STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115115	A. Building B. Wing	01/08/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interviews, and review of the facility's policies titled, Food Storage: Cold Foods and Food Storage: Dry Goods, the facility failed to ensure opened food items in the walk-in refrigerator and dry storage area were labeled, dated, and discarded by expiration date. The deficient practice had the potential to affect residents who receive an oral diet from the kitchen.Findings include:Review of facility's policy titled, Food Storage: Cold Foods revised date February 2023 revealed in Procedures section, . 5. All food will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination. Review of facility's policy titled, Food Storage: Dry Goods revised date February 2023, revealed in Procedures section, . 6. Storage areas will be neat, arranged for easy identification, and date marked as appropriate.During the initial brief tour on 1/6/2026 at 8:44 am, with District Manager (DM) revealed a tour and inspection of the food storage pantry was conducted, focusing on labels, dating, expiration, and the past use dates of food items. The dry storage revealed a container with 60 single-count packages of saltine crackers that were neither labeled nor dated, along with 112 single-count packages of graham crackers. Additionally, there was one 1.5 lb (pound) opened package of homestyle old-fashioned biscuit gravy mix that lacked labeling and dating. Furthermore, there was one 5.31 lb opened package of mashed potatoes complete with vitamin C, which also had no labeling or date. Moreover, there was one opened 2 lb bag of cereal labeled as name brand, which was without labeling or date. Lastly, there were 100 goldfish crackers in 0.75 oz packages that were unlabeled and dated, as well as 115 packages of name brand crackers 0.75 oz. In the kitchen near the prepping table revealed seasoning and spice with expired dates. The DM confirmed the observation of two 3.33 oz bouillon cubes with expiration date October 2024. One opened 14 oz. beef flavor base without labeling.The walk-in cooler/refrigerator was inspected and revealed 13 bottles of 8 fl oz (fluid ounce) Lactose Free Dairy, with an expiration date of 12/7/2025. Additionally, there was unthawed meat marked with expiration date of 1/3/2026. The District Manager was unable to confirm whether this date was an open date or an expiration date. Furthermore, there was one open 80 oz mozzarella cheese that lacked proper labeling or any indication of an open or expiration date. Lastly, there was one opened 4 lb ham that also did not have an expiration date and was missing proper labeling or dating.Observation of 30 ceiling tiles with brown red like substance. Four vents over oven equipment revealed rust, brown like buildup. Two air vents over serving station and three compartment sinks revealed gray-black dust-like buildup. Dirty dishes were brought to washing machine area and went from dirty to clean, from washing machine to drying area, wet nesting observed by Dietary Aid. A random inspection of dry plates prepared for storage revealed the presence of water and food residues on some dishware.Interview on 1/6/2026, during initial tour at 8:44 am, with District Manager confirmed the date on the food items in dry storage area was unidentified and missing on the sighted items. DM revealed at this point we are trying our best to just get the food out.Observation on 1/7/2026 at 2:10 pm with DM revealed in the emergency food five bags of 80 oz grits with an expiration date of 12/20/2025. The current District Manager shared the previous Dietary Manager was responsible for monitoring food expiration dates in the emergency preparedness storage.An (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115115	A. Building B. Wing	01/08/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	observation and interview conducted on 1/7/2026, from 11:00 am to 11:10 am, revealed that Dietary Aid (DA) EE was operating a low-temperature dishwasher, transferring dirty dishes to clean dishes without practicing hand hygiene, and stacking wet dishes directly on top of each other on the storage rack. DA EE confirmed that she was unaware of the concept of wet nesting and did not recall receiving training on this topic. DA EE mentioned that she was responsible for operating the dishwasher machine five days a week.An interview conducted on 1/7/2026 at 11:46 am, with the District Manager confirmed the wet nesting on several randomly selected dishes and also observed food substances on two dishes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115115	A. Building B. Wing	01/08/2026

