| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tower Road Post Acute, LLC | 26 Tower Rd<br>Marietta, GA 30060 |

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 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50526<br><br>Based on observations, resident and staff interviews, record review, and review of the facility policy titled, Resident Rights, the facility failed to maintain the dignity and privacy for one of five residents (R) (R50) with a Foley catheter. Specifically, the urinary catheter bag was left uncovered and visible while R50 was out in the hallway. Additionally, R50 was wearing a shirt on with her full name visible across her chest in thick black marker.<br><br>Findings include:<br><br>Review of facility's policy titled Resident Rights dated 2/1/2024 revealed under Preparation in section 1. Prior to having direct-care responsibilities for residents, staff must have appropriate in-service training on resident rights, including . b. Resident dignity and respect.<br><br>Review of the electronic medical record (EMR) revealed R50 was admitted to the facility with pertinent diagnoses including but was not limited to dementia, depressive disorder, and anxiety.<br><br>Review of R50's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 00, which indicates R50 was identified with severe cognitive impairment. Section GG, functional status, revealed R50 required partial/moderate assistance for activities of daily living (ADLs).<br><br>Review of R50's care plan dated 4/17/2024 indicated a problem of risk for social isolation or significant changes to daily routine due to unspecified dementia, cognitive communication deficit, anxiety, major depressive disorder, and ataxia. R50 engages in both individual and group activities such as church service, bingo, coloring, and spending time with her friends and family. Goals included but not limited to express satisfaction with type of activities and level of activity involvement when asked through the review date. Interventions included but not limited to Establish and record resident's prior level of activity involvement and interests by talking with the resident, caregivers, and family on admission and as necessary. Explain to the resident the importance of social interaction, leisure activity time. Encourage the resident's participation. Invite/encourage the resident's family members to attend activities with resident in order to support participation.<br><br>Review of the Physician's Orders for R50 included but was not limited to an order for a urinary catheter dated 2/2/2024.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Observation and interview on 9/19/2024 9:56 am revealed R50 sitting in the hallway in a wheelchair, dressed, with shoes on, shirt with name, first and last written in large black marker across front of the shirt and slacks. R50's Foley catheter bag was hanging on the right side of the wheelchair with no dignity bag in place. R50 stated staff picked out her clothes and helped her get out of bed. R50 stated she will be moved back to her room today and that was home.<br><br>Interview on 9/19/2024 at 12:00 pm with Unit Manager Licensed Practical Nurse (LPN) EE revealed staff labels clothing upon admission, and this was done inside clothing near the label. Unit Manager LPN EE added that sometimes families label items of clothing and they were told to use the same area near the label. If they saw inappropriate labeling, they notified the family that those clothes were not able to be used. Foley catheters were to be covered with a dignity bag or leg bag per policy, especially when out of room in a wheelchair.<br><br>Interview with Unit Manager LPN AA on 9/19/2024 at 12:00 pm confirmed the processes for labeling clothing and the Foley catheter dignity bag were the same on the unit he managed as the unit LPN EE managed.<br><br>Interview on 9/19/2024 at 2:32 pm with the Director of Nursing (DON) revealed expectations regarding labeling of clothing that the Certified Nursing Assistants (CNAs) document inventory of clothing and label them with a permanent marker in area near the label so that it is not visible and for additional clothing the same process applied. The DON added that staff who observed this would notify the CNA to ensure the change of clothing was done. The DON stated expectations for Foley catheter bags were that staff should attempt to use a leg bag which provided a higher level of dignity. If not possible, at minimum, place a privacy bag over the drainage bag. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tower Road Post Acute, LLC | 26 Tower Rd Marietta, GA 30060 |

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 0554<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Allow residents to self-administer drugs if determined clinically appropriate.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50272<br><br>Based on observations, record review, resident and staff interviews, and review of the facility's policy titled, Self-Administration of Medications by Patients/Residents, the facility failed to ensure one of 59 sampled residents (R) (R13) was assessed for self-administration of medication prior to leaving medications at the bedside. The deficient practice had the potential to allow unauthorized access to unsecured medications to residents and visitors at the facility.<br><br>Findings include:<br><br>A review of the facility's policy titled Self-Administration of Medications by Patients/Residents revised on 2/1/2024 revealed under Policy Statement: Each resident who desires to self-administer medication is permitted to do so if the healthcare center's Licensed Nurse/Registered Nurse and physician have determined that the practice would be safe for the resident and other residents of the healthcare center. Medication self-administration also applies to family members who wish to administer medication. Procedure: 1. The opportunity to self-administer medications is reviewed during the routine assessment by the healthcare center's interdisciplinary team utilizing the Electronic Health Record Observation tool, Medication Self - Administration assessment. 2. If the resident or family member desires to self-administer medications, an assessment is conducted by the head Nurse to assess the individual's cognitive, physical, and visual ability to carry out responsibility. Also, the resident or family member should in conjunction with the facility Nurse utilize the Electronic Medical Record assessment tool, Medication Self - Administration assessment to complete the administration of the medication. 3. If the Licensed Nurse determines the resident or family member to be capable of self-administration of medications, the attending physician must write an order to that effect that includes the specific medications based off the Self-Administration Medication assessment. 4. If the resident or family member demonstrates the ability to safely self-administer medications, a further assessment of the safety of bedside medication storage is conducted. 5. Bedside Storage of Medications is permitted only when it does not present a risk to confused residents who wander into the rooms of, or room with, residents who self-administer. The following conditions are met for bedside storage to occur: The manner of storage prevents access by other residents. Locking drawers or cabinets are required only if unlocked storage is ineffective. The medications provided to the resident for bedside storage are kept in the packaged as dispensed by the provider pharmacy. The Electronic Health Record Medication Administration Record form is printed off and maintained at bedside and is reviewed on each nursing shift, and the administration information is transferred to the electronic medication record. Notation of each dose self-administered is made by placing a Licensed Nurse initials in the appropriate space and noting in the nursing comments resident/patient self-administered the medications). Only one signature per shift is required by the nurse documenting the resident's report of self-administration. All nurses and aides are required to report to the Charge Nurse on duty any medications found at the bedside not authorized for bedside storage and to give unauthorized medications to the Charge Nurse for return to the family or responsible party.<br><br>A review of the electronic health record (EHR) for R13 revealed diagnoses of but not limited to dysphagia following cerebral infarction, dysphagia oral phase, depression and cerebral infarction.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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 0554<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A review of R13's quarterly Minimum Data Set (MDS) dated [DATE] revealed in section C (Cognitive Patterns) a Brief Interview for Mental Status (BIMS) score of 13, indicating cognitively intact. Further review of R13's MDS revealed section N (Medications) documented R13 is receiving antidepressants.<br><br>Review of R13's care plan on 9/18/2024, revised on 4/17/2024, revealed a focus of drug regimen review will have no clinically significant medication issues identified. Furthermore R13's care plan revealed an intervention of conducting a medication reconciliation upon admission for all medications and new medications orders will be reviewed daily for any actual or potential clinically significant medication issues.<br><br>During an observation on 9/16/2024 at 11:15 pm in R13's room revealed a tube of diclofenac sodium topical gel of 1 percent (%) on her bedside table.<br><br>Review of R13's EHR on 9/18/2024 revealed no physician orders or assessment to be found for self-administration of medication.<br><br>During an interview on 9/18/2024 at 12:40 pm with Certified Nursing Assistant (CNA) DD revealed R13 was not supposed to have medication by the bedside table. CNA DD confirmed she had seen the medication by the bedside table before. Furthermore, CNA DD revealed she had received in-service training on medications by the bedside table.<br><br>During an Interview on 9/18/2024 at 12:42 pm with Licensed Nurse Practitioner (LPN) EE revealed residents were not supposed to have medications by the bedside table. LPN EE revealed it was her expectations that all CNA's must follow protocol regarding medications by the bedside table. LPN EE stated in-service training was provided for CNAs regarding medications by the bedside. LPN EE further stated a possible negative outcome was that it was not something positive for the resident and other residents might get a hold of the medication.<br><br>During an interview on 9/18/2024 at 1:15 pm with the Director of Nursing (DON), it was clarified that medications should not be stored by the bedside unless a resident was assessed and deemed capable of self-administering. The DON stated in such cases, medications would typically be kept in a locked box, or nurses would bring the medications in for residents. The DON emphasized the importance of assessing residents' ability to self-administer medications. Furthermore, the DON noted potential negative outcomes if residents take medications outside the prescribed times, which could lead to side effects or adverse reactions.<br><br>During an interview on 9/19/24 at 3:30 pm with the Administrator revealed his expectations were that residents were not to have any medications by their bedside table. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER: Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE: 26 Tower Rd Marietta, GA 30060 | |

