

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/07/2021	
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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>An Abbreviated/Partial Extended Survey investigating Complaint #GA00213570 was conducted on 5/17/2021 and concluded on 5/21/2021. During the QA process it was determined that additional information was needed. The survey was reopened on 6/16/2021 with Complaint GA00214792 being added and investigated at that time. The investigation concluded on 7/7/2021. Complaint GA00214792 was found to be unsubstantiated. Complaint GA00213570 was found to be substantiated with the following deficiencies cited. The facility census on 5/17/2021 was 99 residents.</p>	F 000		
F 0689 SS= G	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices</p> <p>§483.25(d) Accidents.</p> <p>The facility must ensure that -</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, staff and resident interviews, facility staff failed to provide supervision and assistance for one of 11 residents reviewed for accidents. Actual harm occurred when R#2 sustained burns to his right thigh after spilling coffee on himself when he was allowed to self-transport hot coffee via wheelchair without staff assistance.</p> <p>Findings include:</p>	F 0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/07/2021	
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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>1. Record review of the medical record for R#2 documented an admission date of 2/10/2021. R#2 was admitted with the following diagnoses polyneuropathy diseases classified elsewhere, myelopathy disease classified elsewhere, Wilson Disease, hypertension.</p> <p>Review of the Minimum Data Set (MDS) admission assessment dated 2/17/2021 revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. It also indicated R#2 required supervision for eating.</p> <p>Record review of a nurse note, for R#2, dated 3/24/2021 at 4:19 p.m. documented "Resident went to the kitchen to get a cup of coffee. Resident got back to his room and spilled his coffee in his lap. Upon assessment resident's R (right) lateral thigh is red and resident has two blisters that have busted. Resident was told that he needed to go to hospital to get checked out. Resident refused to go out to hospital. Resident stated please just treat me here. Resident was encouraged and treated." (sic)</p> <p>Record review of a physician order, for R#2, dated 3/25/2021 documented "Cleanse burn right lateral thigh with NS (normal saline) or wound cleanser. Pat dry. Apply Silvadene (Silvadene cream) to wound, cover with ABD pad (Highly Absorbent Dressing pad) held in place with cling (cling wrap) Daily."</p> <p>Record review of a nurse note, for R#2, dated 3/25/2021 at 10:56 a.m. documented "Resident burn wounds measures about 17cm (centimeter) x 2.2 cm with multiple intact blisters and erythema. Blister at distal aspect of burn open with pink base measures 6 cm x 3.5 cm. NO (new order) obtained to cleanse wound with NS or wound cleanse, pat dry, apply Silvadene</p>			

