

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/25/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2026
NAME OF PROVIDER OR SUPPLIER Center for Advanced Rehab at Parkside, The		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Park City Road Rossville, GA 30741	
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 - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of the facility policy titled Physical Environment: Electrical Equipment, the facility failed to ensure the environment was maintained in a safe, sanitary, and functional condition in three of 15 rooms (Rooms 134, room [ROOM NUMBER], and room [ROOM NUMBER]) on the [NAME] Hall related to the Packaged Terminal Air Conditioner (PTAC) air filters containing a significant amount of gray, fuzzy particulate matter. This deficient practice had the potential to contribute to respiratory problems for residents due to unclean air filters. Findings included: During an observation on 4/21/2026 at 11:20 am, the PTAC air filters in room [ROOM NUMBER] of the [NAME] Hall contained a significant amount of gray, fuzzy particulate matter. During an observation on 4/21/2026 at 11:37 am, the PTAC air filters in room [ROOM NUMBER] of the [NAME] Hall contained a significant amount of gray, fuzzy particulate matter. During an observation on 4/21/2026 at 12:23 pm, the PTAC air filters in room [ROOM NUMBER] of the [NAME] Hall contained a significant amount of gray, fuzzy particulate matter. During an observation on 4/22/2026 at 11:47 am with the Maintenance Director, he confirmed that the PTAC air filters in rooms [ROOM NUMBER] were soiled with a significant accumulation of particulate matter. The Maintenance Director acknowledged that the filters required cleaning and stated that the PTAC filter cleaning is assigned to the Environmental Services Director (ESD). He stated that the task should be completed during the room deep-cleaning process. However, he was unable to specify the exact frequency of these cleanings. He further stated that he maintains oversight responsibility for ensuring the task is completed and indicated that the cleaning schedule may need to be reviewed and adjusted to ensure consistency. He confirmed that failure to properly maintain PTAC filters may impact system functionality and potentially compromise indoor air quality, which could affect the air that residents breathe. During an interview on 4/23/2026 at 12:19 pm, the Director of Nursing (DON) stated that the PTAC filters should be serviced and cleaned, as respiratory issues can arise from breathing dirty air filters. During an interview on 4/24/2026 at 3:08 pm, the EVS Director revealed that the air filters in the identified resident rooms have now been cleaned. He stated that, before this, filter cleaning was not performed on a routine schedule because no specific staff member had been assigned responsibility. Instead, filters were only cleaned during room deep cleaning, which occurred intermittently when rooms became vacant, ranging from approximately one week to up to three months or more. The EVS Director further stated that a corrective action has been implemented, with a designated staff member now assigned to clean air filters on a monthly basis to ensure ongoing maintenance. A review of the facility policy titled Physical Environment: Electrical Equipment, undated, revealed that the facility will maintain all mechanical, electrical, and patient care equipment in safe operating condition. Further review revealed that the Maintenance Director shall maintain schedules for routine inspection and maintenance of all mechanical, electrical, and patient care equipment and that documentation of inspection, testing, and maintenance of electrical equipment shall be maintained for a minimum of three years.		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------