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 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Reasonably accommodate the needs and preferences of each resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49674<br><br>Based on observations, staff interviews, and review of the facility policy titled, Residents Rights Accommodation of Needs and Preference and Homelike Environment, the facility failed to accommodate the needs of one of 14 residents (R) (R112) reviewed for environmental concerns. Specifically, the facility did not ensure call light was within reach. This failure had the potential to prevent R112 from receiving care or service when needed.<br><br>Findings include:<br><br>Review of the facility policy titled Residents Rights Accommodation of Needs and Preference and Homelike Environment effective date 2/1/2024 states under 1. The facility will assess and interview residents for the need to make reasonable accommodations. Call light in reach for room and bathroom and the correct type for resident use to meet the resident need.<br><br>Review of R112's admission Minimum Data Set (MDS) dated [DATE] revealed the resident had a Brief Interview of Mental Status (BIMS) score of five, indicating severe cognitive impairment. The resident required a manual wheelchair and two-person assistance.<br><br>Observation on 9/16/2024 at 12:00 pm revealed R112 sitting in her wheelchair screaming for help while the door was closed. Upon entering R112's room, her call light device was wrapped around her bed rail, out of reach.<br><br>Observation on 9/18/2024 at 3:00 pm revealed R112 sitting up in wheelchair watching her television, with her call light device out of reach.<br><br>During an interview on 9/19/2024 at 2:47 pm with the Director of Nursing (DON), she stated her expectation for her staff was to ensure the residents needs and preferences and provide a homelike environment. She revealed she had given her nursing staff in-service education on resident accommodation and policy. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tower Road Post Acute, LLC | 26 Tower Rd<br>Marietta, GA 30060 |

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 0563<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to receive visitors of his or her choosing, at the time of his or her choosing.<br><br>44757<br><br>Based on observations, staff interviews, and review of the facility policy, Visitation, the facility failed to have a system in place which allows visitors into the facility after hours.<br><br>Findings include:<br><br>The policy titled, Visitation revealed in the Policy Statement: The facility permits residents to receive visitors whom he or she designates, and the resident has the right to withdraw or deny such consent at any time. Under Guideline . 3. The facility will provide immediate access for residents receiving visits from the following: a. Any representative of CMS or State representatives such as Surveyors. g. The resident's legal representative, immediate family or relatives, and any other person visiting with the resident's consent, subject to limitations outlined in this policy.<br><br>Observation on 9/18/2024 at 6:00 am from the outside of the front of the facility revealed a very dark entrance. Lights were all off with the exception of security lights in the front. There was a small posting on the front door which read, call 770 422 8913 for after hours. When the number was called, three times, the phone continuously rang with no voicemail. In attempts to get into the building, surveyors walked around to the side of the building at the west hall entrance and knocked on the door, where staff let the survey team in.<br><br>Interview on 9/18/2024 at 6:32 am with Licensed Practical Nurse (LPN) VV revealed the phone did not ring over here (on west wing), it must have rung on east wing.<br><br>Interview on 9/18/2024 at 6:35 am with LPN EE, East Unit manager revealed the phone did not ring.<br><br>Interview on 9/18/2024 at 12:10 pm with the Director of Nursing (DON), she revealed that after 8:00 pm, the front door was normally not used because it was for the visitors. Normally, everyone comes to the side door near the back. If visitors come, the number should have picked up. What happens at night is that reception turns the phone over and it should go to the nurses' station, but I would need to find out what happened. Her expectation after hours was for visitors to have the number to call. The negative effect for the phone not being picked up after hours was a visitor could be upset or a visitor could be worried if they cannot get a hold of their family members. During business hours, if someone is calling in, multiple calls (three maximum) can only go through and can only be freed up when one of the lines is answered. The DON revealed visiting hours are from 8:00 am to 8:00 pm as the standard, but if someone would like to be here after that, they are not stopped if they want to come.<br><br>Interview on 9/18/2024 at 12:20 with the Administrator revealed family members and visitors were supposed to visit during visiting hours from 8:00 am to 8:00 pm. If they wanted to visit after or before visiting hours, they could call the facility and then the nature of the visit would be decided among administration. The Administrator revealed most of the family members understood the visiting hours. It was not the expectation for the phones to not transfer if they were put on transfer. He stated the expectation was for the phone to be picked up. Most families will call during business hours. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tower Road Post Acute, LLC | 26 Tower Rd<br>Marietta, GA 30060 |

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 0582<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49138<br><br>Based on record review, staff interviews, and review of the facility policy titled, Review of the Beneficiary Notice, the facility failed to provide the Notice of Medicare Non-Coverage (NOMNC) (Form CMS-10123) to two of two residents (R) (R29 and R36) who remained in the facility and were discharged from Medicare Part A services.<br><br>Findings include:<br><br>Review of the facility policy titled Review of the Beneficiary Notice revealed under Procedure, 3. If the resident is unable to sign, and the SNF (skilled nursing facility) is working with a legally authorized representative who is unable to be present at the facility that day, the SNF may issue the NOMNC by telephone. g. The facility must confirm the telephone contact by sending written notice to the authorized representative on the same day the call was made. 4. Copies of the completed NOMNC are: a. Given to the resident or the authorized representative who signed the NOMNC.<br><br>Review of the Beneficiary Notice for R21 revealed no evidence that a NOMNC form was provided. The only notice that was provided to R29 was the Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNF ABN). The SNF ABN form revealed R29 was discharged from Medicare Part A services on 8/3/2024.<br><br>Review of R29's Minimum Data Set (MDS) (End of Part A Stay) assessment dated [DATE] revealed in section A: (Identification Information) the Medicare stay documented start date of 7/19/2024 and end of Medicare stay was on 8/30/2024.<br><br>Review of Beneficiary Notice for R36 revealed no evidence that a NOMNC form was provided. The only notice that was provided to R36 was the SNF ABN. The SNF ABN form revealed R36 was discharged from Medicare Part A services on 8/7/2024.<br><br>Review of R36's MDS (End of PPS (Prospected Payment System) Part A Stay) assessment dated [DATE] revealed in section A: (Identification Information) the assessment was a SNF Part A PPS ( discharge assessment. The start date of the Medicare stay was 6/25/2024 and the end date of most recent Medicare stay start date was 6/25/2024 and the end date was 8/7/2024.<br><br>An interview on 9/18/24 at 11:34 am with Business Office Manager (BOM) CCC revealed she was initially trained upon hire regarding ABN and NOMNC notifications. She confirmed and verified R29 and R36 were discharged from Medicare part A services with benefit days remaining, the discharge was initiated by therapy, and they both continued to live in the facility. She stated NOMNC's were for residents who were discharged from the facility and going home, and the ABN is for residents who are discharged from Medicare part A services but remaining in the facility.