STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115110	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckhead Center for Nursing and Healing	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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28604 Based on interviews, record review, and review of the facility's policies titled Controlled Substance Administration and Accountability and Abuse, Neglect, and Exploitation, the facility failed to ensure two of seven residents (R) (R115 and R226) were free from misappropriation of medication when 49 oxycodone (a narcotic) pills were unaccounted for during a narcotic count. Findings include: A review of the facility's policy titled Controlled Substance Administration & Accountability, undated, that it is the policy of this facility to promote safe, high-quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances. The facility will have safeguards in place in order to prevent loss, diversion, or accidental exposure. Any discrepancy in the count of controlled substances or disposition of the narcotic keys is resolved by the end of the shift during which it is discovered. For those areas with automated dispensing systems, an icon appears on the screen to alert users to the presence of a discrepancy. Resolution can be achieved by review of dispensing and administration records and consulting with all staff with access. Any discrepancies which cannot be resolved must be reported immediately as follows: i. Notify the DON [Director of Nursing], charge nurse, or designee and the pharmacy; ii. Complete an incident report detailing the discrepancy, steps taken to resolve it, and the names of all licensed staff working when the discrepancy was noted; iii. The DON, charge nurse, or designee must also report any loss of controlled substances where theft is suspected to the appropriate authorities such as local law enforcement, Drug Enforcement Agency, State Board of Nursing, State Board of Pharmacy, and possibly the State Licensure Board for Nursing Home Administrators. Staff may not leave the area until discrepancies are resolved or reported as unresolved discrepancies. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115110	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckhead Center for Nursing and Healing	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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's policy titled Abuse, Neglect, and Exploitation, with a revised date of April 2024 revealed that Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent. An immediate investigation is warranted when suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect, or exploitation occur. Written procedures for investigations include identifying staff responsible for the investigation; exercising caution in handling evidence that could be used in a criminal investigation (e.g., not tampering or destroying evidence); investigating different types of alleged violations; identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and providing complete and thorough documentation of the investigation. 1. A review of the electronic medical record (EMR) revealed that R115 was admitted to the facility on [DATE] with diagnoses that included lymphedema, chronic peripheral venous insufficiency, and unspecified mononeuropathy of bilateral lower limbs. A review of R115's admission Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 3/31/2024 revealed R115 scored 13 out of 15 on the Brief Interview for Mental Status (BIMS) which indicated R115 was cognitively intact. The MDS recorded that R115 received as-needed [PRN] pain medication and was administered an opioid. A review of R115's comprehensive Care Plan dated 3/28/2024 revealed a focus on pain related to bilateral stasis wounds and an intervention to administer pain management as ordered. A review of the Physician's Orders dated 3/27/2024 revealed orders for Pain - ask the resident, are you currently in pain? If resident answers yes, please assess further and provide intervention . and oxycodone HCL [hydrochloride] oral tablet 5 MG [milligrams] give one tablet by mouth every four hours PRN for pain. A review of R115's Controlled Drug Record for oxycodone 5 MG, dated 3/27/2024 revealed there were nine tablets remaining in the medication card. 2. A review of the EMR revealed R226 was admitted to the facility on [DATE] and then readmitted on [DATE] with diagnoses that included Alzheimer's Disease, non-pressure chronic ulcer of left thigh, left foot, right lower leg and left lower leg. A review of R226's comprehensive Care Plan dated 7/10/2023 revealed a focus on chronic pain related to falls, muscle spasms, history of fractures, wounds, limited mobility, and an intervention to administer analgesic medications as ordered by the physician. A review of the Physician's Orders for R226 revealed orders dated 7/10/2023 for Pain - ask the resident, are you currently in pain? If resident answers yes, please assess further and provide intervention ., and oxycodone HCL oral tablet 5 MG give two tablets by mouth every four hours PRN for pain, dated 2/25/2024 and discontinued on 6/10/2024. A review of the MDS assessment for R226 revealed a discharge return anticipated MDS with an ARD of 6/7/2024 and an entry tracking record with an ARD of 6/21/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115110	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckhead Center for Nursing and Healing	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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of