

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115703	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2020
NAME OF PROVIDER OF SUPPLIER GLENWOOD HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP PO BOX 869 GLENWOOD, GA 30428	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0557 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to ensure that broken blinds on one of two halls, in three of 12 rooms were repaired or replaced to provide privacy for residents to promote resident dignity. Findings include: An observation on 7/29/2020 at 1:26 p.m. of rooms [ROOM NUMBER] revealed that they have vertical blinds with several slats missing. The observation revealed that the broken window blinds did not provide full visual privacy for residents in the bed next to the windows. An interview on 7/29/2020 at 3:26 p.m. with the Head of Maintenance revealed that he received either a phone call or a verbal report when things need to be repaired. He stated that the TELS system was used for routine maintenance. He stated that he knew that window blinds needed to be ordered, but his budget did not allow for all the blinds to be replaced at one time. He also stated that he had not completed an audit of the building to clarify how many rooms needed blinds. During an interview on 7/29/2020 at 3:35 p.m. with the Head of Maintenance it was confirmed that vertical blinds in rooms [ROOM NUMBER] were broken and did not provide full visual privacy for the residents by the windows. The Head of Maintenance stated that he thought that it would make residents feel uncomfortable to change in front of a window that did not provide full privacy. An interview on 7/29/2020 at 3:40 p.m. with the Administrator and the DON revealed that they agreed that a prudent person would be uncomfortable undressing or being undressed in front of a window that was only partially covered.</p>		
F 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility failed to ensure that broken blinds on one of two halls, in three of 12 rooms were repaired or replaced and that a leaking roof was repaired or replaced in a timely manner with the potential to affect all residents with a census of 46. Findings include: 1. An observation on 7/29/2020 at 8:55 a.m. revealed two gray bath basins sitting on the floor against the wall on 100-hall. An observation on 7/29/2020 at 11:30 a.m. at the end of 200-revealed a bulging ceiling tile. An interview on 7/29/2020 at 11:50 a.m. with the Director of Nursing (DON) confirmed that there were two bath basins sitting on the floor on 100-hall and there was a bulging ceiling tile on 200-hall. The DON stated during the interview that the two bath basins were sitting on the floor on 100-hall because they frequently have leaks due to a bad roof. The interview revealed that there was a Performance Improvement Plan (PIP) in place for the roof and that corporate had approved for three bids to be obtained. A review of the PIP dated 5/2/2020 revealed that the roof was old and had several penetrations that allowed leaks. A review of the Capital Expenditure Request dated 5/11/2020 revealed three bids from three companies and it was signed by the Administrator on 5/11/2020. A review of the Capital Expenditure request also revealed that the Accounting Department had signed the request on 6/30/2020. An interview on 7/29/2020 at 3:00 p.m. with the Administrator revealed that after surveyor inquiry today, the owner approved for the roof to be either replaced or repaired. During the interview the Administrator stated that she would be contacting the vendor this week. 2. An observation on 7/29/2020 at 1:26 p.m. of room [ROOM NUMBER], 207, and 211 revealed that they have vertical blinds with several slats missing. The observation revealed that the broken window blinds do not provide full visual privacy for residents in the bed next to the window or a comfortable homelike environment. An interview on 7/29/2020 at 3:26 p.m. with the Head of Maintenance revealed that he received either a phone call or a verbal report when things need to be repaired. He stated that the TELS system was used for routine maintenance. He stated that he knew that window blinds needed to be ordered, but his budget did not allow for all the blinds to be replaced at one time. He also stated that he had not completed an audit of the building to clarify how many rooms needed blinds. During an interview on 7/29/2020 at 3:35 p.m. with the Head of Maintenance it was confirmed that vertical blinds in rooms [ROOM NUMBER] were broken and do not provide full visual privacy for the resident by the window. During the interview, when asked if he thought a prudent person would be uncomfortable undressing or being undressed in front of a window that was only partially covered the Head of Maintenance agreed that he thought that it would make them uncomfortable. An interview on 7/29/2020 at 3:40 p.m. with the Administrator and the DON revealed that they agreed that a prudent person would be uncomfortable undressing or being undressed in front of a window that was only partially covered and the Administrator stated that she will approve the expenditure to order new blinds for the windows today, 7/29/2020.</p>		
F 0867 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>Based on observation, interview and review of the Quality Assessment and Performance Plan document, the facility failed to have an effective Quality Assurance (QA) program that developed and implemented actions to repair or replace a leaking roof in a timely manner with the potential to affect all residents with a census of 46. Findings include: An observation on 7/29/2020 at 8:55 a.m. revealed two gray bath basins sitting on the floor against the wall on 100-hall. An observation on 7/29/2020 at 11:30 a.m. at the end of 200-hall revealed a bulging ceiling tile. An interview on 7/29/2020 at 11:50 a.m. with the Director of Nursing (DON) confirmed that there were two bath basins sitting on the floor on 100-hall and there was a bulging ceiling tile on 200-hall. The DON stated during the interview that the two bath basins were sitting on the floor on 100-hall because they frequently have leaks due to a bad roof. The interview revealed that there was a Performance Improvement Plan (PIP) in place for the roof and that corporate had approved for three bids to be obtained. A review of the Quality Assessment and Performance Plan QAPI dated 5/2/2020 revealed that the roof was old and had several penetrations that allowed leaks. A review of the Capital Expenditure Request dated 5/11/2020 revealed three bids from three companies and it was signed by the Administrator on 5/11/2020. A review of the Capital Expenditure request also revealed that the Accounting Department had signed the request on 6/30/2020. An interview on 7/29/2020 at 3:00 p.m. with the Administrator revealed that after surveyor inquiry today, the owner approved for the roof to be either replaced or repaired. During the interview the Administrator stated that she would be contacting the vendor this week.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.