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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 0582<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | An interview on 9/18/2024 at 11:53 am with Physical Therapist (PT) AAA and Regional Consultant (RC) BBB for Quality risk Management (QRM) in-house rehab support, R36 was discharged from PT (physical therapy) on 7/12/2024 because he met his maximal potential for therapy. They also revealed R36 was discharged from speech therapy on 8/7/2024 and the therapist documented he achieved projected outcomes and predicted that he would be able to maintain function and he was discharged to a regular diet. R29 was discharged from OT on 8/15/2024 and the therapist documented she met maximal potential for therapy and was referred to the restorative nursing program. The stated R36 was discharged from PT on 8/30/2024 and the therapist documented she had achieved the highest practical level at discharge.<br><br>An interview on 9/18/2024 at 12:14 pm with the Administrator revealed his expectation was for the staff to provide the correct notification at time of discharge from Medicare Part A. He stated the outcome of not providing correct notification could lead to the resident becoming confused, not being informed correctly, or incurring fees for their stay. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tower Road Post Acute, LLC | 26 Tower Rd Marietta, GA 30060 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38154<br><br>Based on observations, resident and staff interviews, and review of relevant facility documentation, the facility failed to maintain a safe, comfortable, homelike environment in resident rooms on three of three halls. Specifically, surveyor observations included peeling paint, missing air vent covers, holes in walls, bent/broken blinds, a broken light fixture pull cord, a loose electrical wall socket, and cracked floors. The sample size was 59 residents.<br><br>Findings include:<br><br>1. Initial observation of the facility on 9/15/2024 beginning at 10:45 am revealed the following concerns:<br><br>room [ROOM NUMBER]: paint peeling behind the wall of bed two and in the bathroom.<br><br>room [ROOM NUMBER]: a towel was wrapped around the toilet piping.<br><br>room [ROOM NUMBER]: missing air vent cover in the bathroom; chipped and missing paint on the wall of the bathroom.<br><br>room [ROOM NUMBER]: the toilet was leaking on to the floor and there was a puddle of clear substance on the floor behind the toilet; the sink was very slow draining.<br><br>During an observation/interview with the Maintenance Director (MD) on 9/19/2024 beginning at 3:40 pm, he confirmed the following surveyor observations:<br><br>room [ROOM NUMBER]-A: bathroom light did not come on when both light switches were engaged. The MD stated the light fixture likely needed a new bulb.<br><br>room [ROOM NUMBER]-B: paint peeling off the wall behind bed 2 and in the bathroom.<br><br>room [ROOM NUMBER]: leaking toilet around the base; slow draining sink; the MD found the pipe underneath the sink was kinked.<br><br>room [ROOM NUMBER]-B: wall socket was repaired during the survey<br><br>room [ROOM NUMBER]: broken piece from left bottom blade of the blinds<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER: Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE: 26 Tower Rd Marietta, GA 30060 | |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | The MD stated there was an informal decision with the corporate office and facility administration to begin facility repairs with the painting of resident rooms and bathrooms. He stated he was a one-man operation but would ask for help for more extensive repairs while he also tended to the routine maintenance duties. He stated he was not aware of the aforementioned concerns identified by the survey team. He stated he used the electronic maintenance system to perform routine duties such as checking water temperatures throughout the facility. However, he did not produce the checklist from the electronic maintenance system or a maintenance policy. He stated staff report maintenance concerns to him directly when they see him and enter concerns into a logbook kept at each nurse's station which he checks several times per day.<br><br>49138<br><br>2. An observation on 9/16/2024 at 1:18 pm revealed room [ROOM NUMBER]B to have peeling paint, holes in the wall in the bathroom, as well as a missing air vent cover.<br><br>An observation on 09/16/2024 at 1:02 pm revealed room [ROOM NUMBER]B water temperature to be 125 degrees Fahrenheit (F) in the bathroom, as well as holes in the wall, missing air vent cover in the bedroom, and bent/broken blinds.<br><br>An observation round on 9/19/2024 at 3:40 pm with the MD confirmed needed repairs.<br><br>50272<br><br>3. During an observation on 9/16/2024 on East Hall in room [ROOM NUMBER] B, it was observed that the string light above the bed in room [ROOM NUMBER] B was broken. To compensate for this issue, grocery bags were used to extend the string light, indicating a makeshift solution to inadequate lighting. Additionally, the bathroom floor was found to be uneven and raised, creating potential safety hazards.<br><br>During an observation on 9/16/2024 on East Hall in room [ROOM NUMBER] A, it was observed that the wall socket located behind the right side of the bed was coming out of the wall, exposing the wiring and posing a significant electrical hazard. Furthermore, the lamp string light above the bed was observed to be broken.<br><br>During an observation on 9/16/2024 on East Hall in room [ROOM NUMBER] B it was observed that in room [ROOM NUMBER] B, the bathroom showed notable concerns, including a missing ceiling vent covering. Additionally, a crack was observed on the floor, suggesting possible structural damage. There was also a visible gap between the floor and the baseboard.<br><br>During an observation on 9/16/2024 on East Hall in room [ROOM NUMBER] it was observed the vent located on the ceiling in the shared bathroom was not properly secured to the ceiling. Furthermore, cracks were also observed on the floor near the sink. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38154<br><br>Based on observations and record review, the facility failed to accurately document the dental status in the annual Minimal Data Set (MDS) assessment for one of 59 sampled residents (R) (R72). This failure had the potential to prevent R72 from receiving necessary dental care.<br><br>Findings include:<br><br>Review of the clinical record for R72 revealed they were admitted to the facility with diagnoses to include but not limited to cognitive communication deficit, unspecified dementia, unspecified neurocognitive disorder with Lewy bodies, depression, and Parkinson's disease.<br><br>Review of the annual MDS assessment dated [DATE], Section L (Oral and Dental Status Issues) 0200 listed options for the dental assessment to include no natural teeth or tooth fragments (edentulous), obvious or likely cavity or broken natural teeth, and none of the above were present. The assessment documented none of the above indicating no dental concerns.<br><br>Observation on 9/16/2024 at 2:58 pm of R72 revealed she was missing all but one of her upper teeth.<br><br>Review of the dental exam dated 7/1/2024 documented multiple missing teeth; would like upper and lower partials. Will take partials at the next dental visit.<br><br>In an interview on 9/19/24 at 5:13 pm with the Chief Clinical Officer (CCO), she reviewed the most recent annual MDS assessment and confirmed R72 was incorrectly documented for oral/dental status as having none of the concerns listed. She confirmed R72 was missing most of her upper teeth. She stated she expected the MDS Coordinator to accurately assess the residents. The MDS Coordinator was not available for interview. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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 0645<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | PASARR screening for Mental disorders or Intellectual Disabilities<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579<br><br>Based on staff interviews, record review, and review of the facility policy titled, PASRR, the facility failed to ensure that the Preadmission Screening and Resident Review (PASARR) Level II was completed for one of 59 sampled residents (R) (R92). The deficient practice had the potential for R92 to not receive specialized care to treat mental illness.<br><br>Findings include:<br><br>Review of the facility policy titled PASRR with an effective date of 2/1/2024, revealed that it is the policy of the facility to screen all potential admissions on an individualized basis. As a part of the preadmission process, the facility participates in the Preadmission Screening and Resident Review (PASRR) screening process (Level 1) for all new and readmissions to determine if the individual meets the criterion for mental disorder, intellectual disability or related condition. Based on the Level 1 screen, the facility will not admit an individual with a mental disorder or intellectual disability until the Level II screening process has been completed and the recommendations allow for a nursing facility admission and the facility's ability to provide the specialized services determined in the Level II screen.<br><br>Review of the electronic medical record (EMR) for R92 revealed that she was admitted to the facility with diagnoses that included but were not limited to encephalopathy, depression, altered mental status, cognitive communication deficit, alcohol dependence, cannabis abuse, and post-traumatic stress disorder (PTSD).<br><br>Review of the quarterly [NAME] Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicates the resident is cognitively intact.<br><br>Review of the care plan for R92 revealed that she is dependent on staff for meeting emotional, intellectual, physical, and social needs related to cognitive deficits and disease process. It revealed that she experiences loneliness and/or isolation. An intervention for this situation is consult with appropriate services.<br><br>Review of the progress notes from the primary physician revealed that the resident has depression and PTSD.<br><br>The resident was being seen by psychiatric services for diagnosis of depression. All progress notes reviewed from psychiatric services revealed that R92 was being seen for depression and no notes indicating that the resident had a diagnosis of PTSD.