R226's Controlled Drug Record for oxycodone 5 MG, dated 2/25/2024, revealed there were 40 tablets remaining in the medication card. A review of the facility's Investigation of Misappropriation of Narcotics revealed on 6/12/2024, Licensed Practical Nurse (LPN) 5 contracted agency staff, counted the narcotics on two medication carts on the third floor at the change of shift at 8:00 pm with one of the oncoming nurses, LPN6, but would not stay in the facility to count the cart with the other oncoming nurse, LPN8. LPN8 counted the narcotics on the cart assigned to her and could not find R226's 40 oxycodone medication card. LPN4, the Unit Manager, was informed and verified the missing narcotics. LPN4 counted the other cart and discovered R115's nine oxycodone medication cards were missing too. Also, LPN4 informed the DON and Administrator. LPN5 returned to the facility, wrote a statement, completed a urine drug test, and was interviewed by facility staff and a police officer. A review of LPN5's statement revealed she identified missing medications during the narcotic count when she arrived at the facility at 7:00 am but did not report it because she was too busy caring for residents. A review of LPN6's statement revealed she counted the narcotics on both carts on the third floor with LPN5 however there were no narcotics unaccounted for during the count. LPN6 stated she was not aware LPN5 had folded the controlled drug record for R115 and R226 and removed the medications from the cart Interviews were attempted with LPN6 and LPN8 on 7/25/2024 but were unsuccessful. During an interview on 7/24/2024 at 4:36 pm, the Director of Nursing (DON) confirmed an investigation for misappropriation of the resident's property was conducted on 6/12/2024 due to LPN4 notifying her at 8:00 pm that narcotics were missing for R115 and R226 that LPN5 was assigned to from 7:00 am to 7:00 pm. During an interview on 7/25/2024 at 2:47 pm, LPN4 verified LPN5 was assigned to both medication carts on 6/12/2024 and she left after counting the narcotics with LPN6 but not with LPN8. LPN4 stated she reported the missing narcotics for R115 and R226 to the DON and she began the investigation. LPN4 also stated during an interview conducted when LPN5 returned to the facility that she admitted she lied in her statement that medications were missing from the two medication carts during the narcotic count at the beginning of her shift and she folded the controlled drug record page so that the oncoming nurse would not read the page during the narcotic count.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115110	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckhead Center for Nursing and Healing	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46592 Based on record review, interview, and a review of the facility policies titled High-Risk Medications - Anticoagulants and Comprehensive Care Plans, the facility failed to develop care plans with resident-specific goals and interventions for one of 32 sampled residents (R) (R45) reviewed for care plans. Findings included: A review of the High-Risk Medications - Anticoagulants policy dated March 2022 and provided by the facility revealed, the residents' plan of care shall include interventions to minimize the risk of adverse consequences. A review of the Comprehensive Care Plans policy revised 9/12/2022 and provided by the facility revealed, comprehensive care plan will include measurable objectives and timeframes to meet the resident's needs as identified in the resident's comprehensive assessment. The objectives will be utilized to monitor the resident's progress. Alternative interventions will be documented, as needed. A review of the electronic medical record (EMR) revealed that R45 was admitted to the facility on [DATE]. A review of the EMR revealed R45 had diagnoses including depression and a personal history of venous thrombosis and embolism (blood clots). A review of the Physician's Orders revealed R45 had orders for Apixaban 5mg (milligrams) (an anticoagulant) and Mirtazapine 30 mg one-half tablet (an antidepressant), as well as monitoring side effects for both medications. A review of the admission Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 6/17/2024, revealed a Care Area Assessment (CAA) trigger for psychotropic medication use. A review of the Care Plan revealed no care plan had been developed with goals or interventions for either using an anticoagulant or an antidepressant. During an interview on 7/25/2024 at 9:30 am, the Director of Nursing (DON) verified that R45's care plan did not include resident-specific goals and interventions for the usage of anticoagulants and antidepressants. During an interview on 7/25/2024 at 3:50 pm, the MDS Coordinator stated when orders or diagnoses are entered into the resident's chart in the EMR they are listed on an action printout for MDS and the nurses to go over, verify, and implement a plan of care as needed based upon the information entered. They stated if there were any care plans not initiated for medications ordered and administered then the indicator for needing a care plan was overlooked and missed, and there should always be care plans for antipsychotic or anticoagulant usage.