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

PRINTED: 7/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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>to wound cover ABD held in place with cling. Dressing completed as ordered with resident tolerating well. Will continue to monitor and update as needed."</p> <p>Record review of physician follow up appointment for second degree burn dated 4/16/2021 documented right lateral thigh front-burn 6.00 (cm) x 13.00 (cm) x 0.10 (cm) burn.</p> <p>Record review of document titled, "Wound Assessment Report" dated 3/31/2021 documented wound identified 3/24/2021, wound type-burn, wound location-right lateral thigh front, cause-accident, burn type-scald, wound description-blisters, measurements 7.00 x 14.00 x 0.10, and date wound resolved 5/3/2021".</p> <p>Interview on 5/18/2021 at 12:01 p.m. with Charge Nurse, LPN CC revealed that R#2 was often observed transporting his coffee via wheelchair with the coffee mug wedged between his upper thigh in his wheelchair. LPN CC reported that she had not considered this type of behavior as a safety issue or a risk for burn.</p> <p>Interview on 5/18/2021 at 1:31 p.m. with the Director of Nursing (DON) revealed that she was unaware that R#2 was transporting coffee in his wheelchair. DON reported that she immediately educated the staff after R#2 sustained a second degree burn from the hot coffee. The DON stated that her expectations were for staff to immediately intervene in any situation that would result in an injury or harm to a resident.</p> <p>Interview on 5/19/2021 at 1:49 p.m. with the Dietary Manager (DM) revealed that any</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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>resident who desired to receive coffee in the dining area, dietary staff are to transport coffee to a table and set up the coffee for the resident.</p> <p>Interview on 5/20/2021 at 1:02 p.m. with DA LL confirmed that she could not recall if she was the person who gave the coffee to R#2 on 3/24/2021. However, she had given the resident coffee before without setting the coffee on the table for him. DA LL reported that she had observed R#2 transferring coffee in his wheelchair while propelling out of the kitchen area. Previously she would hand resident the coffee mug through the kitchen door and R#2 would transport the coffee in his wheelchair. DA LL stated that she did not consider R#2 transferring the coffee in his wheelchair as a safety issue until after he sustained a burn from the hot coffee spill.</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 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>	F 0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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>§483.35(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 resident interviews, staff interviews, and review of the facility staffing/assignment sheets, review of the facility census, review of the facility 's Staffing Roster" and form titled, "Online Time and Attendance (Payroll detail), and review of the "Facility Assessment Tool" the facility failed to ensure sufficient staffing to provide quality of care to meet the needs of the residents. This deficient practice had the potential to affect all 99 residents in the facility.</p> <p>Findings include:</p> <p>Record review of the facility assessment document titled "Facility Assessment Tool", the document stated The tool is organized in three parts (1). Resident profile including numbers, diseases conditions, physical and cognitive disabilities, acuity and ethnic/cultural/religious factors that impact care. 2. Services and care offered based on resident needs (includes types of care your resident population requires, (3) Facility resources needed. A facility based and community-based risk assessment... (2) Guidelines for Conducting the Assessment (2). While a facility may include input from its corporate organizations, the facility assessment must be conducted at the facility level. Responses: In house staffing needs vary by acuity and census. Facility can staff halls/unit based off census and acuity which change daily related to new admission, hospital returns and discharges., DON (Director of Nursing), Unit Manager, and/r Supervisors assess acuity needs as needed related to change of condition to resident needs and changes in the census".</p>			

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

PRINTED: 7/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/07/2021	
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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>Record review of the facility document titled "Glenvue Health & Rehabilitation Staffing Roster" and form titled "Online Time and Attendance (Payroll detail) documented the following assignments and insufficient coverage for Certified Nursing Assistant Staff (CNA) on the 11-7 shift for Unit 1 (adjoining halls, Hall A and Hall B) unit 2 (adjoining halls, Hall C, D, and E) and Unit 3 (adjoining halls Hall F and Hall G).</p> <ol style="list-style-type: none"> 1. On 1/30/2021 there were four CNAs to cover six halls with a census of 97 residents resulting in insufficient CNA coverage on Hall A. 2. On 2/19/2021 there were four CNAs to cover six halls with a census of 97 residents with no CNA coverage on Hall A. 3. On 3/14/21 there were three CNA's to cover six halls with a census of 98 residents resulting in a lack of coverage on Hall A, Hall B, Hall C, Hall D, Hall E, Hall F, and Hall G. 4. On 5/20/2021 there were three CNA's to cover six halls with a census of 98 residents resulting in a lack of coverage on Hall A, Hall B, Hall C, Hall D, Hall E, Hall F, and Hall G. <p>Further record review of the facility payroll dated for 1/30/2021 documented a total of only four CNAs working in the entire building with a census of 97 residents.</p> <p>(2). On 2/19/2021 there were no assigned CNAs to cover Hall A and Hall B (the adjoining hall) for the 11:00 p.m. to 7:00 a.m. shift. The assigned charge nurse, LPN BB was alone on the hall for a total of six hours (per an eight-hour shift) without any CNAs assistance to pass medications, monitor the safety of the residents and to provide patient care for a total of 23 residents. Record review revealed that there was a total of six residents out of the 23 residents requiring total care (repositioning, turning, transfer, incontinent care) and three newly admitted residents on quarantine on A</p>			

