

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>115692</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEDICAL MANAGEMENT HEALTH AND REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1509 CEDAR AVE MACON, GA 31204</b>	
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 0609  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interviews, record review, and review of the facility policy titled Abuse Prevention Program, the facility failed to report allegations of abuse for three of three residents (R) (#1, R#2, and R#3). Findings include: Review of facility policy titled Abuse Prevention Program with a revision date of 9/17/2010 defined abuse as any intentional or grossly negligent act, series of acts or omission to act which causes injury to a resident, including but not limited to assault or battery, failure to provide treatment or care, or sexual harassment of the resident. Physical abuse is defined as including but not limited to hitting, slapping, pinching, and kicking. Sexual abuse is defined as sexual harassment, sexual coercion or sexual assault. 1. Review of R#1's electronic medical record revealed admission on 12/6/19 with [DIAGNOSES REDACTED]. Review of facility incident log dated 10/1/19 through [DATE]20 revealed an incident for R#1 on 1/25/2020 and three incidents on [DATE]. Review of the resident incident report dated 1/25/2020 at 5 p.m. indicated that R# 1 was in another resident's room when he was kicked by the resident. As a result of the kick R#1 is reported as hitting the resident with a closed fist several times. Review of the resident incident report dated [DATE] at 11:31 a.m. revealed R#1 was reported as hitting a female resident in the face. Review of the resident incident report revealed a second incident on [DATE] at 1:47 p.m. which detailed R#1 hitting a male resident in the face. 2. Review of R#2's electronic medical record revealed admission on 1/26/17 with a readmission on [DATE]20 with [DIAGNOSES REDACTED]. Review of facility incident log dated 10/1/19 through [DATE]20 revealed two incidents for R#2. Review of resident incident report dated 11/3/19 at 3 a.m. revealed R#2 observed standing over roommate and pulling on roommate's catheter with his hands. Further review of the departmental notes revealed an incident on 12/1/2019 in which R#2 moved a chair when another resident was attempting to sit down, and this caused the other resident to fall. 3. Review of R# 3's electronic medical record revealed [DIAGNOSES REDACTED]. Review of facility incident log dated 10/1/19 through [DATE]20 revealed an incident for R#3 on [DATE]20. Review of departmental notes dated [DATE]20 revealed R#3 striking another resident in the chest when entering the building after a smoke break. The above incidents were investigated and addressed by the facility; and the residents experienced no injuries. However, there was no evidence that the incidents involving R#1, R#2, and R#3 were reported to the State Agency. An interview was conducted with the Director of Nursing (DON) on [DATE]20 at 10:45 a.m. related to the incident log. Upon review of the incident log the DON stated that Px represented a resident to resident incident. During an interview with the Administrator on [DATE] at 9:20 a.m. it was reported that she was unable to find anything that was reported to the State Agency during the time period of October 2019 and March 2020. During further interview with the Administrator on [DATE] at 12:41 p.m. she reported that any resident to resident altercation that resulted in an injury would be reported to the state agency. A telephone interview was conducted on [DATE] at 3:04 p.m. with Licensed Practical Nurse (LPN) BB who reported that she remembered the incident with R#2 when the chair was moved causing another resident to fall to the floor. LPN BB reported that the other resident was not hurt as a result of the fall. LPN BB further reported that if there is a resident to resident altercation and there is no injury, the Administrator did not have to be notified. During an interview with the Administrator and DON on [DATE] at 4:19 p.m. the Administrator reported that she would not consider the incident on 12/1/19 in which R#2 caused another resident to fall by moving the chair as an altercation but more as a behavior. DON acknowledged that one resident pulling on another resident's catheter could be considered as abuse. The Administrator reported that she was aware of this incident but did not consider it abuse but as a resident on resident altercation. The Administrator reported that she had been trained that a resident to resident altercation that did not result in an injury did not have to be reported to the State Agency. Upon review of the facility policy the Administrator and DON both acknowledged that hitting and kicking fit the criteria for physical abuse.</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.