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115110	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckhead Center for Nursing and Healing	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)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37590 Based on record review, observations, and interviews, the facility failed to ensure that two of six residents (R) (R56 and R63) reviewed for pressure ulcers received consistent care and services. The facility failed to implement repositioning and offloading pressure devices resulting in harm when R56 acquired a stage 4 sacral wound and an unstageable right lower leg wound. Findings included: 1. A review of the electronic medical record (EMR) revealed that R56 was originally admitted to the facility on [DATE] with a primary diagnosis of quadriplegia. Other diagnoses included a pressure ulcer of the sacral (lower back) region (unstageable) and a pressure ulcer of the right heel (unstageable). A review of the annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/19/2023 revealed R56 scored 15 out of 15 on the Brief Interview for Mental Status (BIMS), indicating no cognitive impairment; R56 was totally dependent on staff for all Activities of Daily Living (ADL) care including bed mobility due to Functional Limitation in Range of Motion impairments to the upper and lower extremities on both sides; R56 had one Stage 2 pressure ulcer. The interventions listed were pressure relieving devices on the chair and bed, pressure ulcer care, and nutritional support. Turning and repositioning was not documented as an intervention. A review of the quarterly MDS assessment with an ARD of 4/24/2024 revealed R56 had one Stage 2 pressure ulcer with the interventions listed as pressure reliving devices on the chair and bed, pressure ulcer care, and nutritional support. Turning and repositioning was not documented as an intervention. A review of the quarterly MDS assessment with an ARD of 6/24/2024 revealed that R56 had a BIMS score of 15 out of 15, was at risk of developing pressure ulcers, and currently had unhealed pressure ulcers one a Stage 4 and the other unstageable. Treatments included the use of a pressure-reducing device for the bed; a turning/repositioning program; nutrition or hydration intervention to manage skin problems; and appropriate Pressure ulcer/injury care. This is the first MDS that included turning and repositioning as an intervention. This was after the pressure ulcers had progressed to Stage 4 and unstageable. A review of R56's Care Plan revealed a Focus, initiated on 10/19/2022, indicating the resident had actual impairment to skin integrity (related to) decreased mobility, history of pressure ulcers, and incontinence with concerns to the Sacrum, Right Lower Leg, and Left Anterior Knee. Interventions included: Medication and Supplements as ordered; bilateral heel boots while in bed; Pressure relieving devices as ordered (Air Mattress); Providing treatment as ordered. Turning and repositioning, pillows, wedges, and cushions were not interventions listed on this care plan. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115110	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckhead Center for Nursing and Healing	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)
F 0686 Level of Harm - Actual harm Residents Affected - Few	A review of the Wound Weekly Observation Tool, with an effective date of 7/17/2024, provided by the Administrator, revealed R56 had a stage 4 wound to the sacrum that was acquired on 4/18/2024. Per the document, Special Equipment/Preventative measures included: Pillow, Cushions, Wedges, Heel Protectors, and Pressure Reduction Mattresses. The document also revealed that R56 was supposed to be turned and repositioned routinely. This is the first mention of using pillows, cushions, and/or wedges and turning and repositioning for pressure reduction. A review of a Wound Weekly Observation Tool, with an effective date of 5/23/2024, revealed an unstageable Right Lower Leg Posterior acquired on 5/20/2024. Special Equipment/Preventative measures included: Pillows, Cushions, Wedges, Heel Protectors, and Pressure Reduction Mattress. A review of the EMR revealed no documentation that turning and repositioning and the use of wedges and pillows were implemented. These interventions were indicated on the Wound Weekly Observation Tool but not documented as being done by the nursing staff prior to and/or after the development of the pressure ulcers. On 7/22/2024 at 10:57 am, R56 was observed lying in bed on his back, leaning to his right side. The resident was on an air mattress with the head of the bed slightly elevated. The resident was observed to have a wedge located under his upper right side along with a pillow between his knees. It was also observed that there were therapy devices located on a counter underneath the resident's television that included heel boots. The resident stated that he has a history of bed sores and that he recently had one open up on his back. The resident was asked if the staff turns or repositions him regularly and he stated that the staff does not. On 7/22/2024 at 1:09 pm, Certified Nursing Assistant (CNA)3 and Licensed Practical Nurse (LPN)10 were observed in R56's room. The staff members confirmed they had just completed assisting the resident with his lunch meal. R56 was in bed on an air mattress and the head of the bed was slightly elevated. A wedge was observed under the resident's upper right side. On 7/22/2024 at 3:32 pm, R56 was observed resting in bed with his eyes closed, with his body positioned towards his right side. CNA3 was interviewed on 7/22/2024 at 3:34 pm and was asked if the resident was repositioned regularly. CNA3 stated that due to the resident's contractions it is difficult to reposition the resident, but that if the resident has a complaint, they will try their best to relieve any discomfort. R56 was observed on 7/23/2024 at 2:25 pm asleep in bed, lying towards his right side. During a continuous observation from 7/24/2024 at 12:00 pm through 7/24/2024 at 2:45 pm, R56 remained lying partially on his back leaning slightly to his right side. R56 was not repositioned by the nursing staff during this continuous observation. The staff entered the room once, at 1:07 pm, with the R56's meal tray. CNA3 assisted R56 with his meal from 1:07 pm to 1:14 pm. No staff returned to R56's room through the remainder of the observation on 7/24/2024 from 1:14 pm through 2:45 pm. