

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115129	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Nurse Care of Buckhead		STREET ADDRESS, CITY, STATE, ZIP CODE 2920 Pharr Court South NW Atlanta, GA 30305	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0579</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide information about how to apply for and use Medicare and Medicaid benefits.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38997</p> <p>Based on record review, resident and staff interviews, and the review of the facility documents titled, Admission Packet, Admission Packets & Compliance Advance Directive Audit, the job description, Admission Marketing Director (non-clinical), and emails, the facility failed to provide and obtain signatures of six of 31 sampled Residents (R) (R24, R25, R26, R27, R28, and R31) admission packets that contained written information about how to apply for and use Medicare and Medicaid benefits.</p> <p>Findings include:</p> <p>Review of the document titled Admission Packet Table of Contents revealed the packet included but not limited to: admission agreement, Medicare and Medicaid programs, arbitration of disputes, Grievances, and resident rights.</p> <p>Review of the document titled Admission Packets & Compliance Advance Directive Audit dated 2/3/2025 provided to the surveyor revealed sixty-one residents do not have a signed admission packet that includes but not limited to Medicare and Medicaid programs. Six residents were selected for review (R24, R25, R26, R27, R28, and R31).</p> <p>Review of the document titled Admission Marketing Director (non-clinical) revealed under General Purpose: Manage the facility's inquiry and admission process. Essential Job Functions: The following list of duties is not all-inclusive: Obtain appropriate admission papers and signatures from residents or responsible parties prior to admission. Maintain a working knowledge of Federal and State regulations and reimbursement (Medicare and Medicaid).</p> <p>Review of the email dated 1/28/2025 at 2:46 pm revealed: an email was sent from the Regional Director of Medical Records to the facility's Medical Records and Administrator. The following were carbon copied (CC); Chief Executive Officer, [NAME] President of Clinical Operations, Chief Nursing Office, and one other person. Subject: Admission Packets. Good afternoon, please do an audit to make sure the facility has Admission and Consents on all residents. Without the Admissions paperwork, the facility does not have consent to treat. Please have this completed by the end of day tomorrow, 1/29/ 2025.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 115129
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<p>F 0579</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the email dated 1/28/2025 at 2:50 pm revealed: an email was sent from the Administrator BB. The Administrator responded to the Regional Director of Medical Records email above. The following were CC; Chief Executive Officer, [NAME] President of Clinical Operations, Chief Nursing Office, and one other person. Subject: Re: Admission Packets. ___ and I had a discussion about this issue last week. I asked her (Medical Records Director) to compile a list of residents missing admission documentation so we can take it to Quality Assessment and Performance Improvement (QAPI), BUT, we have to focus on getting Treatment Consents first and as soon as possible on every one of them (residents).</p> <p>1. An interview on 2/19/2025 at 10:50 am with R27 revealed he was pleasant and agreed to speak with the surveyor. The resident stated he was admitted to the facility from the ___. The resident stated he cannot remember the exact day he was transferred from the ___ to the facility. The resident stated since he had been a resident in the facility no one had spoken with him about admission paperwork, and he had not been asked to sign any paperwork.</p> <p>Review of the Admission Record for R27 revealed he was admitted to the facility on [DATE] and the primary payer source was Medicare Part A.</p> <p>Review of R27's Electronic Medical Record (EMR) under the Miscellaneous tab revealed there was no signed admission paperwork.</p> <p>Review of R27's Order Summary revealed a physician order dated 12/16/2024 to admit to this Nursing and Rehabilitation Facility.</p> <p>2. An interview on 2/19/2025 at 11:04 am with R25 revealed he was pleasant and agreed to speak with the surveyor. The resident stated he had been at the facility too long. He stated he had never been asked to sign any papers since he has been in the facility.</p> <p>Review of the Admission Record for R25 revealed he was admitted to the facility on [DATE] and the primary payer Medicaid pending.</p> <p>Review of R25's EMR under the Miscellaneous tab revealed there was no signed admission paperwork.</p> <p>Review of R25's Order Summary revealed a physician order dated 10/10/2024 to admit to Skilled Medicare Part A level skilled services.</p> <p>3. An interview on 2/19/2024 at 11:20 am with R26 revealed him lying in bed. His affect was flat and his mood was sad. The resident stated he did not feel up to talking but would answer one or two questions. The resident stated he did not sign his admission paperwork.</p> <p>Review of the Admission Record for R26 revealed he was admitted to the facility on [DATE] with a readmitted [DATE]. The resident's primary payer is Medicaid pending.</p> <p>Review of R26's EMR under the miscellaneous tab revealed there was no signed admission paperwork.</p> <p>Review of R26's Order Summary revealed a physician order dated 7/26/2024 to admit to this Nursing and Rehabilitation Facility.</p> <p>(continued on next page)</p>		