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, record review, and review of the facility policies titled, Abuse, Neglect and Misappropriations, the facility failed to protect residents by not reporting verbal abuse to the State Agency (SA) for one of 38 sampled residents (R) (R11). The deficient practice had the potential for other residents to experience verbal abuse.Findings include:Review of the facility policy titled Abuse, Neglect and Misappropriations, revised 1/1/2025, policy statement revealed: It is the organization's intention to prevent the occurrence of abuse, neglect, exploitation, injuries of unknown origin, and misappropriation of resident property, and to assure that all alleged violations of federal or State laws which involve abuse, neglect, exploitation, injuries of unknown origin and misappropriation of resident property are investigated, and reported immediately to the Facility Administrator, the State Survey Agency, and other appropriate State and local agencies in accordance with Federal and State law. The organization will include screening, training, prevention, identification, investigation, protection, and reporting to provide protection for the health, welfare, and rights of each resident residing in the facility.The organization's policy is that the Facility Administrator, or his or her designee, will conduct a reasonable investigation of each such alleged violation unless he or she has a conflict of interest or is implicated in the alleged violation. The Facility Administrator is responsible for reporting all investigations' results to applicable State agencies as required by Federal and State law. In the case of a suspected crime as defined in the Elder Justice Act, refer to the applicable Elder Justice Act policy and procedure. The policy defines abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Verbal abuse is defined as the use of any oral, written, or gestured language that includes any threat, or any frightening, disparaging or derogatory language, to residents or their families, or within their hearing distance, regardless of age, ability to comprehend, or disability. Immediately is defined as alleged violations involving abuse, neglect, exploitation, or mistreatment are reported immediately, but no later than two hours after the allegation is made. If a state reporting requirement establishes a longer reporting time for certain unusual incidents other than abuse or neglect, that reporting time applies only to such incidents. In other words, all allegations and incidents of abuse or neglect, as defined in this policy, will be reported immediately, as defined in this paragraph.Review of the electronic medical record (EMR) revealed R11 was with pertinent diagnoses including but not limited to metabolic encephalopathy, depression, muscle weakness (generalized), and anxiety disorder, unspecified.Review of R11's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicates R11 is cognitively intact. Section D, Mood, revealed R11 feeling down, depressed, or hopeless 2-6 days (several days). Section E, Behavior, revealed no behaviors not exhibited during review period. Section GG, Functional Abilities and Goals, revealed R11 has impairment on one side upper extremity. She is dependent for toileting hygiene, shower/bathe self, lower body dressing, putting on/taking off footwear, chair/bed-to-chair transfer. Supervision or touching assistance when rolling left and right, and substantial/maximal assistance for sit to lying, lying to sitting on side of bed. Section H, Bowel and Bladder, revealed frequent urinary and bowel incontinence.Review of R11's care plan indicated a problem of resident at risk for falls related to deconditioning. Goals included but not limited to resident will be free from falls through review period. Interventions included but not limited to anticipate and meet resident's needs, be sure call light is in reach and encourage resident to use it when assistance is needed, and resident sent to hospital for evaluation. The care plan also indicated R11 has a behavior problem related to refusing care (showers and peri-care). The goal is that resident will have fewer episodes of behavior (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115115	A. Building B. Wing	01/08/2026

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	by next review date. Interventions include administer medications as ordered and monitor/document side effects and effectiveness, discuss resident behavior and explain/reinforce why behavior is inappropriate, and praise the resident progress/improvement in behavior.Review of the Physician's Orders for R11 included but was not limited to:DuLoxetine HCl Oral Capsule Delayed Release Sprinkle 60 MG (Duloxetine HCl), Give 1 capsule by mouth two times a day for DepressionoxyCODONE-Acetaminophen Oral Tablet 10-325 MG (Oxycodone w/ Acetaminophen) Give 1 tablet by mouth every 6 hours as needed for severe pain 5-10 on scale 0-10Review of a striked out Progress Note dated 12/16/2025 at 10:26 am revealed, During morning medication pass at approximately 0900, resident advised this writer that overnight or early this morning she fell onto the floor. Resident stated that a nurse found her on the floor and instructed her to get up. This writer observed redness to the resident's left eye and asked if she had hit her head. Resident reported that when she fell, she hit her side.table and then fell to the floor. This writer reported observations to management at approximately 0945. Resident will continue to be monitored.Strike Out Reason: Duplicate OrderStrike Out Date: 12/16/2025 18:27 (6:27 pm)[(electronically) e-SIGNED] by Licensed Practical Nurse (LPN) GGReview of a Progress Note dated 12/16/2025 at 11:00 am revealed, Writer and DON (Director of Nursing) spoke with resident and sister about incident; resident gave 3 different stories about what happened then refused all interventions. Resident refused to let nursing evaluate her and get vitals. Resident stated she was fine and it wasn't a big deal. Resident ordered staff out of her room and stated she wanted nothing but to be left alone.