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115110	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckhead Center for Nursing and Healing	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)
F 0686 Level of Harm - Actual harm Residents Affected - Few	CNA1 was interviewed on 7/24/2024 at 4:35 pm and stated that he created and used the communication binder to communicate the daily tasks for each resident and encouraged all staff to follow it. CNA1 also stated that any resident with a contracture and/or a pressure ulcer must be turned every two hours and added that even though there is not an order, the staff is aware that all residents repositioning is required every two hours if they have contractures and pressure ulcers. CNA1 confirmed familiarity with R56 and stated that the expectation is that R56 is to be repositioned every two hours, but added that they allow R56 to make his own decisions on how he wants to be positioned. CNA1 was also asked about the therapy devices located in the resident's room, specifically the boots to prevent heel pressures, CNA1 advised that staff is aware of the heel boots, and how to use them, and added that they should be in place. When asked if there is any reason that a resident would not be turned or repositioned, the staff member responded, If the repositioning causes pain to the resident, then they do not turn or reposition them. CNA1 added that all CNAs are educated on applying pressure-relieving devices and all documentation for charting turning and repositioning is in each resident's Plan of Care. CNA1 was not able to identify any documentation of turning and repositioning for R56. LPN1 was interviewed on 7/24/2024 at 5:14 pm in R56's room. LPN1 stated that R56 was severely contracted and it's difficult to reposition, but added that the resident's heel boots should be in place and that all residents should be repositioned as much as necessary to, but that standards of practice are to reposition every two hours. LPN1 confirmed the heel boots were not in place and during the interview asked the resident if he wanted the boots on. The resident stated he was told by staff that he didn't need the boots anymore because the heel wounds were healed. R56 was then advised by LPN1 that the heel boots are also to prevent the occurrence of heel wounds and R56 agreed to have them applied. During an interview on 7/25/2024 at 9:05 am, CNA3 stated that R56 typically only needed repositioning after a convulsion that caused the resident to end up leaning to his left side. The staff member also confirmed that there were no set times to reposition the resident, nor was it documented in the resident's clinical record. When asked about R56's heel boots, the staff member stated that they are placed on the resident at the end of their shift so the evening shift does not have to worry about it. During an interview on 7/25/2024 at 12:51 pm, R56 confirmed that he was ok with any interventions used to prevent pressure ulcers and is willing to do whatever is required [for care], but that staff states that he declines care, but that it is not true. The Rehabilitation Director (RHD) was interviewed on 7/25/2024 at 1:02 pm and confirmed that R56's pressure wounds could be avoided, advising that the use of the air mattress and repositioning and use of wedges for offloading are effective at preventing pressure wounds. 2. A review of R63's Admission Record revealed an initial admitted [DATE], with diagnoses that included but were not limited to, quadriplegia, muscle weakness, and fusion of the cervical (neck) spine. A review of R63's admission MDS assessment with an ARD of 12/28/2023 revealed the resident had a BIMS score of 00 out of 15, indicating R63 was severely cognitively impaired, that R63 had a pressure ulcer to the sacrum and right ischium upon admission, and that he required substantial/maximal assistance with rolling left and right. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115110	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckhead Center for Nursing and Healing	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)