<br><br>An interview with the Social Services Director on 9/17/2024 at 2:54pm revealed that she does not do Level II for residents. She stated that they are completed by the hospital prior to admission. She stated that she does not have a Level II for R92. She stated that she will send in the required documents to complete the Level II. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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 0655<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49138<br><br>Based on resident, resident family, and staff interviews, record review, and review of the facility policy titled, Minimum Data Set (MDS) / Care Plans, the facility failed to develop and implement a baseline care plan within 48 hours of admission for five of 59 sampled residents (R) (R49, R22, R113, R15 and R70). The deficient practice had the potential to affect the appropriate level of care and services provided for R49, R22, R113, R15 and R70.<br><br>Findings include:<br><br>Review of the facility policy titled Minimum Data Set (MDS) / Care Plans revised 2/1/2024 revealed in the Policy Statement: Each resident will have an individualized interdisciplinary plan of care in place. The baseline care plan will be completed within 48 hours of admission. The Interdisciplinary Team will continue to develop the care plan in conjunction with the Resident Assessment Instrument (RAI), Minimum Data Set (MDS 3.0), and Care Area Assessment (CAAS), completing and conducting Certified Compliance Professional (CCP) meeting by Day 21 post admission. The Comprehensive Care Plan will be reviewed and revised on a quarterly basis, with a significant change in condition, on re-admission from inpatient hospital stay, and as requested by the Resident/Representative. The Comprehensive Care Plan will be resident centered having the individual resident as the locus of control. The Comprehensive Care Plan will be ongoing, focusing on each individual resident as a unitary being. Residents and their representatives will play an active role in the development of goals and implementation of the residents' Comprehensive Care Plan. Under Procedure: 1. The admitting Registered Nurse will complete baseline care plan on admission within 48 hours to address the following areas: Resident/Resident Representative's initial Goals, Skin Prevention, Fall Prevention, Pain Management, Advanced Directives, Psychosocial Mood State/Adjustment to Placement/PASSR Needs as indicated, Specific Care Plan on the main reason for admission to facility.<br><br>The most current MDS dated [DATE] revealed in Section C (Cognitive Patterns) a Brief Interview for Mental Status (BIMS) score of 13, indicated intact cognition. Section GG (Functional Abilities and Goals)-independent (impairment on one side/wheelchair), Section H (Bladder and Bowel)-always incontinent, Section M (Skin Conditions)-assessment/risk pressure ulcer.<br><br>Review of electronic medical records (EMR) revealed R49 did not have a baseline care plan.<br><br>Review of the EMR revealed R49 was admitted with diagnoses of, but not limited to urinary tract infection (UTI).<br><br>Observation/ Interview on 9/16/2024 at 2:13 pm revealed R49 to be alert and oriented. R49 stated she had several UTIs and staph infections. Family stated R49 was having a difficult time healing. Family stated they cannot figure out what's causing R49 slow healing progress. R49 was currently placed at the facility short term.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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 0655<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Interview on 9/18/2024 at 10:32 am with MDS Coordinator II revealed It was her responsibility to complete the resident's assessment upon admission, short term and long term. MDS Coordinator II inputs all information in the system. MDS Coordinator II confirmed R49 was admitted on [DATE] and she started the assessment but did not complete all care area listed on the MDS.<br><br>Observation on 9/19/2024 at 11:19 am revealed R49 lying in the bed relaxing. She was observed to be alert and oriented with no concerns.<br><br>Interview on 9/19/2024 at 4:22 PM with Director of Nursing (DON) revealed nurses are expected to complete baseline care plans within 48 hours upon resident admission.<br><br>The most current MDS for R22 dated 8/17/2024 revealed in Section A (Identification Information) Medicaid/Medicare Certified, Section C (Cognitive Patterns) revealed a BIMS score of 9, indicating moderate cognitive impairment, Section I (Active Diagnoses) revealed atrial fibrillation and other dysrhythmias, hypertension, acid reflux, renal insufficiency, renal failure, end stage renal disease (ESRD), multi-drug resistant organism (MDRO), diabetes mellitus, UTI, hyperlipidemia, thyroid disorder, arthritis and malnutrition, Section N (Medications)-injections, insulin, antidepressant, hypnotic, anticoagulant, opioid, antibiotic and hypoglycemic, Section O (Special Treatments, Procedures, and Programs)-None.<br><br>Interview on 9/17/2024 at 3:02 pm with R22 revealed R22 to be alert and oriented, she had been at the facility six weeks. R22 wants to return home as she is waiting on a discharge date .<br><br>Interview on 9/18/2024 at 1:49 pm with MDS Coordinator YY revealed she reviewed R49's EMR and confirmed there was no baseline care plan. MDS Coordinator YY stated social services works with the residents and family on baseline care plans upon admission.<br><br>Interview on 9/19/2024 at 4:22 PM with DON revealed nurses are expected to completed baseline care plans within 48 hours upon resident admission.<br><br>44757<br><br>2. A review of the EMR for R113 revealed there was no baseline care plan completed for the resident.<br><br>A review of the EMR for R15 revealed there was no baseline care plan completed.<br><br>A review of the record for R15 revealed a baseline care plan that was not completed within 48 hours. During a phone Interview with R15's family member, it was revealed that R15 had not had a care plan, and the family was not aware of her having a care plan at all.<br><br>Interview on 9/17/2024 at 2:51 pm with the Registered MDS Nurse TT revealed she does not attend the care plan meetings. She revealed only the resident will attend and Social Services will usually set that up with the residents and their families. She further revealed the care plan was started on day one, developing upon admission and completed by day 14, usually done before day 14. RN TT revealed the regulations state the comprehensive assessment had to be done by day 14.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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 0655<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Interview on 9/17/2024 at 3:00 pm with the Social Services Director did quarterly and annual care plan set up while Medical Records sets up admission care plans.<br><br>Interview on 9/19/2024 at 4:22 pm with the Director of Nursing (DON) revealed nurses were expected to complete baseline care plans within 48 hours upon resident admission.<br><br>46579<br><br>3. Review of the EMR for R70 revealed that he was admitted with diagnoses that included but were not limited to acute kidney failure, mild protein calorie malnutrition, cerebrovascular disease, depression, and type 2 diabetes.<br><br>Review of the 5-day admission MDS dated [DATE] revealed that he had a BIMS score of 15, indicating he is cognitively intact. Section GG, which describes functional limitations, revealed that he has impairment on both sides of his lower extremities and needs at least substantial assistance for some of his activities of daily living (ADL's) and has total dependence for toileting. Section I (Active Diagnoses) lists that he has bilateral below the knee amputations and has prosthetics on both lower extremities.<br><br>Review of the care plan revealed that R70 was a high risk for falls related to gait and balance problems, bilateral below the knee amputations and incontinence. An intervention for this risk was to anticipate and meet the resident's needs, which was initiated on 9/3/2024. His admitted was 8/23/2024. Base line care plan should be completed with 72 hours of admission.<br><br>Review of the admission assessment for R70 dated on 8/23/2024, revealed that the resident was a high risk for falls. The EMR also revealed that the next fall assessment was completed on 9/17/2024, after a fall.<br><br>An observation of R70 on 9/16/2024 at 10:55am, revealed that he was sitting up in his wheelchair, dressed. During an interview during this time, he stated that he had fallen, because he used the call light when he had to use the restroom, and no one came to help him. He then stated that he got up and took himself to the bathroom and when he got up to pull him pants up, he had to let go of the railing and fell .<br><br>An interview on 9/19/2024 at 1:24 pm with Licensed Practical Nurse (LPN) Unit Manager revealed that when an unwitnessed fall occurs, nurses are to assess the resident and make sure they were safe to move. Then they were to be transferred to the bed. Nurses were then to do a skin assessment and a pain assessment and to take a set of vital signs. They would then medicate for pain if they were complaining of pain and then notify the provider and the family. Then the nurse would then do the fall assessment in the computer, chart the pain assessment and neurological checks as directed. Then a progress note would need to be completed three days post fall.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tower Road Post Acute, LLC | 26 Tower Rd Marietta, GA 30060 |