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

PRINTED: 7/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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>Hall for monitoring for Covid signs and symptoms. It was also noted that R#3, a newly admitted resident required monitoring and supervision to prevent a fall due to confusion and several attempts to try to get out of bed only received a total of approximate two hours of assistance from CNAs. At 2 a.m. two CNAs (CNA DD and CNA GG) made rounds for incontinent care for approximate one hour of services and returned to their assigned halls. At 4:00 a.m. two CNAs (CNA HH and CNA QQ) made rounds for incontinent care for approximately one hour of services and returned to their assigned halls. In addition, record review revealed that there was only four CNA's working in the entire facility to cover six of six halls with a census of 97 residents.</p> <p>Interview on 5/18/2021 at 6:35 a.m. with CNA HH who confirmed making rounds to provide incontinent care only once during the night on Hall A and Hall B (due to no CNAs coverage on the hall) on 2/19/2021. She reported arriving on the Hall with CNA QQ at 4:00 a.m. They both stayed on the hall for approximately one hour to provide peri care and incontinent care to the residents.</p> <p>Interview on 5/19/2021 at 9:20 a.m. with LPN BB reported that a call was made to the Director of Nursing (DON) and was informed by DON to work with what they have. LPN BB reported that she felt the residents on Hall A and Hall B were unable to receive adequate care due to her inability to monitor the residents and ensure everyone who needed incontinent care received quality care. LPN BB further reported that it was difficult to work both A Hall behind closed doors and provide visual monitoring observation and on B Hall.</p> <p>Interview on 5/20/2021 at 6:44 a.m. with CNA GG who confirmed making rounds to provide incontinent care only once during the night on Hall A and Hall B (due to no CNAs coverage on</p>			

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

PRINTED: 7/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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>the hall). She stated that she and CNA only assisted for one hour and returned to their assigned halls (Hall F and Hall G).</p> <p>Interview via phone on 5/26/2021 at 3:38 p.m. with CNA DD who confirmed that she and CNA GG were assigned to Hall F and Hall G. They were asked to make rounds on Hall A and Hall B (due to no CNA coverage on the hall) on 2/19/2021 to assist with providing incontinent care. They both arrived on the hall at 2:00 a.m. and only stayed on the hall for an hour. CNA DD reported that she recalls R#3 (who was on A Hall) displaying behaviors of confusion and attempting to try to get out of bed without assistant. CNA DD stated after arriving on the hall, LPN BB was coming off of A Hall and stated that there was no one on the hall to monitor B Hall. CNA DD also stated that LPN BB informed her that R#3 was trying to get out of bed, and she was trying to monitor her to prevent her from falling. CNA DD stated that she was concern that some residents may be soiled and did not receive adequate peri care and incontinent care. She recalled R#25 being completely soiled with urine that they had to change all of R#25's linen on his bed.</p> <p>(3). On 5/14/2021, Hall C, Hall D, and Hall E which was considered as Unit 2 assignment sheet documented only one certified nursing assistant. CNA HH was assigned to the three halls mentioned to provide care to a total census of 36 residents on the halls. In addition, payroll record review revealed that on 5/14/2021 there were only three CNAs working in the entire facility to cover six of six halls for a census of 98 residents on the 11:00 p.m. to 7:00 a.m. shift. Record review of each resident Minimum Data Set (MDS) and interview from staff interviews concluded that a total of 19 residents required ADL care with transfer, repositioning, and incontinent care. This included R# 25 and R# 26 on C Hall; R#27, R#28, R#29, R#30, R#31, R#32, R#33, R#34, and R#35 on D Hall; and R#36, R#38, R#39,</p>			