F 0686 Level of Harm - Actual harm Residents Affected - Few	A review of R63's quarterly MDS assessment with an ARD of 6/25/2024 revealed two Stage 4 pressure ulcers that were present on admission/reentry. A review of R63's Braden Assessment Instrument dated 7/5/2024 revealed R63 was at risk of developing pressure ulcers/injuries, A review of R63's Care Plan with a revision date of 6/11/2024 indicated a focus on the sacral and ischium pressure ulcers, with a goal to reduce complications. Interventions revealed preventative skin care with turning and positioning. A review of Progress Notes dated 4/23/2024 documented that R63 was very limited to make occasional slight changes in body or extremity position but unable to make frequent or significant changes independently. An observation on 7/24/2024 began at 11:46 am of R63's care schedule. The resident's mother was in R63's room at the bedside and stayed until 1:40 pm. Observations of R63's room continued on 7/24/2024 until 4:00 pm, revealed no staff member entered R63's room to provide care to include turning and/or repositioning of R63. During an interview on 7/24/2024 at 4:35 pm, CNA1 stated that R63 should have been turned and repositioned every two hours. CNA1 said documentation for all the charting and repositioning for each resident was in the Plan of Care (POC). CNA1 could not identify any charting for 7/24/2024 that indicated R63 had been turned/repositioned from 7:00 am to 4:30 pm. During an interview on 7/24/2024 at 5:14 pm, with the hall four-unit manager, LPN1 stated that a resident with a pressure ulcer/wound should be turned/repositioned at least every two hours or more as needed. During an interview on 7/24/2024 at 5:24 pm, the Director of Nursing (DON) stated a turning and repositioning task is communicated to staff through the Kardex system. She said, We try to implement it every two hours, no more than four hours if the CNA gets distracted or caught up with something else. She also stated that turning and repositioning a resident is a standard of practice. During an interview on 7/25/2024 at 3:38 pm, with the MDS Nurse, she stated it was a standard of practice across the board for all residents with limited movement or range of motion to be turned and repositioned every two hours or more often if needed. She said the POC is where CNA staff document their completed tasks including turning and repositioning. A review of the POC under tasks and on the Kardex revealed no documentation for turning and repositioning R63. 36917

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115110	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckhead Center for Nursing and Healing	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)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37590 Based on observation, interviews, and record review, the facility failed to consistently apply knee splints for prevention of further decrease in range of motion (ROM) for one of three residents (R) (R56) reviewed for limited ROM. Findings included: A review of R56's electronic medical record (EMR) revealed the resident was originally admitted to the facility on [DATE] with a primary diagnosis of quadriplegia. Other diagnoses included a pressure ulcer of the sacral (lower back) region (unstageable) and a pressure ulcer of the right heel (unstageable). A review of R56's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 6/24/2024 revealed a score of 15 out of 15 on the Brief Interview for Mental Status (BIMS) with no indication of cognitive issues or behaviors present. The assessment also revealed that R56 was dependent on staff for all Activities of Daily Living (ADL) care due to functional limitation in ROM with impairments to the upper and lower extremities on both sides. On 7/22/2024 at 10:57 am R56 was observed in his room lying in bed on his back, slightly leaning to his right, due to the resident's hips facing towards the resident's right side. There were hand/wrist splints in place. The resident's legs were bent at about an 80-degree angle and there was a pillow between the resident's knees. R56 was asked if the position he was lying in was comfortable and he stated, It's the only way I am able to lay, due to my legs getting shorter. He confirmed that he was not in pain. Assistive and protective devices were observed in R56's room located on the counter and underneath the television. During an interview on 7/22/2024 at 11:13 am in R56's room, Certified Nursing Assistant (CNA)3 was asked about the splints located on the counter in R56's room, and CNA3 stated that the leg splints were difficult to use because of the resident's contractures . adding that the staff needed assistance from the therapy department on how to apply them. During an interview on 7/22/2024 at 11:23 am, Licensed Practical Nurse (LPN)10 stated that the resident was no longer on the therapy caseload due to insurance issues and was unsure if the assistive devices are still being used. R56 was observed on 7/22/2024 at 3:32 pm, resting in bed with his eyes closed and body positioned slightly towards the right. The therapy and preventative devices were still located on the counter of the resident's room. R56 was observed on 7/23/2024 at 2:25 pm asleep in bed, lying slightly towards his right side. Air mattresses, hand splints, and call lights were in place. The other therapy and preventative devices were located on the counter in the resident's room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115110	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckhead Center for Nursing and Healing	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)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of R56's Care Plan initiated on 9/8/2023, revealed that R56 had an ADL self-care deficit related to quadriplegia and contractures on the right side upper and lower extremities. The goal was for the resident to maintain or improve baseline ADL functions throughout the next review period. The interventions included providing extensive assistance with ADL care. A review of the Physical Therapy PT Discharge Summary, with an effective date of 6/20/2024, revealed R56 had been discharged per Physician or Case Manager. The document also revealed that the knee splints were provided to nursing staff for