[e-SIGNED] by UM (Unit Manager) FFReview of a Progress Note dated 12/16/2025 at 12:03 am revealed, this writer, accompanied by the Unit Manager, visited the resident's room to discuss allegations that the night nurse spoke harshly to her following a fall. The resident reported that she fell, first hitting her overbed table and then the wall, striking her head. She initially stated that the nurse told her to get up off the floor. Upon further discussion, R11 clarified that the nurse actually told her to get up out of bed. After additional conversation, R11 returned to her original statement. R11 expressed dissatisfaction with the staff and stated that she feels she is not being properly cared for. Her sister was present during the entire conversation, and R11 consented to speak with her sister present. R11 is fully functional and capable of transferring into the community independently, home with her sister or to an assisted living setting. Her sister stated she cannot provide care for her. It was explained that R11 does not require continuous care and is able to care for herself as she is functionally able to perform all ADLs independently. Social Services was contacted to provide available resources. Because R11 reported hitting her head during the fall, she was offered transfer to the Emergency Department for evaluation. She declined, stating she had no injuries. Fall protocol was implemented, and the MD was notified.[e-SIGNED] by DONObservation and interview on 1/6/2026 at 11:38 am revealed R11 lying on bed watching television. R11 stated that she had been here about 6 months; she came for therapy. R11 stated that first name of staff, the head person, cussed her and her sister out because he wanted me to leave. The resident gave her sister's telephone number as well as consent for the surveyor to contact the sister. Interview on 1/7/2026 at 1:56 pm revealed R11 lying in bed snacking and watching television. R11 stated that the person that cussed her out was a tall, slender black guy and she stated he had a high position at the facility. R11 was able to describe where the staff member's office was located. She confirmed that the alleged perpetrator was the DON.Interview on 1/8/2026 at 9:25 am revealed R11 sitting up in bed watching television. She stated that she was a little irritated yesterday because people kept entering her room and she sort of just wanted it to be over. Interview on 1/8/2026 at 9:44 am with a family member of R11 revealed that R11 told her she had fallen the previous night and that the nurse had cursed at her.An interview on 1/8/2026 at 11:16 pm with Unit Manager (UM) FF revealed that she was notified by LPN GG that R11 reported that she had fallen and had been cursed at by the nurse on night shift. UM FF said that she went and spoke with R11, and R11 said she fell and was told to get up harshly. UM FF then notified the DON. UM FF defined verbal abuse as being spoken to harshly. She also confirmed that she reported any abuse allegations to the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115115	A. Building B. Wing	01/08/2026

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	DON. UM FF confirmed her knowledge of having two hours to report abuse to the state. UM FF also confirmed she had in-service training on abuse when she started working at the facility.An interview on 1/8/2026 at 4:05 pm with LPN GG revealed that at shift change while making rounds, R11 told her that she had fallen off the bed and hit her head the previous night and that LPN JJ told her to get the ?curse-word' up. LPN GG stated she then reported the allegation to the UM.An interview on 1/8/2026 at 6:23 pm with DON revealed, If abuse is reported to myself, I should report to the abuse coordinator. I'm here early so a lot of time I will initiate the investigation. I submit and investigate reports of abuse to the state. When asked who was the staff member that cussed at the resident, the DON stated that he did not have a known person of interest. The DON stated that she (R11) initially told him that the staff stated, get the ?curse word' off the floor, but when the DON told her that he had to report the incident, R11 then said that the staff did not curse her and just told her to get out the bed. The DON confirmed that that the incident was not reported because the resident changed her story.An interview on 1/8/2026 at 6:23 pm with Administrator in Training (AIT)/ Abuse Coordinator revealed that after the DON talked to R11, she changed her story. The AIT stated that it was reported to him that R11 told the DON that the staff did not cuss him. AIT confirmed the allegation was not reported. The AIT also confirmed that verbal abuse was a reportable incident. The AIT confirmed that the administrator was aware of the 12/16/2025 incident on night shift and that although he was the abuse coordinator, the Administrator determined what would be reported to the state.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115115	A. Building B. Wing	01/08/2026