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

PRINTED: 7/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/07/2021	
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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#40, R#41, R#42, R#43, and R#44 on E Hall. The MDS assessments for these residents are listed below:</p> <p>R#25's Quarterly MDS assessment dated 3/22/2021 revealed extensive assistance with bed mobility and bathing requiring two-person physical assist, and total dependence with transfer and toilet use. The assessment also revealed that R#25 was always incontinent of bowel and bladder and had a Brief Interview of Mental Status (BIMS) of 12 which indicated moderately impaired cognition.</p> <p>R#26's Quarterly MDS assessment dated 4/12/2021 revealed extensive assistance bed mobility, transfers, and bathing requiring two-person physical assist with total dependence needed with toilet use. The assessment revealed that R#26 was always incontinent of bowel and bladder and had a BIMS of 3 which indicated severely impaired cognition.</p> <p>R#27's Annual MDS assessment dated 4/21/2021 revealed extensive assistance with bed mobility and transfer requiring two-person physical assistance and total dependence for toilet use and bathing with two-person physical assistance required. The assessment revealed that R#27 was always incontinent of bowel and bladder and had a BIMS of 3 which indicated severely impaired cognition.</p> <p>R#28's Admission MDS assessment dated 3/26/2021 revealed total dependence with two-person physical assist for bed mobility, transfers, toilet use, and bathing with two-person physical assist required. The assessment also revealed that R#28 is always incontinent of bowel and bladder with inability to assess BIMS due to cognition deficit.</p> <p>R#29's Quarterly MDS assessment dated</p>			

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

PRINTED: 7/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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>3/17/2021 revealed total dependence for transfer, toilet use, and bathing and extensive assist with bed mobility all of which requires two-person physical assist. The assessment also revealed that R#29 is always incontinent of bowel and bladder with a BIMS of 9 indicating severely impaired cognition.</p> <p>R#30's Quarterly MDS assessment dated 5/4/2021 revealed extensive assist with transfer and bed mobility requiring two-person physical assist. It further revealed total dependence for toilet use with two-person physical assist required and total dependence for bathing with one-person physical assist required. R#30 was assessed as always incontinent of bowel and bladder with a BIMS of 3 indicating severely impaired cognition.</p> <p>R#31's Quarterly MDS dated 4/10/2021 revealed extensive assistance with bed mobility, transfer, and toilet use with 1-person physical assistance. It further revealed physical help with bathing requiring one-person physical assist and is frequently incontinent of bowel and bladder with inability to assess BIMS due to cognition deficit.</p> <p>R#32 's Significant Change MDS dated 4/4/2021 revealed extensive assistance with two-person physical assist with bed mobility. It further revealed total dependence with two-person physical assist with transfer and toilet use, with one-person physical assistance with bathing. R#32 was assessed as always incontinent of bowel and bladder</p> <p>R#33's Quarterly MDS assessment dated 4/11/2021 revealed extensive assistance with transfer and bed mobility requiring two persons physical assist and total dependence for toilet use and bathing with two persons physical assist. It further revealed R#33 was assessed as always incontinent of bowel and bladder with</p>			

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

PRINTED: 7/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/07/2021	
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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>a BIMS of 13 indicating intact cognition.</p> <p>R#34's Quarterly MDS assessment dated 5/18/2021 revealed total dependence with toileting and bathing with 2-persons physical assist, extensive assistance with bed mobility and transfer with 2-persons physical assist, always incontinent of bowel and bladder, and BIMS of 15 indicating intact cognition.</p> <p>R#35's Annual MDS assessment dated 5/19/2021 revealed total dependence of toilet use, transfer, and bathing requiring two-persons physical assist, extensive assistance of bed mobility with two-persons physical assist, always incontinent bowel and bladder, and BIMS of 7.</p> <p>R#36's Quarterly MDS assessment dated 3/8/2021 revealed total dependence of bed mobility, transfer, and toilet use with two-persons physical assist, always incontinent bowel and bladder, and BIMS of 10 indicating moderately impaired cognition.</p> <p>R#38's Quarterly MDS assessment dated 4/9/2021 revealed limited assistance with one-person physical assistance for bed mobility, extensive assistance with one-person physical assist with transfer and toilet use, total dependence with bathing with one-person physical assist, occasionally incontinent with bladder, and always continent of bowel, and BIMS of 8 indicating moderately impaired cognition.</p> <p>R#39's Admission MDS assessment dated 4/15/2021 revealed extensive assistance with transfer with two-persons assist, extensive assistance with bed mobility and toilet use with one-person assist, total dependence for bathing with one-person physical assist, and BIMS of 7 indicating moderately impaired cognition.</p>			