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 0655<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | The DON was interviewed on 9/19/2024 at 2:45pm. She stated that the nurse would assess the resident and then evaluate what happened. They would need to do a root cause analyses and then come up with interventions and then put them in place. The nurse would then need to call the provider and then the family. Documentation would need to include a nurses note, an order written for interventions that would require an order, and an incident report. The fall risk assessment should be completed on admission, which is part of the admission, and residents with high risk for falls need to be care planned within 48 hours. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER: Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE: 26 Tower Rd Marietta, GA 30060 | |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49138<br><br>Based on staff interviews, record review, and review of the facility policy titled, Minimum Data Set (MDS) / Care Plans, the facility failed to develop and implement a comprehensive person-centered care plan that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs for three of 59 sampled residents (R) (R49, R111 and R92). The deficient practice had the potential to affect the care and services provided to R49, R111, and R92.<br><br>Findings include:<br><br>Review of the facility policy titled Minimum Data Set (MDS) / Care Plans revised 2/1/2024 revealed in the Policy Statement: Each resident will have an individualized interdisciplinary plan of care in place. The baseline care plan will be completed within 48 hours of admission. The Interdisciplinary Team will continue to develop the care plan in conjunction with the Resident Assessment Instrument (RAI), Minimum Data Set (MDS 3.0), and Care Area Assessment (CAAS), completing and conducting Certified Compliance Professional (CCP) meeting by Day 21 post admission. The Comprehensive Care Plan will be reviewed and revised on a quarterly basis, with a significant change in condition, on re-admission from inpatient hospital stay, and as requested by the Resident/Representative. The Comprehensive Care Plan will be resident centered having the individual resident as the locus of control. The Comprehensive Care Plan will be ongoing, focusing on each individual resident as a unitary being. Residents and their representatives will play an active role in the development of goals and implementation of the residents' Comprehensive Care Plan. Under Procedure: 1. The admitting Registered Nurse will complete baseline care plan on admission within 48 hours to address the following areas: Resident/Resident Representative's initial Goals, Skin Prevention, Fall Prevention, Pain Management, Advanced Directives, Psychosocial Mood State/Adjustment to Placement/PASSR Needs as indicated, Specific Care Plan on the main reason for admission to facility.<br><br>1. Review of electronic medical records (EMR) revealed R49 was admitted with diagnoses of, but not limited to urinary tract infection (UTI).<br><br>Review of the most current Minimum Data Set (MDS) dated [DATE] revealed in Section C (Cognitive Patterns) a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition, Section GG (Functional Abilities and Goals)-independent (impairment on one side/wheelchair), Section H (Bladder and Bowel)-always incontinent, Section M (Skin Conditions)-assessment/risk pressure ulcer.<br><br>Review of the EMR revealed R49 did not have a baseline care plan or a care area to address UTI.<br><br>Observation on 9/19/2024 at 11:19 am revealed R 49 lying in the bed relaxing, she was observed to be alert and oriented with no concerns.<br><br>Interview on 9/18/2024 at 10:48 am with Registered Nurse (RN) ZZ verify R49 did not have a baseline care in the EMR or a care plan to address R49's UTI Infections. RN ZZ stated it was everyone responsibility to ensure R49 was care planned for a UTI.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tower Road Post Acute, LLC | 26 Tower Rd Marietta, GA 30060 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Interview on 9/18/2024 at 1:49 pm with MDS Coordinator YY revealed she reviewed R22's EMR and confirmed there was no baseline care plan.<br><br>Interview on 9/19/2024 at 4:22 PM with Director of Nursing (DON) revealed nurses are expected to completed baseline care plans within 48 hours upon resident admission.<br><br>50272<br><br>2. A review of the HER for R111 revealed diagnoses of but not limited to chest pain, unspecified and atherosclerotic heart disease of native coronary artery without angina pectoris.<br><br>A review of R111's quarterly MDS dated [DATE] revealed in section C (Cognitive Patterns) a BIMS score of 15, indicating cognitively intact. Further review of R111's MDS revealed section O (Treatments) documented R111 is receiving oxygen treatment, R111 has shortness of breath with exertion and has shortness of breath or trouble breathing when lying flat.<br><br>Review of the EMR of R111's physicians orders revealed an order for oxygen (O2) at 2 liters per minute via nasal cannula continuously for hypoxia. Oxygen saturation to maintain ninety percent (90%) or above every shift for shortness of breath.<br><br>Review of R111's care plan revealed that there were no specific care plan interventions documented for O2 therapy.<br><br>During an interview on 9/19/2024 at 9:40 am with the Director of Nursing (DON) revealed it is her expectations that all residents on O2 therapy were to be care planned and revealed nurses were expected to complete baseline care plans within 48 hours upon resident admission.<br><br>During an interview on 9/19/2024 at 3:58 pm with the Administrator revealed his expectations are that all residents that are on O2 therapy are to be care planned accordingly.<br><br>46579<br><br>3. Review of the EMR for R92 revealed that she was admitted to the facility with diagnoses that included but were not limited to encephalopathy, depression, altered mental status, cognitive communication deficit, alcohol dependence, cannabis abuse and Post-Traumatic Stress Disorder (PTSD).<br><br>Review of the quarterly MDS) dated [DATE] revealed a BIMS score of 14, which indicates the resident is cognitively intact. Section I (Active Diagnoses) review indicates that the resident has depression, encephalopathy, cognitive communication disorder and post-traumatic stress disorder.<br><br>Review of the care plan for R92 revealed that she is dependent on staff for meeting emotional, intellectual, physical, and social needs related to cognitive deficits and disease process. It revealed that she experiences loneliness and/or isolation. An intervention for this situation is consult with appropriate services. The resident having Post Traumatic Stress Disorder as a problem and any interventions for the care of the resident and this problem is not on the care plan.<br><br>Review of the progress notes from the primary physician revealed that the resident has depression and post-traumatic stress disorder.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
| --- | --- | --- | --- |
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | The resident was being seen by psychiatric services for diagnosis of depression. All progress notes reviewed from psychiatric services revealed that R92 was being seen for depression and no notes indicating that the resident had a diagnosis of PTSD. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER: Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE: 26 Tower Rd Marietta, GA 30060 | |

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 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<br><br>44757<br><br>Based on staff interviews, record review, and review of the facility policy titled, Minimum Data Set (MDS/Care Plans, the facility failed to include the resident (R), family, or family representative attended baseline care plan meetings and care plan meetings for one of 59 sampled residents (R) (R15).<br><br>Findings include:<br><br>A review of the facility policy titled Minimum Data Set (MDS)/Care Plans revealed under Policy Statement: The Interdisciplinary Team (IDT) will continue to develop the care plan in conjunction with the RAI (Resident Assessment Instrument) (MDS 3.0) and CAAS (care area assessments) completing and conducting CCP (Comprehensive Care Plan) meeting by Day 21 post admission.The Comprehensive Care Plan will be ongoing, focusing on each individual resident as a unitary being. Resident and their representatives will play an active role in the development of goals and implementation of the residents' Comprehensive Car Plan. Under procedure number 5. The resident and/or representative will be offered a Care Plan Summary during the Admission, Annual, and/or Significant Change Care Plan review meetings and upon request. 7. The IDT will review the Care Plan Summary with the resident/representative and provide any needed education/clarification. The IDT will provide the resident/representative a Current Care Plan Summary at any time as per their request.<br><br>A review of the electronic medical record (EMR) for R15 revealed no baseline care plan note which documented who attended the care plan meeting.<br><br>During a phone interview with R15's family member, it was revealed that R15 had not had a care plan, and the family was not aware of her having a care plan at all.<br><br>Interview on 9/17/2024 at 2:51 pm with MDS Registered Nurse (RN) TT revealed that usually only the resident will attend care plan meetings and Social Services would usually set that up with the residents and their families.<br><br>Interview on 9/17/2024 at 3:00 pm with the Social Services Director QQ revealed that quarterly they will get a calendar from MDS, at least by the 15th, and [Social Services] would call the families to let them know there was a letter coming for the care plan meeting and can be by phone or in person, in hopes for them to attend the care plan meetings. Social services will go and speak directly to the residents about the meeting. Upon informing the resident of the care plan meeting coming up, Social Services would ask if there was family they would like to invite. If there was a significant change or changes in the care plan, nursing would normally notify the resident. Social Services QQ further revealed there was a form used to check off who was there from different departments, and it would go in their notes, either the same day or the next day after the care plan meeting. She further revealed they try to go to every resident to let them know they have a care plan meeting ahead of time for the quarterly care plan meetings.