

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 03/24/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observations and staff interviews, the facility failed to ensure that four of six resident shower rooms were free of hazards. Specifically, razors were found on the floor, dirty gloves found on a shower bed, opened bottles of bath soap were found, a bottle of chemical resistant spray was found, and a razor and hair clippers were found in a bag on the floor of a shower room. The deficient practice had the potential to cause injury to cognitively impaired residents and the possibility of the spread of infection to residents using the shower rooms. Findings include: Observation on 02/23/2026 at 9:25 AM with the 4th floor Unit Manager BB of the 4th floor shower room used by the residents revealed four razors on the floor, dirty gloves and a dirty comb were on a shower bed, floors were stained/dirty, an opened gallon bottle of complete bath soap and a bottle of chemical resistant spray were observed in the shower room. Additionally, a razor and hair clippers were found in a black bag on the floor of the shower room, and a shower cap and a toothbrush were found lying on the floor. Interview on 02/23/2026 at 10:00 AM with 4th floor Unit Manager BB revealed that the Certified Nursing Assistants (CNA)s were to clean up before showering the residents. She revealed that the items found should not be on the floor. Interview on 03/23/2026 at 10:05 AM with the Environmental Senior Director CC revealed the shower room was cleaned every day. They were responsible for cleaning the high touch areas (knobs), sweep and mop the floors, remove linen, and clean the area. He revealed that there had been no complaints about the showers not being cleaned. Observation on 03/23/2026 at 11:00 AM with the 3rd floor Unit Manger HH of the 3rd floor shower room used by residents revealed a bottle of skin and hair cleaner, one bottle of conditioner, and a bottle of skin ointment, all open. Interview on 03/23/2026 at 11:00 AM with 3rd floor Unit Manager HH revealed that the items in the shower room should be closed. She revealed that the CNA's were to clean after each resident. Observation and interview on 03/23/2026 at 11:35 AM with 2nd floor Unit Manger KK revealed two opened gallon containers of skin and hair cleaner. A strong urine odor was noted. 2nd floor Unit Manager KK revealed the soap should have a top on it and the CNAs were responsible for cleaning after each resident.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations and staff interviews, the facility failed to ensure that the staff followed standard and transmission-based precautions to prevent the spread of infection when dispensing ice to the residents on two of four floors (3rd and 4th floor). Findings include: Observation on 03/23/2026 at 9:15 AM with the 4th floor Unit Manager of the ice scoop and scoop cover revealed the ice scoop cover on top of the ice machine had black specks near the end of the scoop used to put ice in cups. Interview on 03/23/2026 at 10:00 AM with the 4th floor Unit Manager BB revealed that the scoops were cleaned once a week by the kitchen staff. She revealed that the scoop should be clean. Observation on 03/24/2026 at 10:50 AM with the 3rd floor Unit Manager HH of the ice chest/cooler used to serve residents, revealed the scoop submerged in ice and water. Interview on 03/23/2026 at 9:20 AM with the Maintenance Director AA revealed that they were required to clean the ice machine. He revealed the ice machine was checked weekly and monthly. He revealed that the nursing staff was responsible for cleaning the ice scoop and cover. Interview on 03/24/2026 at 11:00 AM with the 3rd floor Unit Manger HH revealed that the ice scoop was not supposed to be left in the cooler. Interview on 03/24/2026 at 1:00 PM with the Staff Development Coordinator (SDC)/Infection Control staff C1C revealed that all staff had been trained in infection control procedures. She revealed that the staff were educated on hand hygiene. She revealed that an in-service was provided on the handling of the ice scoop and holder. She revealed that after use the ice scoop should be placed in the scoop holder. She revealed that the ice scoop should never be left in the ice. Review of Maintenance Logbook Documentation dated February 27, 2026, indicated: Ice machine: check filters (if present), clean coils, sanitize interior, delime as necessary, this is a monthly check. All ice machines (4) of them cleaned and properly running at this time. Review of Ice Machine Cleaning Log indicated ice machine cleaned on 2nd, 3rd and 4th floor, January 14, 2026, and February 16, 2026. Ice machine cleaned in the kitchen on January 17, 2026, and February 16, 2026. Review of the staff training dated 02/16/2026 indicated an in-service on handwashing and ice scoop protocol was provided for all staff.</p>		