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

PRINTED: 7/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/07/2021	
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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#40's Quarterly MDS assessment dated 5/9/2021 revealed extensive assistance of bed mobility with two persons physical assist, total dependence of transfer, toilet use, and bathing with two-person physical assist, frequently incontinent of bladder and occasionally incontinent of bowel, and a BIMS score of 15 indicating intact cognition.</p> <p>R#41's Quarterly MDS assessment dated 4/26/2021 revealed total dependence for bed mobility, transfer, and bathing with two-persons physical assist, extensive assistance with toilet use with two-persons physical assist, always incontinent of bowel and bladder, and a BIMS of 8 indicating moderately impaired cognition.</p> <p>R#42's Admission MDS assessment dated 4/14/2021 revealed total dependence for bed mobility, transfer, toilet use, and bathing with two-persons assist, always incontinent of bowel and bladder, and BIMS unable to assess to score due to severe impaired cognition.</p> <p>R#43's Annual MDS assessment dated 3/16/2021 revealed total dependence for transfer and bathing with two-persons assist, extensive assistance for bed mobility and toilet use with two-persons assistance, always incontinent of bowel and bladder, and BIMS of 15 indicating intact cognition.</p> <p>R#44's Annual MDS assessment dated 5/16/2021 revealed total dependence for toilet use and bathing with two-persons assist, extensive assistance for bed mobility with two-persons physical assist, transfer only occurred once or twice but required two-persons physical assist, always incontinent of bowel and bladder, and BIMS of 15 indicating intact cognition.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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>Interview on 5/19/2021 at 6:45 a.m. with CNA HH who stated that it is common to work short of help for the past six to seven months. Management is telling staff that "they just have to deal with it". On 3/14/2021, she worked alone on her shift without any CNAs assistance providing care to thirty-six residents. She reported being unable to provide quality care to the residents. She had a total of 18 total care residents out of 36 residents. She was not able to give baths to residents on the halls who needed bed baths due to the shortage of help.</p> <p>Interview on 5/19/2021 at 9:02 a.m., LPN OO reported that CNA HH worked on 5/14/2021 short of help and this has been a problem with Hall C, Hall D, and Hall E for the past seven months. Most of the time, certified nursing assistants will not show up for work. DON and on call staff will tell the charge nurse to just work with what you have. This also occurs not only on the 11 p.m. to 7 a.m. shift but the weekend 3 p.m. to 11 p.m. shift. LPN OO reported it is hard to pass medications and monitor the resident care needs with only one CNA. There are residents who required monitoring and care due to routine tube feedings. In her attempts to help the CNAs, this can sometimes drastically affect med pass times due to having to help the only CNA on the hall to turn and reposition and provide incontinent care.</p> <p>4. Record review of the Minimum Data Set (MDS) and interview with random nursing and direct care service staff revealed that on 5/20/2021 there were only three CNAs to cover six halls with a census of 98. Only had one certified nurse assistant, CNA RR for Hall F and Hall G. The total hall census for Hall F and Hall G was 27 residents. A total of six residents on Hall G requiring total assist with transfer, incontinent care, and repositioning (R#14, R#57, R#6, R#7, R#18, R#9), and 11 residents (R#10, R#11, R#12, R#15, R#17, R#18, R#19,</p>			