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Interview on 9/17/2024 at 3:12 pm with the Director of Medical Records (DMR) UU revealed she did rounds with the nursing units, scanned in medications to the EMR, labwork, consents, dialysis trips, new admissions, admission records, and scheduled care plans (new admission). She would share with Social Services, Business Office, Rehab, the family member or the residents themselves depending on the BIMS score, and if they were able to communicate. She scanned in anything from the Social Security office and make sure it was in the EMR. For new admissions, the admission person scanned in the admission packet and uploaded it in the system. She would call either the first contact to set up the care plan meetings and what was a good time for them to have the meeting. She revealed it was the responsibility of Social Services to upload the care plans whether it was an admission care plan or a quarterly care plan but was unable to verbalize a timeframe on when that should be put in the system. There would be documentation of who attended a care plan meeting in the care plan note, which should be under miscellaneous in the EMR system.<br><br>Interview on 9/19/2024 at 4:22 pm with the Director of Nursing (DON) revealed nurses were expected to completed baseline care plans within 48 hours upon resident admission. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115115 | A. Building<br>B. Wing | 09/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tower Road Post Acute, LLC | 26 Tower Rd<br>Marietta, GA 30060 |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0660<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Plan the resident's discharge to meet the resident's goals and needs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579<br><br>Based on responsible party and staff interviews, record review, and review of the facility policy titled, Discharge Planning, the facility failed to provide discharge instructions to the responsible party (RP) of one of 59 sampled residents (R) (R366) at discharge. The deficient practice had the potential for the RP of the discharging resident to not have the knowledge of the medications and therapy needs to properly care for the resident at home.<br><br>Findings include:<br><br>Review of the facility policy titled Discharge Planning with a revision date of 7/19/2024 revealed that guideline 5 states: The discharge plan will include at least the following: location resident plans to discharge, anticipated referrals, and anticipated durable medical equipment (DME). Guideline 7 states: The stakeholder will give a copy of the discharge plan to the resident and/or representative. A copy will be retained in the resident medical record.<br><br>Review of the electronic medical record (EMR) for R366 revealed that she was admitted with diagnoses that included but were not limited to cerebral infarction, atrial fibrillation, cognitive communication deficit, type 2 diabetes, and hypertension. Further review of the medical record revealed that the son was the resident's representative.<br><br>A phone interview with R366 responsible party on 9/17/2024 at 6:30 pm revealed that he was notified that his mother was to be discharged after The Notice of Medicare Non-Coverage (NOMNC) was received. He stated that he worked, and that he was going to come to the facility and transport her home after he finished work. He then stated that his mother was not dressed, clean, or packed up, ready to go home. He then ended the conversation stating that the facility knew she was to go home, and that she needed equipment to use at home. He then stated that her medications, or therapy instructions were not reviewed with him, and he transported her home to his residence.<br><br>Review of the discharge instructions that were provided by the facility for review revealed that R366's son was not present at the facility for notification of discharge. A note attached to the unsigned discharge instructions revealed that instructions were discussed over the phone with the son, and that is why there is no signature by the resident or the representative.<br><br>Review of the discharge instructions revealed that dietary/nutrition instructions and therapy special instructions were not addressed in the discharge instructions. The medical equipment that would be delivered for the resident was a wheelchair and the name of the providing company and the phone number were addressed in the instructions.<br><br>The diagnoses for the resident, the most recent blood sugar results, vaccination status, and care plan goals were listed on the discharge instructions. The medications that the resident was to receive at home were not listed. There was no signature of the resident, or the RP noted on the discharge summary/instructions.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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 0660<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of the progress notes for R366 with a date of 12/7/2023 at 4:30 pm revealed that the insurance required a statement that was signed by the physician. It also revealed that the resident required a standard wheelchair for home use. A progress note dated 12/7/2024 at 7:59 pm revealed that the resident was discharged to home around 5:30 pm with all personal belongings and medication. Resident was transported to home by son.<br><br>An interview on 9/19/2024 at 1:24 pm with Licensed Practical Nurse (LPN) AA revealed that the discharge process started with Social Services obtaining the order for discharge from the physician. He then stated that the family would be notified. The resident needs to be clean and dry for the transportation home, and the skin is assessed at that point and the vitals are taken and may sure the resident is stable. When the family arrives, the discharge instructions, the medication [NAME],t and education on the equipment to be used by the resident at home is reviewed with the responsible party. The responsible party will then sign a copy of the instructions and medication list, and a copy is placed in the resident's chart and then the responsible party will get a copy.<br><br>An interview on 9/19/2024 at 3:05 pm with the Director of Nurses revealed that when a resident is to be discharged , an order is obtained and that is when Social Services will create the discharge summary. The summary will include the medications, the equipment and any home health agencies that are be used or ant referrals made. She stated that it was her expectation that discharge instructions were reviewed with the resident and/or family and to make sure that it was documented that they understood care instructions. She then stated that the planning process was started and continued the entire week of the planned discharge date . The day of discharge, she expected that staff would assist the resident to get a shower and pack up all the belongings of the resident. She then stated that they should be dressed and to remember that care would continue until the resident left the facility. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tower Road Post Acute, LLC | 26 Tower Rd Marietta, GA 30060 |

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 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50803<br><br>Based on observations, interviews, record review, and review of the facility's policy titled, AM Care, the facility failed to provide fingernail care for one dependent Resident (R) (R80). The sample size was 59.<br><br>Findings include:<br><br>Review of the facility's policy titled, AM Care, dated 2/1/2024, states under the section titled Policy, Morning Activity of Daily Living (ADL) care will be provided to all residents. In subsection titled Procedure, number 12 states to Provide nail care.<br><br>R80 was admitted to the facility with diagnoses that included but not limited to type 2 diabetes, cerebral infarction (stroke).<br><br>Review of the most recent quarterly Minimum Data Set (MDS) dated [DATE] documented that R80 had a Brief Interview for Mental Status (BIMS) score of 2, indicating R80 had severely impaired cognition. Section GG (Functional Status) documented that R80 is dependent on a helper for personal hygiene.<br><br>Review of R80's care plan dated 4/18/2024 documented focus related to ADLs requiring full staff assistance with self-care ADLs for R80.<br><br>Review of the physician orders for R80 dated 4/11/2024 documented Physical Therapy and Occupational Therapy to evaluate and treat for upper extremity strengthening and functional mobility.<br><br>During an observation on 9/16/2024 at 12:14 pm in the resident's room, R80 was observed to be asleep and slouched to the left side. She had long fingernails about half an inch long, appearing sharp and dirty.<br><br>During an observation on 9/18/2024 at 8:37 am in the resident's room, R80 was observed to be lying in bed clearly uncomfortable. Her fingernails were observed to be long with brown underneath.<br><br>During an observation on 9/19/2024 at 9:44 am in the resident's room, R80 was observed to be wincing in pain while lying in bed. Her fingernails were observed to be long, about half an inch.<br><br>Interview with Certified Nursing Assistant (CNA) BB on 9/19/2024 at 9:44 am in the resident's room revealed R80 required total assistance with ADLs.<br><br>When asked how often CNA BB provided nail care, the CNA stated she performed it as needed. During this time, CNA BB confirmed that R80's nails looked too long.<br><br>During an interview on 9/19/2024 at 3:22 pm, Unit Manager AA stated that residents were provided nail care as needed.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
| --- | --- | --- | --- |
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 9/19/2024 at 12:09 pm, the Director of Nursing (DON) stated that she expected for all residents' nails to be cleaned and groomed. She added that if her staff saw that nails were not groomed, she expected them to make them clean. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER: Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE: 26 Tower Rd Marietta, GA 30060 | |