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility policy titled, Care Plans, Comprehensive Person-Centered, the facility failed to implement the care plan for one of 38 sampled residents (R) R19. Specifically, bilateral fall mats were not used in accordance with the care plan. This deficient had the potential to increase the risk of medical complications for R19Findings include:Review of the policy titled Care Plans, Comprehensive Person-Centered revised March 2022, Policy Statement revealed: A comprehensive, person-centered care plan that includes measurable, objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.Review of the electronic medical record (EMR) revealed resident R19 was admitted with pertinent diagnoses including but were not limited to metabolic encephalopathy, chronic kidney disease, stage 3a, cognitive communication deficit, and other abnormalities of gait and mobility.Review of R19's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 3, which indicates R19 has severe cognitive impairment. Section GG, Functional Status, revealed R19 was independent rolling left to right, required maximal assistance sitting to lying and lying to sitting on side of the bed. R19 is dependent for sit to stand, chair/bed to chair transfer, tub/shower transfer, toileting hygiene, and shower/bathe with one/two or more-person assistance.Review of R19's care plan indicated a problem of falls. Goals included but not limited to resident will be free of further falls and resident will resume daily activities without further accidents. Interventions included but not limited to fall mats on both sides of bed, keep resident in a high visible area when out of bed.Review of the Physician's Orders for R19 included but was not limited to:Order dated 11/25/2025 Cognitive Health OralCapsule 500 MG (milligram) (Citicoline (AlternativeMedicine)Order dated 11/24/2025 Metoprolol Tartrate OralTablet 25 MG (metoprolol Tartrate)Order dated 11/24/2025 Apixaban Oral Tablet 5 MG (apixaban) Observation and interview on 1/6/2025 at 12:00 pm revealed R19 lying in bed talking with his wife. A fall mat was on the floor on left side of the bed. No fall mat was on the floor on the right side of the bed. R19's wife states that she had concerns related to the resident's falls. Sunday he was on the floor, his head was under the bed and they sent him out. They don't check on him enough. He was usually up at the nursing station during the day. But at night, I feel they don't check on him enough.Observation on 1/7/2026 at 1:43 pm revealed resident lying in bed watching television. Bed was low. Right fall mat was not on floor. Left fall mat was up against the wall. Resident was waiting for his wife to come visit.Observation on 1/8/2026 at 9:08 am revealed resident in bed with head of bed (HOB) elevated, eating breakfast. The resident did not have a fall mat to right side of the bed. The fall mat on the left side of the bed was propped up against the wall,An interview on 1/8/2025 at 3:49 pm with Unit Manager (UM) FF revealed that during the day they kept R19 in visible areas, at the nurse's station or in activities. She confirmed that the resident did not have a mat on the right side of the bed. A mat was on the floor on the left side of the bed. She confirmed that the intervention for two fall mats was on the care plan I presented to her. She then said that that intervention was put in place when he did not have a roommate. She also stated that since the resident had a roommate, they only put a mat to the left side of the bed because that is the side R19 favored.An interview on 1/8/2025 at 4:05 pm with Licensed Practical Nurse (LPN) GG revealed that she was not familiar with the care plan. When asked how she knew the resident's plan of care, she stated she would read previous notes like admission and progress notes. She also confirmed that updates were provided during morning huddle meetings as well as midday huddle meetings during shift change.An interview on 1/8/2025 at 4:23 pm with Certified Nursing Assistant (CNA) HH revealed that when the supervisor was working, she would update staff on the residents' plan of care in huddle meetings. CNA HH stated she would also ask the nurse if there was something she needed to know in regard to providing care for a (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115115	A. Building B. Wing	01/08/2026

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident.An interview on 1/8/2025 at 6:23 pm with the Director of Nursing (DON) revealed CNA's have a clinical dashboard in the POC (Point of Care electronic medical record) that provides care plan details. The DON also confirmed that all licensed nurses had access to update care plan if new interventions should be put in place. He stated, we have PAR (patients at risk) every week and update care plans. Newly admitted residents had a baseline care plan that was completed by the admitting nurse. I expect staff to review the care plan and know the interventions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115115	A. Building B. Wing	01/08/2026

