

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115633	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER SAVANNAH BEACH HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 26 VAN HORNE STREET TYBEE ISLAND, GA 31328	
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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<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 observations, review of the facility policy titled Maintenance Service, and staff interviews, the facility failed to ensure that a clean, comfortable and home-like environment was provided to the residents by maintaining adequate repair of the walls, ceilings and privacy curtains in nine of 23 resident rooms. Findings include: Observation of the following resident rooms were made on 8/24/2020 at 8:34 a.m.: room [ROOM NUMBER] - The baseboard near the bathroom door is gouged and pulling away from the wall and door frame. There are multiple holes in the closet doors. room [ROOM NUMBER] - There is a hole gouged into the wall between the closet and the bathroom door. The paint is scraped off and there are multiple scratches on the wall. There are stains on the walls behind beds A and B that are brown, dripping and spotted in nature. There is paint scraped off the wall behind bed B and the privacy curtains around bed A have yellow dripping stains on them. room [ROOM NUMBER] - The ceiling tiles right inside the room under the lighting and curtain tracks are bowed out and stained with dark brown circles. The closet door for bed A has the bottom half torn off, and bed B's second closet will not close. There is a missing privacy curtain at bed A. room [ROOM NUMBER] - The closet door for bed B have broken doors that do not close. room [ROOM NUMBER] - The paint behind bed A is gouged off with multiple large scrapes on the wall behind the bed. room [ROOM NUMBER] - There are brown dripping/splatter stains on the wall by the bathroom door, close to the floor. room [ROOM NUMBER] - The wall behind bed B has a brown substance on it with dripping and splatter-like stains. room [ROOM NUMBER] - The wall at bed A has multiple scrapes and gouges in the wall and the privacy curtains for beds A and B are stained with a dark substance in circles on the curtains. Room#22 - The ceiling tile is deeply bowed right inside the door over bed A. It has dark brown rings of staining and a large black stain in the center. The wall near the bathroom door frame has a hole gouged in it and the paint is scraped off. During a tour and interview with the Maintenance Director on 8/24/2020 at 11:55 a.m., as the above areas of concern were being confirmed, he stated that they did not have a plan but was working on repairs in the building. He stated that they had supplies there and they were going room to room making repairs. He also stated that he did not believe this concern was being discussed in their Quality Assurance program. Review of the facility policy titled Maintenance Service, revised December 2009 revealed that maintenance services shall be provided in all areas of the building, grounds, and equipment. 2. Functions of maintenance personnel include, but are not limited to: b. maintaining the building in good repair and free from hazards. 3. The Maintenance Director is responsible for developing and maintaining a schedule of maintenance service to assure that the building, grounds, and equipment are maintained in a safe and operable manner.</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.