R56 to maintain their current range of motion of 40-85 degrees. During an interview on 7/24/2024 at 5:15 pm, the Rehab Director confirmed the resident was discharged from therapy on 6/20/2024. The Rehab Director stated R56 had met his highest level of function in Physical Therapy, but that when the resident was discharged the nursing team was supposed to continue splinting the resident's upper and lower extremities. The Rehab Director added that due to R56's paralysis, the resident would continue to lose range of motion, but that splinting helped to slow down progression. During an interview on 7/24/2024 at 5:27 pm, LPN1 confirmed that staff was not aware of the instructions on how to apply the knee splints. During an interview on 7/25/2024 at 8:56 am, the Rehab Director stated that the nursing team was provided with a knee splint for R56, as well as education on the application. During another interview on 7/25/2024 at 9:05 am, CNA3 reiterated that they [the CNA staff] did not feel comfortable applying the knee brace. CNA3 was also asked if R56 complained of pain related to the leg contractures and answered that R56 only complained of pain in his left shoulder. During an interview on 7/25/2024 at 12:51 pm, R56 stated he did not recall the nursing staff applying the knee splints, that he was okay with any interventions used to prevent contractures, and that he was willing to do whatever was required [for his care]. He stated that the staff would say that he declined care, but that was not true. During an interview on 7/25/2024 at 1:02 pm, the Rehab Director confirmed that R56's range of motion was unchanged and that the use of splints were effective in slowing the progression of contracture. The Rehab Director confirmed that R56 should be wearing the knee splint when in bed and for no more than four hours, as tolerated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115110	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckhead Center for Nursing and Healing	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28604 Based on observation, interview, record review, and review of the facility policy titled Nebulizer Therapy, the facility failed to properly store a nebulizer mask to prevent cross-contamination for one of three residents (Resident (R) 53) reviewed for respiratory care. Findings included: A review of the facility's policy titled Nebulizer Therapy, revised March 2023, provided by the facility, revealed, Care of the Equipment . Once completely dry, store the nebulizer cup and the mouthpiece in a zip lock bag. A review of the electronic medical record (EMR) revealed that R53 was admitted to the facility on [DATE] with a diagnosis that included pneumonia. A review of R53's comprehensive Care Plan dated 3/26/2024 revealed R53 had shortness of breath (SOB) and required nebulizer treatments as ordered. A review of R53's Physician's Orders dated 1/16/2024 revealed an order for Albuterol Sulfate Nebulization Solution [an antiasthmatic and bronchodilator] (2.5 milligrams (MG)/3 milliliters (ML) 0.083% inhale orally via nebulizer every six hours as needed (PRN) for shortness of breath/wheezing. A review of R53's Medication Administration Record (MAR), dated July 2024 revealed Albuterol Sulfate was administered via the nebulizer on 7/2/2024. A review of the quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 6/24/2024 revealed R53 scored zero out of 15 on the Brief Interview for Mental Status (BIMS), and a staff assessment indicated R53 was severely cognitively impaired. The MDS recorded that R53 had a diagnosis of pneumonia. An observation on 7/22/2024 at 10:57 am with Licensed Practical Nurse (LPN)7 revealed R53's nebulizer mask lying uncovered on top of the nightstand, next to the nebulizer machine. Additional observation on 7/23/2024 at 12:11 pm revealed that R53's nebulizer mask was lying uncovered on top of the nightstand, next to the nebulizer machine. During an interview on 7/23/2024 at 12:13 pm, LPN3 verified that R53's nebulizer mask was lying on the nightstand next to the nebulizer machine and was not covered. LPN3 confirmed the mask should be stored in a bag when it was not in use. During an interview on 7/24/2024 at 11:32 am, LPN9 stated the night shift nurse was responsible for changing the nebulizer mask and tubing and placing the mask in a bag every Monday and the respiratory therapist was responsible for verifying it was completed on Tuesday morning. LPN9 acknowledged the night shift nurse did not change the tubing and mask and did not place it in a bag to keep it from getting soiled prior to the next use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115110	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buckhead Center for Nursing and Healing	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/24/2024 at 1:37 pm, the Director of Nursing (DON) stated nebulizer masks and tubing were changed out and placed in a bag weekly. The DON also stated the nebulizer mask should be cleaned then placed in a bag after use to keep it from getting contaminated per the nebulizer therapy policy. During an interview on 7/24/2024 at 3:10 pm, the Director of Respiratory Services stated nursing staff changed the mask and tubing and placed it in a bag on Mondays then respiratory staff observed that it was done on Tuesdays. The Director of Respiratory Services stated training on oxygen humidification system changeout was provided to nursing staff on 4/23/2024 and nebulizer cleaning, setup, and storage was provided to nursing staff on 6/7/2024.