

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Buckhead Center for Nursing and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 54 Peachtree Park Drive N.E. Atlanta, GA 30309	
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)		
<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41165</p> <p>Based on observations, staff interviews, record review, and review of the facility job description for the Business Office Manager (BOM), the facility failed to ensure clinical staff were trained and competent to provide ADL care for one of four residents (R) (R7) reviewed for ADL care. The deficient practice had the potential to adversely affect the care given to all residents in the facility. The facility census was 144.</p> <p>Findings include:</p> <p>Review of the facility document titled Job Description Centers signed and dated 5/20/2024 by the Business Office Manager, indicated Responsibilities/Accountabilities not limited to:</p> <ul style="list-style-type: none"> -Ensures systems and controls are in place as outlined in policy and procedure manuals. Meets established daily, weekly, and monthly deadlines. -Directs processing of accounts receivable, adjustments/refunds, private and third-party agencies, census information, ancillaries, cash deposits, and posting as applicable. -Manages resident trust funds and maintains confidential files, ensures compliance with all state and federal regulations. <p>Review of the electronic medical record (EMR) revealed R7 was admitted to the with diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for mental Status (BIMS) score of 11, indicating moderate cognitive impairment. Section GG (Functional Abilities) revealed substantial/maximal assistance for ADLs.</p> <p>Review of the Nurse Aide Registry Verification for the BOM, provided by the facility when requested, revealed an original certification date of 6/25/2005 and an expiration date of 6/25/2019.</p> <p>(continued on next page)</p>		

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
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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 10/30/2024 at 10:30 am revealed the BOM in R7's room providing ADL care, specifically the BOM was shaving R7. R7 had shaving cream on the lower part of his face. The BOM was observed with a razor in her hand shaving R7.</p> <p>Interview on 10/30/2024 at 10:30 am with the BOM revealed she was shaving R7 because he was her friend, and he asked her to shave him. The BOM stated that she was not related to R7, and she had not received permission from his family to shave him. She stated that they do morning rounds, and he was assigned to her. She stated that she used to be a Certified Nursing Assistant (CNA), but she let her certification expire two years ago. She stated that R7 does not like a lot of people to shave him. She stated that she does not shave any other residents.</p> <p>Interview on 10/30/2024 at 1:05 pm with the Administrator revealed the BOM should not have been shaving R7. She stated that it was not in her job scope to shave him as she is not a CNA. The Administrator stated that the BOM had R7's room as a room round, but she should have gotten the Unit Manager or the CNA to shave him.</p>