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 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>46579<br><br>Based on responsible party (RP) and staff interviews, and record review, the facility failed to make follow up appointments with physicians and transportation to physicians' appointments after discharge from the hospital for one of 59 sampled residents (R) (R366). The deficient practice had the potential to cause the resident to become unstable and possibly have to return to the hospital.<br><br>Findings include:<br><br>Review of the electronic medical record (EMR) for R366 revealed that she was admitted to the facility with diagnoses that included but were not limited to cerebral infarction, atrial fibrillation, cognitive communication deficit, type 2 diabetes, and hypertension.<br><br>A review of the admission Minimum Data Set (MDS) for R366 from 5/1/2024 revealed a Brief Interview for Mental Status (BIMS) score of 7, indicating moderate cognitive impairment. R366 was dependent on staff for activities of daily living (ADLs).<br><br>Review of the discharge instructions from the hospital dated 12/15/2023 from the resident's admission on to the facility revealed that the resident was to follow up with the hematologist, the neurologist, and the cardiologist for hospital follow up and for a wound check.<br><br>A phone interview with on 9/17/2024 at 6:30 pm R366's responsible party revealed that he was concerned that the facility failed to make appointments and failed to transport his mother to physician follow up appointments that were supposed to occur after his mother was discharged from the hospital and admitted to the facility.<br><br>On 9/18/2024 at 12:45 pm, the Administrator was asked to provide documentation that R366 was transported to follow up appointments. The facility did not provide documentation that the resident was transported to follow up appointments with the hematologist and neurologist that were mentioned in the resident discharge instructions from the hospital. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38154<br><br>Based on observations, resident and staff interviews, and record review, the facility failed to maintain safe water temperatures below 120 degrees Fahrenheit (F) in 17 of 22 bathrooms sampled for water temperatures on three of three halls. This failure had the potential to cause serious injury to affected residents. The facility census was 118 residents.<br><br>Findings include:<br><br>Initial observation of the facility on 9/16/2024 beginning at 12:15 pm revealed the water from the bathroom sinks was too hot to touch on three of three halls.<br><br>Observation and interview with the Maintenance Director (MD) on 9/16/2024 beginning at 12:15 pm revealed the following:<br><br>1. room [ROOM NUMBER]=110 degrees F<br><br>2. room [ROOM NUMBER]=111 degrees F<br><br>3. room [ROOM NUMBER]=120 degrees F<br><br>4. room [ROOM NUMBER]=120 degrees F<br><br>5. room [ROOM NUMBER]=120 degrees F<br><br>6. room [ROOM NUMBER]=120 degrees F<br><br>7. room [ROOM NUMBER]=118 degrees F<br><br>8. room [ROOM NUMBER]=109 degrees F<br><br>9. room [ROOM NUMBER]=122 degrees F<br><br>10. room [ROOM NUMBER]=123 degrees F<br><br>11. room [ROOM NUMBER]=108 degrees F<br><br>In an interview with R12 in room [ROOM NUMBER] on 9/16/2024 at 12:30 pm, he described the water as very hot but stated he had not suffered any burns.<br><br>In an interview with R25 in room [ROOM NUMBER] on 9/16/2024 at 12:55 pm, she described the water as hot, hot but stated she had not suffered any burns.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | In an interview with the MD on 9/16/2024 at 1:30 pm, he stated he set the water heater at 122 degrees F. He stated the water heater was located on the 200 Hall (East) in order to provide enough hot water to the kitchen and laundry as well as the residential units. He stated that he randomly monitored the water temperatures throughout the facility at least weekly but did not keep a log for them. He stated he had not received any complaints of the water being too hot nor had he received any reports of burns to the skin.<br><br>Continued observation and interview with the MD on 9/16/2024 beginning at 3:18 pm revealed the following water temperatures:<br><br>12. room [ROOM NUMBER]=107 degrees F<br><br>13. room [ROOM NUMBER]=110 degrees F<br><br>14. room [ROOM NUMBER]=115 degrees F<br><br>15. room [ROOM NUMBER]=112 degrees F<br><br>16. room [ROOM NUMBER]=113 degrees F<br><br>17. room [ROOM NUMBER]=120 degrees F<br><br>18. room [ROOM NUMBER]=116 degrees F<br><br>19. room [ROOM NUMBER]=117 degrees F<br><br>20. room [ROOM NUMBER]=121 degrees F<br><br>21. room [ROOM NUMBER]=118 degrees F<br><br>22. room [ROOM NUMBER]=118 degrees F<br><br>In an interview with the MD on 9/16/2024 at 5:00 pm, he stated he had decreased the temperature of the water heater to 110 degrees F. Observation of water temperatures in the identified resident rooms measured 110 degrees F or less. He stated there was no policy related to water temperatures.<br><br>Follow-up review of the water temperatures collected in the identified rooms every four hours from 5:00 pm on 9/16/2024 until 8:00 am on 9/17/2024 revealed temperatures at 110 degrees F or less.<br><br>Reviews of the Grievance Log, Resident Council Minutes, and Incident Reports for the last 12 months, revealed no concerns related to the hot water. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe and appropriate respiratory care for a resident when needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50272<br><br>Based on observations, record review, resident and staff interviews, and review of the facility's policy titled, Oxygen Administration, the facility failed to follow physician orders for oxygen therapy for one of 15 residents (R) (R111) on oxygen therapy. The deficient practice posed significant risks, including potential medical complications, unmet needs, and a diminished quality of life.<br><br>Findings include:<br><br>A review of the facility's policy titled Oxygen (O2) Administration with an effective date of 2/1/2024 revealed under section titled Policy Statement, the purpose of this procedure is to provide guidelines for safe oxygen administration. Under section titled Preparation, the facility stated to verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration. Furthermore, the Policy stated: adjust the oxygen delivery device so that it is comfortable for the resident and the proper flow of oxygen is being administered.<br><br>A review of the electronic health record (EHR) for R111 revealed diagnoses of but not limited to chest pain, unspecified and atherosclerotic heart disease of native coronary artery without angina pectoris.<br><br>A review of R111's quarterly Minimum Data Set (MDS) dated [DATE] section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 15, indicating cognitively intact. Further review of R111's MDS revealed in section O (Treatments) R111 is receiving oxygen treatment, R111 has shortness of breath with exertion, and has shortness of breath or trouble breathing when lying flat.<br><br>During an observation and interview on 9/16/2024 at 11:37 am, R111's O2 levels were observed to be at 1 liter per minute (LPM). R111 stated her O2 level was supposed to be at 2 LPM from what she can remember. R111 stated she felt like she was receiving enough O2.<br><br>Record review on 9/18/2024 of R111's physicians orders revealed an order for oxygen at 2 liters per minute via nasal cannula (NC) continuously for hypoxia. Oxygen (O2) saturation to maintain ninety percent (90%) or above every shift for shortness of breath.<br><br>A follow-up observation on 9/18/2024 revealed R111's O2 was set at 1 LPM, which did not align with the physician's order for 2 LPM via NC.<br><br>During an observation and interview on 9/18/2024 at 2:18 pm with Licensed Practical Nurse (LPN) CC confirmed R111's O2 orders to be at 2 LPM. Upon entering R111's room, LPN CC confirmed R111's O2 orders to be at 1 LPM and immediately fixed the O2. LPN CC stated she checked residents' O2 LPM every day and was not aware her O2 LPM were below 2 LPM.<br><br>During an interview on 9/19/2024 at 9:40 am with the Director of Nursing (DON), she revealed her expectations were that all nursing staff adhere strictly to physician orders regarding O2 therapy. The DON further stated that failure to follow these orders could lead a resident to experience respiratory complications.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
| --- | --- | --- | --- |
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 9/19/2024 at 3:58 pm with the Administrator, he revealed his expectations to be that all nursing staff were to monitor residents who were on O2 therapy to ensure they were receiving proper O2 therapy. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tower Road Post Acute, LLC | 26 Tower Rd Marietta, GA 30060 |

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 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50803<br><br>Based on observations, staff interviews, and a review of the facility's policy titled Medication Storage, the facility failed to ensure medications and biologicals were discarded on or after the expiration date in two of three medication rooms. This deficient practice placed residents at risk of receiving medications or biologicals with altered effectiveness. The facility census was 118 residents.<br><br>Findings include:<br><br>A review of the facility's policy titled Medication Storage, dated ,d+[DATE], revealed the Policy included Medications and biologicals are stored properly, following manufacturers or provider pharmacy recommendations, to maintain their integrity and to support safe, effective drug administration . The Procedures section included . 14. Outdated, contaminated, discontinued or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication disposal.<br><br>Observation on [DATE] at 3:34 pm revealed one emergency kit (E-kit) in the [NAME] medication room refrigerator with an expiration date of [DATE]. The E-kit included insulin vials, insulin pens, Tylenol suppositories, aspirin suppositories, Phenergan, and lorazepam. An interview with Unit Manager AA at the time confirmed the expiration date was [DATE].<br><br>During an interview on [DATE] at 1:15 pm with the Director of Nursing (DON) revealed her expectations are that medications should not be expired. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Tower Road Post Acute, LLC | 26 Tower Rd<br>Marietta, GA 30060 |