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident and staff interviews, record review, and review of the facility policy titled, Activities of Daily Living, the facility failed to provide assistance with activities of daily living (ADL) care for one of 38 residents (R) (R125) related to bathing. Findings include:Review of the facility policy titled Activities of Daily Living revised April 2025, revealed under Policy Statement: . Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene.Review of the electronic medical record (EMR) revealed that R125 was admitted to the facility with diagnoses including but not limited to muscle weakness, other abnormalities of gait and mobility, and irritable bowel syndrome with diarrhea.A review of the (in progress) Minimum Data Set (MDS) admission Five-Day assessment dated [DATE] documented R125 presented with a Brief Interview of Mental Status (BIMS) score of 15, indicating that the resident was cognitively intact; that the resident had impairments on both sides of the lower extremity (hip, knee, ankle, and foot); and required a wheelchair/walker for mobility.Review of a January 2026 Bathing/Shower system entry revealed N/A (not applicable) for R125 for 1/2/2026 through1/6/2026.During the screening observation and interview conducted on 1/6/2026 at 11:50 am, R125 was found to be under droplet precautions. R125 shared that since her admission, she had not had anyone available to assist her with a bath or bed bath. R125 mentioned that she requested the CNA who entered her room for bathing assistance, but the CNA informed her that she was responsible for 14 other residents and could not provide help during this shift, although she assured R125 that the next shift would assist; however, R125 noted that no name was given. R125 also mentioned that she asked the next shift's CNA for bathing assistance, but she never returned. During the interview, R125's family, who were visiting, requested a towel and washcloth from the surveyor to help provide care. R125 confirmed that she has not declined any care.An interview was conducted with the Unit Manager, Registered Nurse (RN) AA, on 1/6/2025 at 12:23 pm, who revealed that ADL care was monitored on shower sheets and in the EMR.An interview conducted on 1/6/2025 at 12:30 pm with the Director of Nursing (DON) confirmed that bathing was included in the electronic health records (EHR) and efforts were being made to transition away from paper documentation, such as shower sheets.During an interview conducted on 1/6/2025 at 3:45 pm, the DON confirmed that the designated shower days for R125 were Tuesday and Friday. Although the resident arrived on her scheduled shower day, it was indicated that CNA BB noted not applicable (N/A.) The DON clarified that showers were not conducted upon admission; however, bed baths were offered. The DON mentioned R125 refused her shower today because her sister provided one to her and presented a shower sheet. An interview on 1/7/2025 at 4:59 pm with CNA BB revealed that if a resident did not receive a shower or bed bath, she would mark N/A in the EHR. CNA BB shared that she did not have any conversation with R125 concerning bathing, and it was not offered as an option to R125. Furthermore, CNA BB explained that it was not normal to administer showers or bed baths for new admissions, as we have been trained to adhere to the specified shower days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115115	A. Building B. Wing	01/08/2026

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and a review of the facility policy titled, Oxygen Administration, the facility failed to ensure that two of 29 residents (R) (R1 and R125) were administered oxygen therapy in accordance with the physician's ordersFindings include:Review of facility policy titled Oxygen Administration revised date October 2010, revealed in section Purpose: The purpose of this procedure is to provide guidelines for safe oxygen administration. Under Preparation: 1. Verify that there is a physician's order for this procedure. Review the physician's order or facility protocol for oxygen administration. A review of the clinical record for R1 revealed he was admitted to the facility on [DATE] with diagnoses including but not limited to chronic obstructive pulmonary disease (COPD) with (acute) exacerbation, acute respiratory failure with hypoxia, paroxysmal atrial fibrillation, pneumonia, unspecified organism.The resident's most recent Minimum Data Set (MDS), dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score was coded as 15, which indicated no cognitive impairment. Section J (Health Conditions): Shortness of breath or trouble breathing when lying flat. Tobacco Use. Section O (Special Treatments, Procedures, and Programs): Oxygen therapy/Continuous/Speech-Language Pathology and Audiology Services/ Respiratory Therapy.A review of the care plan initiated on 11/27/2025 revealed Focus: the resident has oxygen therapy r/t (related to) Respiratory failure, COPD with Goal: The resident will have no s/sx (signs/symptoms) of poor oxygen absorption through the review date. Intervention: Give medications as ordered by physician. Monitor/document side effects and effectiveness. OXYGEN as ordered.A review of physician's order dated 11/27/2025 for R1 revealed o2 at 2 L (liters) via nasal cannula (NC) R/T COPD, every day and night shift.An observation conducted on 