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

PRINTED: 7/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/07/2021	
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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#20, R#21, R#22, R#23) on F Hall residents requiring total assist with either all or one or more with ADL care such as transfer, repositioning, and incontinent care. Four of the residents on F Hall (R#13, R#14, R#16, R#24)) requires monitoring for either wandering/elopement risk or risk of falls. The following residents' MDS assessments are listed below:</p> <p>R#4's Quarterly MDS dated 5/6/2021 documented a need for extensive assistance with bed mobility with two persons assist, total care for bath, extensive assistant for transfer and toileting with one person assist, frequently incontinent of bladder and always incontinent of bowel, and a BIMS of 12 which indicated intact cognition.</p> <p>R#5's Quarterly MDS dated 3/22/2021 documented extensive assistance with bed mobility requiring one-person assist, total dependence for transfer and toileting requiring two-persons assist, always incontinent of bowel and bladder, and a BIMS of three indicating severely impaired cognition.</p> <p>R#6's Quarterly MDS dated 4/20/2021 documented extensive assistance with bed mobility requiring two-persons assist, transfer-did not occur but requires two-persons assist, total dependence for toileting and bathing requiring two-persons assist, always incontinent of bowel and bladder, and a BIMS of three indicating severely impaired cognition.</p> <p>R#7's Admission MDS dated 4/28/2021 documented extensive assistance with bed mobility and transfer requiring two-persons physical assist, total dependence for toileting and bathing requiring two-persons physical assist, always incontinent of bowel and bladder, and a BIMS of four indicating severely impaired cognition.</p>			

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

PRINTED: 7/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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#8's Quarterly MDS dated 5/19/2021 documented total dependence with transfer and bathing requiring two-persons physical assist, extensive assistance with bed mobility and toilet use requiring two-persons physical assist, always incontinent of bowel and bladder, and a BIMS of 12 indicating moderate cognition impairment.</p> <p>R#9's Quarterly MDS dated 5/1/2021 documented extensive assistance with bed mobility requiring one-person assist, extensive assistance with transfer and toilet use requiring two-persons assist, total dependence for bathing requiring two-persons physical assist, incontinent care for catheter and always incontinent of bowel, and a BIMS of 15 indicating intact cognition.</p> <p>R#10's Quarterly MDS dated 4/14/2021 documented extensive assistance with bed mobility requiring two-persons physical assist, extensive assistance with transfer and toilet use requiring one-person physical assist, total dependence for bathing requiring one-person physical assist, always incontinent of bowel and bladder, and BIMS of eight indicating moderately impaired cognition.</p> <p>R#11's Quarterly MDS dated 4/11/2021 documented total dependence for transfer and bathing requiring two-persons physical assist, extensive assistance with bed mobility and toilet use requiring two-persons physical assist, always incontinent of bowel and bladder, and a BIMS of eight indicating moderately impaired cognition.</p> <p>R#12's Quarterly MDS dated 4/6/2021 documented total dependence for transfer, toilet use, and bathing requiring two-persons physical assist, always incontinent of bladder and has an</p>			

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

PRINTED: 7/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/07/2021	
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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>ostomy for bowel, and a BIMS of 12 indicating moderately impaired cognition.</p> <p>R#13's Admission MDS dated 4/13/2021 documented total dependence for bathing requiring one-person physical assist, wandering behaviors requiring supervision with locomotion's on and off the unit, and a BIMS of 3 indicating severely impaired cognition.</p> <p>R14's Annual MDS dated 5/5/2021 documented total dependent for transfer-2 person assist, extensive assist with bed mobility-2 person assist, extensive bath and toileting-1 person assist, always incontinent of bowel and bladder, BIMS score 14 cognitive intact, vision moderately impaired with limited vision.</p> <p>R15's Quarterly MDS dated 2/21/2021 documented a BIMS score of 14 cognitive intact, total assist for transfer, bath, and toileting- 2 persons assist, extensive assist bed mobility-2 persons assist, always incontinent of bowel and bladder.</p> <p>R16's Quarterly MDS dated 4/21/2021 documented extensive assist toileting-1 person assist, supervision with locomotion on and off unit, total dependent for bathing-1 person assist, frequently incontinent of bowel and bladder, (in addition R16 was assessed on Quarter MDS dated 1/20/2021 for wandering behaviors) and a BIMS score of 12.</p> <p>R17's Annual MDS dated 3/7/2021 documented total dependent for transfer, bathing, and toileting-2 persons assist, extensive assist for bed mobility -2 persons assist, always incontinent of bowel and bladder, and a BIMS score of 14- cognitive intact.</p> <p>R18's Quarterly MDS 4/5/2021 documented</p>			