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 0849<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49138<br><br>Based on staff interviews, record review, and policy titled Hospice Program, the facility failed to ensure one of two residents (R) (R45) reviewed for hospice had a physician's order for hospice services.<br><br>Findings include:<br><br>A review of the facility policy titled Hospice Program, last reviewed 9/15/2023, revealed the Policy Statement of Facility contracts for hospice services for residents who wish to participate in such programs. The Guidelines section included . 4. The Interdisciplinary Team (IDT) will coordinate care by the facility staff and the hospice staff. The IDT will be responsible for the following: d.Hospice physician and applicable attending physician orders for the resident.<br><br>A review of R45's clinical record revealed diagnoses included but was not limited to peripheral vascular disease and Alzheimer's disease with late onset.<br><br>A review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed Section O (Special Treatments and Programs) documented that R45 received hospice care.<br><br>A review of the care plan revealed a Focus of Weights d/cd [discontinued] as patient is in hospice care .<br><br>A review of the current Physician's Orders revealed no orders for hospice services.<br><br>Record review revealed the facility has a hospice contract with the agency providing services to R45.<br><br>In an interview on 9/19/2024 at 11:08 am, Registered Nurse (RN) ZZ stated R45 should have a physician's orders for hospice.<br><br>In an interview on 9/19/2024 at 4:18 pm, the Director of Nursing (DON) confirmed R45 should have a physician order for hospice. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579<br><br>Based on observations, staff interviews, record review, and review of facility policy titled Infection Prevention and Control, the facility failed to ensure proper infection control practices were followed during medication administration via a gastrostomy tube (G-tube) for one of one resident (R) (R39) reviewed with a G-tube, during perineal care for one of 59 sampled R (R50), and during tracheostomy care for one of one R (R39) reviewed with a tracheostomy. In addition, the facility failed to properly clean or disinfect shared medical equipment between residents and failed to ensure hand sanitizer dispensers were filled for staff use. These failures had the potential of exposing residents to infections due to cross-contamination.<br><br>Findings include:<br><br>A review of the facility's policy titled Infection Prevention and Control, dated 2/1/2024, revealed the Policy Statement included The facility strives to prevent transmission of infections and communicable diseases, development of nosocomial infections, and effectively treat and manage nosocomial and community-acquired infections. The Procedure section included . 7. Follow current infection prevention standards and procedures for aseptic, precautionary, and sanitation techniques as written.<br><br>A policy for Enhanced Barrier Precautions (EBP) was requested and not provided by the facility.<br><br>1. A review of R39's electronic medical record (EMR) revealed diagnoses including, but not limited to, cerebral infarction and dysphagia.<br><br>A policy for the disinfecting of shared equipment was requested and not provided by the facility.<br><br>A review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed Section GG (Functional Abilities and Goals) documented R39 required assistance with activities of daily living (ADLs), and Section K (Swallowing/Nutritional Status) documented R39 had a feeding tube and received 501 cubic centimeter (cc) per day or more of the fluid intake by the tube feeding.<br><br>A review of R39's Physician's Orders revealed that medications are to be administered via PEG tube and to place resident in EBP related to having a G-tube.<br><br>Observation on 9/18/2024 at 10:15 am revealed Licensed Practical Nurse (LPN) administered R39's medications via a PEG tube and failed to wear a gown during the procedure.<br><br>In an interview on 9/18/2024 at 11:02 am, LPN OO confirmed R39 was on EBPs, and she did not wear a gown during the administration of medications via the PEG tube. She further stated she had not received education to wear a gown during the administration of medications via a PEG tube.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Observation on 9/18/2024 at 10:00 am revealed Certified Nursing Assistant (CNA) VV exited resident room [ROOM NUMBER] with an electronic blood pressure machine and entered resident room [ROOM NUMBER]. Further observation revealed CNA VV exited resident room [ROOM NUMBER] with the blood pressure machine and left it in the hallway. Observations revealed she did not clean or sanitize the blood pressure cuff or machine. In an interview, CNA VV stated the blood pressure cuff should be cleaned between residents. She confirmed she did not clean or sanitize the blood pressure cuff between resident use.<br><br>50526<br><br>2. A review of R50's electronic medical record (EMR) revealed that R50 had diagnoses including, but not limited to, neuromuscular dysfunction of the bladder.<br><br>A review of R50's Quarterly MDS assessment dated [DATE] revealed Section GG (Functional Abilities and Goals) documented R50 required partial to moderate assistance for activities of daily living (ADLs), and Section H (Bladder and Bowel) documented R50 had an indwelling catheter.<br><br>Observation 9/17/2024 at 2:02 pm revealed CNA BB performing incontinent care and indwelling urinary catheter care. CNA BB was observed to cleanse the perineal area with a cleaning wipe, fold the wipe and clean the perineal area, fold it a second time, and use it to clean the perineal area. In an interview, CNA BB confirmed she reused the wipe and should have used a clean wipe with each swipe while providing perineal care.<br><br>In an interview on 9/17/2024 at 2:20, LPN EE stated CNA BB should have used a clean wipe with each swipe.<br><br>50808<br><br>3. A review of the clinical record revealed R39's diagnoses included, but were not limited to, tracheostomy status.<br><br>A review of R39's Quarterly MDS dated [DATE] revealed Section O (Special Treatments and Programs) documented the resident received tracheostomy care.<br><br>Observation on 9/17/2024 at 10:45 am revealed LPN AA provided tracheostomy care for R39. Observation revealed LPN AA set up a sterile field, donned (put on) one sterile glove, and touched his bare hand with the first glove while donning the second glove. Further observation revealed LPN AA turned his back to the sterile field and walked away to the restroom. In an interview, LPN AA verified he did not follow sterile technique while providing tracheostomy care to R39.<br><br>In an interview on 9/17/2024 at 5:15 am, Respiratory Therapist (RT) RR and RT SS both stated staff should follow sterile technique while providing tracheostomy care.<br><br>50272<br><br>4. Observations on 9/16/2024 between 11:32 am and 1:15 pm revealed empty hand sanitizer dispensers in the hallway between resident rooms [ROOM NUMBERS], 217 and 219, and outside of the spa room across from resident room [ROOM NUMBER].<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | In an interview on 9/16/2024 at 11:32 am, Floor Technician (FT) FF revealed he was responsible for filling hand sanitizer dispensers. FL FF further stated he normally filled hand sanitizer dispensers every Monday, Wednesday, Friday, and as needed. FL FF verified the dispensers were empty.<br><br>Observation on 9/16/2024 at 1:18 pm revealed CNA GG exited room [ROOM NUMBER] and attempted to obtain hand sanitizer from the wall dispenser. Observation revealed no hand sanitizer could be dispensed. In an interview with CNA GG, she stated the dispensers were often empty. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115115 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/19/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Tower Road Post Acute, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 26 Tower Rd Marietta, GA 30060 | |

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 0919<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Make sure that a working call system is available in each resident's bathroom and bathing area.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50526<br><br>Based on observations and staff interviews, the facility failed to ensure the resident call light system was maintained in working order for one of two hallways (West Hall). This deficient practice had the potential to cause delays in response to resident needs.<br><br>Findings include:<br><br>1. Observation on 9/17/2024 at 1:16 pm revealed four call lights on the [NAME] Hall nursing unit call light board were flashing and there was no sound from the system.<br><br>In an interview on 9/17/2024 at 1:27 pm, Certified Nursing Assistant (CNA) KK stated she was unsure which rooms the activated call lights were for and notified the Maintenance Director. She stated when a call light was activated, it should make a sound and light up. She further stated if the call light was flashing, it indicated a high alert.<br><br>In an interview on 9/17/2024 at 1:32 pm, the Maintenance Director stated the call lights had been repaired.<br><br>46579<br><br>2. Observation on 9/16/2024 at 11:34 am revealed the call device in resident room [ROOM NUMBER]A failed to activate the light in the hallway when activated by the resident.<br><br>During an observation and interview on 9/16/2024, Registered Nurse (RN) PP verified the call light for 206A failed to activate the light in the hallway when activated in the room.<br><br>Observation on 9/16/2024 at 11:52 am revealed the Maintenance Director replaced the call light cord in room [ROOM NUMBER]A and ensured it activated the light in the hallway. |