1/6/2026 at 11:43 am, an observation of the resident receiving oxygen indicated a flow rate between 2.5 and 3 liters (L), being administered through the Nasal Cannula (N/C).Interview and Observation on 1/6/2026, at 12:26 pm, with Unit Manager Registered Nurse (RN) AA, who confirmed that R1's oxygen concentrator was set on 3 L. However, she indicated that the order specifies 2 L and mentioned that it was at 2 L this morning. RN AA mentioned the reason for the current setting of 3 L remained unclear. RN AA also disclosed the risk associated with R1 oxygen level settings, noting that excessive oxygen in the context of R1's chronic respiratory failure and COPD could lead to nasal dryness.Interview with the Director of Nursing (DON) on 1/6/2026 at 1:02 pm revealed that R1 displayed stubborn behaviors and could have made adjustments to the oxygen concentrator. The DON affirmed that this behavior needed to be recorded in the care plan. The DON reviewed R1's care plan, the DON acknowledged that no behaviors were documented but indicated that the updates to the care plan would be put into effect from this moment onward. Interview and observation conducted on 1/7/2026 at 4:45 pm with R1 on oxygen and confirmed that he had not made changes to the oxygen concentrator nor would he do anything like that. A review of the clinical record for R125 revealed she was admitted to the facility on [DATE] with diagnoses including but not limited topPneumonia, unspecified organism, acute respiratory failure with hypoxia, acute or chronic systolic (congestive) heart failure, paroxysmal atrial fibrillation.The resident's most recent Minimum Data Set (MDS) assessment, dated 1/6/2026, revealed a Brief Interview for Mental Status (BIMS) score was coded as 15, which indicated no cognitive impairment. A review of the Care Plan initiated on 1/5/2026 revealed Focus: R125 has altered respiratory status/difficulty breathing r/t Acute Respiratory Failure. Goal: R125 will have no complications related to SOB though the review date. Intervention: Administer medication/puffers as ordered. Monitor for effectiveness and side effects.A review of Physician Order dated 1/2/2026 Oxygen at 3 LPM (liters per minute) Via NC continuously. O2 (oxygen) Sat (saturation) to maintain sats 92% or above every day and night shift.A review of the Skilled Charting V2 dated 1/5/2026 revealed in section Respiratory 7. O2 @ 3L 8. O2 via: N/C. 11. Notable changes in respiratory function. On droplet isolation for rhinovirus.Observation on 1/6/2026 at 11:50 am of R125 receiving oxygen (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115115	A. Building B. Wing	01/08/2026

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	indicated a flow rate of 2 L, being administered through the NC.Interview and Observation was conducted on 1/6/2026 at 12:30 pm with Unit Manager Registered Nurse (RN) AA, who confirmed that R125's oxygen concentrator was set to 2 L. She indicated that her orders specify a setting of 3 L. RN AA also mentioned that the risk was low; however, the R125 was affected by a rhinovirus, similar to the flu or cold.Interview with the DON on 1/6/2026 at 1:02 pm disclosed that R125's oxygen was being phased out, which was the reason for the reduction of one liter. However, it was intended to be on the care plan, and we could develop a care plan from this point forward. The DON mentioned Respiratory Therapy should have documentation of this change.An interview conducted on 1/6/2026, at 1:13 pm with Respiratory Therapist (RT) CC, indicated that there was no documentation nor assessment identifying the liter reduction; however, we would get it in.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115115	A. Building B. Wing	01/08/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility's policy titled, Infection Prevention and Control Policy, the facility failed to ensure proper infection control practices were followed for two of three residents (R) (R35 and R38) observed during medication administration. Specifically, during medication observation the nurse was observed administering medications without using hand hygiene prior to or after administering medications, did not wash or sanitize her hands before or after entering an enhanced barrier precaution room and then went to another room and administered medications. These deficient practices had the potential to lead to the spread of infection and illness. Findings include:Review of facility policy titled Infection Prevention and Control Policy reviewed 2/1/2025 revealed under Policy Statement, The facility strives to prevent transmission of infections and communicable diseases, development of nosocomial infection, and effectively treat and manage nosocomial and community acquired infections. The goal of the program is to identify and reduce the risks of acquiring and transmitting infections among residents, employees, volunteers, and visitors. The program includes a system to monitor and investigate infection trends. The program is developed based on nationally recognized organizational standards and procedures. Healthcare settings component recommendations section included hand hygiene should be used after touching blood, body fluids, secretions, excretions, contaminated items; immediately