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

PRINTED: 7/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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>total dependent for transfer, bed mobility, toileting, and bath-2 persons assist, always incontinent of bowel and bladder, BIMS score - unable to assess -severely cognitive impaired, assess for Feeding tube).</p> <p>R19's Significant Change MDS 5/6/2021 documented total dependent for transfer, bath, and toilet use-2 persons, extensive assist bed mobility-2 persons assist, always incontinent of bowel and bladder, and a BIMS score -unable to assess severely cognitive impaired.</p> <p>R20's Quarterly MDS 4/12/2021 documented extensive assist for bed mobility, transfer, toileting -2 persons assist, total dependent for bath -2 persons assist, always incontinent of bowel and bladder, and a BIMS score of 5 - severely cognitive impaired.</p> <p>R21Quarterly MDS 4/7/2021 -Total dependent for transfer and bath-2 persons assist, extensive asst with transfer and toileting-2 person assist, always incontinent of bowel and bladder</p> <p>R22-Annual MDS 3/22/2021-Extensive dependent for bed mobility-2 persons assist, transfer did not occur-2 person assist, total dependent for toileting-1 person assist, total dependent for bath-2 persons assist, always incontinent of bowel and bladder, and a BIMS score of 7 -cognitive moderately impaired</p> <p>R23's Quarterly MDS dated 4/21/2021 documented extensive assist with bed mobility, toileting-1 person assist, supervision with transfer-1-person, total dependent for bath-2 person assist, occasional incontinent of bladder and always incontinent of bowel, impairment with lower extremities, and a diagnosis of obesity BIMS score of 15.</p> <p>R24 's Quarterly MDS dated 4/23/2021 documented limited assistant -1 person assist,</p>			

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

PRINTED: 7/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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>supervision toileting-1 person assist, impairment on both sides lower extremity, obesity, walker and wheelchair use, frequently incontinent of bladder and always incontinent of bowel, and a BIMS score of 7 moderately impaired.</p> <p>Interview on 5/20/2021 at 4:21 p.m. with LPN MM who stated that only one certified nursing assistant, CNA RR was on duty to provide care to 28 residents on 5/20/2021. There was a total of three CNAs in the building on 5/20/2021. They were informed as always before to work with what they have. LPN MM reported that this shortage of CNA coverage has occurred often for the past eight months.</p> <p>Interview with R#17 on 5/21/2021 at 12:16 p.m. revealed that she wears a brief and staff is usually late changing her due to shortage of CNA coverage on the hall. She has complained to the new and former DON about the lack of care services. She stated that the CNA or the nurse will report to her when they (the CNAs) are working alone without help.</p> <p>Interview with the DON on 5/20/2021 at 2:15 p.m. the facility staffing practice is determined by their Facility Assessment. Hall A and Hall B staffing requirements are to staff CNAs based on the resident census. Unit Hall 2 (Halls C, D, & E) staffing requirements is two CNA's. Unit Hall # (Hall F and G) requirements are to staff two CNA's for a census of 28 residents. However, she did feel that the acuity of resident care or any resident having a fall risk as reason to staff more than one or two CNAs on a hall for 11 p.m. to 7 a.m. shift. The DON further stated that she was unaware that there was a shortage of CNA coverage on 3/14/2021 and 5/20/2021. As for 1/30/2021 and 2/19/2021, she was not serving in the position as DON and could not speak on the staffing for those days.</p>			

