m. with LPN BB revealed she checks the medication room for need to order more floor stock and looks for expired medications. She also indicated the Unit Manager (UM) checks the room for need and expired medications.</p> <p>An interview held 5/13/21 at 10:07 a.m. with the West Wing Registered Nurse (RN) RN UM revealed 11p.m. to 7 a.m. shift is responsible for checking the medication carts two times a week for expired medications and the need to order any medications.</p> <p>An observation on 5/13/21 at 8:46 a.m. of the South Wing medication room revealed:</p> <p>One (1) expired vial of Tuberculin Purified Protein Derivative labeled expires 30 days after opening; vial was labeled opened on 3/25/21 and expired 4/24/21.</p> <p>1 bottle of Multivitamin with Minerals with an expiration date printed on the bottle of April 2021.</p> <p>1 bottle of Magnesium Citrate with an expiration date printed on the bottle of April 2021.</p> <p>2 Control Solutions for testing Glucometers with an expiration date printed on the bottle of 1/31/21 and 2/15/21.</p> <p>1 bottle of Antiseptic Wound Cleanser with an expiration date printed on the bottle of January 2021.</p> <p>3 BD Vacutainer UA preservative tubes with an expiration date printed on the tubes of 4/30/21.</p> <p>4 Tracheostomy Care Trays with an expiration date printed on the trays of 4/16/21.</p> <p>5 Clorox Germicidal Bleach Wipes with an expiration date printed on the wipes of 4/24/21.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0814 SS= F	<p>An interview on 5/13/21 at 9:10 a.m. with the Licensed Practical Nurse (LPN) LPN OO confirmed the above items were expired. She indicated she was not sure who is responsible for checking the cabinets for expired medications or supplies.</p> <p>An interview on 5/13/21 at 9:12 a.m. with the South Wing RN UM confirmed the above items were expired. She indicated the Central Supply Clerk rotates the floor stock medications when she refills the cabinets. She further indicated all charge nurses are responsible to check for any expired items in the medication room.</p> <p>An interview on 5/13/21 at 9:23 a.m. with the Director of Nursing (DON) indicated it is her expectation for all nurses to check the medication rooms for expired medications and supplies.</p> <p>483.60(i)(4) Dispose Garbage and Refuse Properly</p> <p>§483.60(i)(4)- Dispose of garbage and refuse properly.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews the facility failed to ensure the sanitary handling of garbage and refuse at the kitchen loading dock and dumpster area. The facility census was 116 residents.</p> <p>Findings include:</p> <p>During the initial observation of the facility dumpster area with the Food Service Director (FSD) on 5/10/2021 at 2:10 p.m., a moderate amount of trash was observed on the loading dock, the steps to the grounds, the gated hosing area on the loading dock for washing/storing</p>	F 0814		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1-106-2056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED  <b>05/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MUSCOGEE MANOR &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>7150 MANOR ROAD COLUMBUS, GA 31907</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>housekeeping and maintenance equipment, and along the grounds from the loading dock to the trash compactor where trash and garbage spillage was noted, including used gloves.</p> <p>In an interview with the FSD on 05/10/21 at 2:15 p.m., revealed he stated kitchen and housekeeping shared the duty of keeping the trash compactor area clean. He stated there was no schedule to clean the trash compactor area, but they kept an eye on it regularly.</p> <p>During observation of the loading dock and dumpster area with Housekeeping Supervisor on 05/10/2021 at 4:31 p.m., he stated his staff did share responsibility for keeping the dumpster area clean, and he believed the trash spillage by his staff occurred because the trash receptacles were likely too heavy for many of his staff to lift and empty into the trash compactor.</p>			