after removing gloves; between patient contacts.Review of the electronic medical record (EMR) revealed R35 was admitted to the facility with pertinent diagnoses including but were not limited to contracture, right hand, human immunodeficiency virus, congenital cerebral cysts, and chronic viral hepatitis C.Review of R35's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicates R35 was cognitively intact. Section GG, Functional Abilities and Goals, revealed R35 required/was set up or clean-up assistance for activities of daily living (ADLs).Review of the Physician's Orders for R35 included but was not limited to:Order dated 1/7/2026 Gabapentin Oral Capsule 100 MG (milligram) (Gabapentin) Give 2 capsule by mouth two times a day related to CONTRACTURE, RIGHT HAND (M24.541) Order dated 12/26/2025 Intelence Oral Tablet 200 MG (Etravirine) Give 1 tablet by mouth every 12 hours for immunodeficiencyOrder dated 9/6/2025 Zoloft Oral Tablet 25 MG (Sertraline HCl) Give 50 mg by mouth in the morning for DEPRESSIONAn observation on 1/7/2026 8:48 am revealed Licensed Practical Nurse (LPN) II passing out medications to R35. She revealed an enhanced barrier sign on the door as well as personal protective equipment (PPE) hanging outside the door. LPN II did not sanitize her hands. She opened the cart, removed the medication packets and placed them on the cart. LPN II realized the resident was prescribed new medication that was not on the cart. LPN II placed medication packets back in the cart, locked the cart and went to retrieve the medication from the electronic medication machine. She did not sanitize her hands when she returned from the medication machine. She put the medicines into the medicine cup and added apple sauce to the cup. She put water into a cup. She entered R35's room and administered the medications. She exited the room without washing or sanitizing her hands and then went to the next room and began setting up her medications.Review of the electronic medical record (EMR) revealed resident R38 was admitted to the facility with pertinent diagnoses including but were not limited to unilateral primary osteoarthritis, left knee, encounter for other orthopedic aftercare, cardiomegaly, diabetes mellitus type two, and depression.Review of R38's EMR revealed a BIMS score of 15, which indicates R 38 was cognitively intact. Review of the Physician's Orders for R38 included but was not limited to:LaMICtal Oral Tablet 25 MG (milligram) (Lamotrigine)Give 1 tablet by mouth at bedtime for depressionApixaban Oral Tablet 5 MG (Apixaban) Give 1 tablet by mouth every 12 hours for AnticoagulantDepakote Oral Tablet Delayed Release 250 MG (Divalproex Sodium) Give 1 tablet by mouth three times a day for Mood DisturbanceAn observation and interview on 1/7/2026 at 9:08 am (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115115	A. Building B. Wing	01/08/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	revealed LPN II administered medications to R38. LPN II did not use hand hygiene prior to setting up medications, upon room entrance or room exit. When surveyor questioned LPN II about hand hygiene, LPN II confirmed that she did not use hand hygiene when passing out the medications. When surveyor asked LPN II why hand hygiene was important, she stated that it was important to use hand hygiene to not spread infections. LPN II then removed and used a small bottle of sanitizer out of her pocket. Sanitizer stations weree located on the wall beside every two room doors. An interview on 1/8/2026 4:05 pm with LPN GG revealed she used hand hygiene before and after resident care and when she touches contaminated surface areas. LPN GG confirmed receiving infection control training upon hire. She also confirmed she actively completed training online. LPN GG stated that she would know if someone was on contact precautions because it was on the doors. She also confirmed she received updates in report.An interview on 1/8/2026 at 4:23 pm with Certified Nursing Assistant (CNA) HH confirmed hand hygiene was completed before and after providing care to residents and when entering and exiting rooms. She stated that hand hygiene was important to prevent spread of infections. CNA HH confirmed she received infection control training during orientation. She also confirmed she knew if a resident is on precautions because it will be outside the door. CNA HH stated that they receive updates from the nurses, and in huddle meetings when the supervisor was working.An interview on 1/8/2026 at 6:23 pm with the Director of Nursing (DON) revealed his expectations of his staff were to follow education in terms of hand hygiene between rooms, when passing trays, and before and after peri-care to name a few. The DON expected his staff to use appropriate PPE and follow general infection control. The DON confirmed infection control training was ongoing and handwashing in-services were usually done once a month. He stated that if they noticed clusters or trends with infections, infection control training was increased. The DON stated that precautions signs should be posted on the door and include which types of PPE the staff would need. He also stated markers were also in the EMR for nursing staff and that CNA's had a clinical dashboard in EMR.