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

PRINTED: 7/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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>Interview on 5/19/2021 at 11:13 a.m. with the Business Manager revealed that she was aware of the CNA shortage and call outs. She reported that she is responsible for the timecards and the time sheet payroll is a true picture of who worked the shifts. She confirmed that she has had to come in to work as a CNA on several occasions due to call outs and no coverage and she still has her CNA certification.</p> <p>Interview on 5/21/2021 at 1:23 p.m. with R#43, with a BIMs score of 15, reported wears brief have to wait at least over 2 hours one night and one Saturday to be changed.</p> <p>Interview on 5/21/21 at 1:24 p.m. with R#21 with a BIMs score of 15 on F and G Hall stated that she has to wait for care to be provided. R#21 reported that this has been mentioned in resident council meetings. R#21# also stated that she has spoken with DON, and nothing is being done. R21 reported that on more than two occasions during the month F and G Hall always have one CNA on the hall on late night shift and weekend. It was further reported that this shortage of CNAs has been occurring for a few months.</p> <p>Interview on 5/21/2021 at 1:25 p.m. with R#17, with a BIMs score of 15, revealed she is having to wait for assistance with incontinent care. R#17 reported that CNAs are saying they are short of help, and they will tell her that they are the only one working. R#17 reported that she has complained about not being changed timely.</p> <p>Interview on 5/21/21 at 1:26 p.m. with R#45, with a BIMs score of 15, revealed having to wait on meds until 11:30 at night to get meds. She reported that LPN MM always tells her that she had only one CNA and could not give meds</p>			

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

PRINTED: 7/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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>timely because she is trying to answer the phone, help the CNA, and work as a CNA as well as a nurse.</p> <p>Interview on 5/21/21 at 1:27 p.m. with R#46, with a BIMs score of 12 (moderately cognitively impaired but able to answer questions appropriately) revealed that she wears briefs and is independent for toileting. She stated that she uses the bedside commode and has a colostomy bag. R#46 stated that sometimes due to shortage on evening and night shift there is no help with emptying her colostomy bag. R#46 reported that if her call light is not answered and she is not feeling weak, she changes it for herself.</p> <p>Interview on 5/21/21 at 1:33 p.m. with R#15, with a BIMs score of 14 revealed that she has received her medications late and has to wait a long time to receive medications. She has spoken with the Unit Manager and DON on several occasions. She reported that it sometimes times takes hours for the nurse to bring her as needed (PRN) medications when requested. She reported that one night she asked for the med and had to wait to after 11 pm to get her meds. She also stated that her roommate has to wait long periods of time to be changed. They both had to sit in urine for a long time one night (last night 5/20/2021) because only had one CNA working. She thinks that they have filed written complaints (facility grievances) in the past.</p> <p>Interview on 5/21/2021 at 2:13 p.m. with the Administrator who confirmed being unaware of the certified nursing assistant shortage. The Administrator reported that his expectations are to have staff coverage for all halls based on the Facility Assessment Staffing procedures. He did state that a few months ago, the facility had posted a hiring advertisement for the surrounding areas for nurses and CNA's.</p>			

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

PRINTED: 7/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-132-2069	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER GLENVUE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 721 NORTH VETERANS BLVD GLENNVILLE, GA 30427		
(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>Interview on 5/22/2021 at 3:01 p.m. with CNA RR who verified that she was the only CNA working on the hall. She could not provide timely care to all the residents who required incontinent care. The nurse could not assist as much. This has happened on several occasions. CNA further stated that on call supervisor was contacted and staff were informed to work "with what they have".</p> <p>Interview with 6/18/2021 at 11:30 a.m. with CNA UU who stated that still have to pull a double shift to keep from having short coverage now and work on 11p.m. to 7 a.m. shift at times and other weekend shifts. They were informed to help out with other shifts especially the night shift. The new CNAs who were hired have quit and they are still short for coverage. She feels that the lack of certified nursing assistant coverage does impact her ability to provide quality care to the resident. CNA UU reported that there is no way you can change all those resident every 2 hours and reposition residents.</p> <p>Interview 6/29/2021 at 10:01 a.m. with CNA VV who stated that she is still helping out on her off days when they are short. Staff is calling out on the weekend and nightshift. CNA VV reported that she has not seen any new CNA staff working.</p> <p>Interview on 6/29/2021 at 12:03 p.m. with LPN PP who stated the facility still has a shortage of CNA coverage on all shifts.</p> <p>Interview on 6/29/2021 at 1:00 p.m. with the Administrator who stated that the facility attended another job fair this month. They have hired four new CNAs and two nurses. The facility has acknowledged the CNA shortages by hiring new CNAs. This will be ongoing until the coverage for certified nursing assistants is met for all shifts.</p>			