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<p>F 0579</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>4. An interview on 2/19/2025 at 11:25 am with R24 revealed he was pleasant and agreed to speak with the surveyor. The resident stated he was admitted to the facility around two months ago. The resident stated since he had been a resident in the facility no one had spoken with him about admission paperwork, and he had not been asked to sign any paperwork.</p> <p>Review of the Admission Record for R24 revealed he was admitted to the facility on [DATE] and the primary payer source was Medicare Part A.</p> <p>Review of R24's EMR under the Miscellaneous tab revealed there was no signed admission paperwork.</p> <p>Review of R24's Order Summary revealed a physician order dated 12/16/2024 to admit to this Nursing and Rehabilitation Facility.</p> <p>5. Review of the Admission Record for R28 revealed she was admitted to the facility on [DATE] and the primary payer source was Medicare Part A. The resident was discharged from the facility on 2/13/2025.</p> <p>Review of R28 EMR under the Miscellaneous tab revealed there was no signed admission paperwork.</p> <p>Review of R28's Order Summary revealed a physician order dated 12/28/2024 to admit to Skilled Medicare Part A level skilled services.</p> <p>6. Review of the Admission Record for R31 revealed he was admitted to the facility on [DATE] and primary payer was Medicare replacement.</p> <p>Review of R31's EMR under the Miscellaneous tab revealed there was no signed admission paperwork.</p> <p>Review of R31 Order Summary a physician order dated 2/3/2025 to admit to this Nursing and Rehabilitation Facility.</p> <p>An interview on 2/18/2025 at 1:10 pm with the Medical Records Director KK, she stated a problem with the resident's EMR was identified with the last survey team of missing physician notes. Upon starting the job, an audit was initiated to ensure that the charts had the admission agreements, hospital records, physician notes, etc. She stated while conducting the audit she identified that the admission packets were not uploaded to some of the resident's EMR's. She stated this was reported to the Regional Director of Medical Records. She stated the previous Administrator BB asked that she audit the charts again in January 2025 for residents signed admission paperwork. She stated an audit was completed and a list was compiled and given to the Administrator.</p> <p>(continued on next page)</p>

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<p>F 0579</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview on 2/18/2025 at 2:10 pm with the Regional Director of Business Development HH revealed the process prior to a potential resident being admitted to the facility. Referrals were reviewed via an online platform. After reviewing the potential resident was offered a bed. The admission packet should be signed within 72 hours of the resident being admitted to the facility. The admission paperwork was signed electronically, if the potential resident was unable to sign the admission paperwork the Admission Director would send the packet to the responsible party and/or family member requesting that all signed documents be returned within 72 hours. She stated the Admission Director was responsible for making sure that the admission packet had been signed. The Director of Business Development stated if there was no Admission Director employed at the facility it would be the responsibility of the Regional Director of Business Development to ensure that the admission packets were signed. The Director of Business Development stated the Administrator of the facility should also be responsible to ensure that the resident admission packet had been signed. She stated she was not sure what prompted the facility to audit the resident's admission packet for completeness. She stated the audits started around December of 2024. She stated she did receive a copy of the last audit two weeks ago. She stated a copy of the audit was also sent to her immediate supervisor, the [NAME] President of Business Development, who was addressing the issue of the admission packets not being sign.</p> <p>An interview on 2/19/2025 at 3:50 pm with the [NAME] President of Business Development GG revealed he could not locate the signed admission paperwork for R24, R25, R26, R27, R28, and R31. He stated the facility has had three Administrators and three Admission Directors within the past year. The three Administrators and the Medical Records Department were keeping management aware of the missing admission agreements. The previous Admission Directors could not keep up with the pace of the department and when the previous Admission Directors reached out for help, there was no assistance. He stated the [NAME] President of Clinical Operations had the department on a weekly audit for all new admissions going forward to ensure the admission paperwork was signed. He stated the facility was working on getting the sixty-one residents listed on the audit admission packets signed.</p>

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38997</p> <p>Based on observations, record review, resident interviews, and review of the facility policy titled, Abuse, Neglect and Exploitation of Residents, the facility failed to protect the resident's right to be free from verbal abuse by a staff member for two of 31 sampled Residents (R) (R29 and R30).</p> <p>Findings include:</p> <p>Review of the policy titled Abuse, Neglect and Exploitation of Residents revised date of 10/24/2022 revealed under Policy Statement: It is the policy of the facility that acts of physical, verbal, mental and financial abuse including neglect and exploitation directed against residents are absolutely prohibited. Each resident has the right to be free from verbal abuse. Under Responsibilities: Residents will not be subjected to abuse by anyone, including but not limited to staff. All personnel (including volunteers) in all departments will be alert to indicators of suspected or actual abuse, neglect and exploitation. If abuse is suspected, personnel will report their observations to their supervisor immediately and without delay.</p> <p>1. Review of the Admission Record for R29 revealed she was admitted to the facility with diagnoses of but not limited to depression and hypertension.</p> <p>Review of the resident's most recent quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score was assessed as 15, which indicated R29 was cognitively intact.</p> <p>Review of the Facility Incident Report Form dated 1/28/2025 revealed: R29 reported to the Social Worker on 1/27/2025 at approximately 1:00 pm Certified Medication Aide Tech (CMAT) LL came into R29's room on 1/24/2025 at approximately 3:00 pm and called her an inappropriate racial slur. Further review of the report revealed the Social Worker interviewed residents who resided near R29 regarding CMAT LL's treatment. The residents described her as an angry person with personal problems. The CMAT's coworkers were interviewed and reported that the CMAT didn't get along with any of the staff on the unit. They reported that she always seemed defensive and was quick to argue. There was no documentation that CMAT LL's behavior was reported prior to the incident with R29.</p> <p>An observation and interview on 2/25/2025 at 11:09 am with R29 revealed the incident with CMAT LL only happened once. R29 stated she and CMAT LL got into a verbal altercation. The resident stated CMAT LL called her names and told R29, you will respect me. The resident stated she had not seen the CMAT since the incident. The resident stated any interaction with staff that made her feel uncomfortable, she would ask to speak to the Social Worker and report the incident immediately.</p> <p>2. Review of R30's most recent quarterly MDS dated [DATE] revealed a BIMS score was assessed as 15, which indicated R30 was cognitively intact.</p> <p>Review of the Admission Record for R30 revealed he was admitted to the with diagnoses of but not limited to essential (primary) hypertension and heart failure.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Facility Incident Report Form dated 1/29/2025 revealed R30 reported to the Interim Director of Nursing over the weekend (1/25/2025-1/26/2025) that he exited the elevator, and his wheelchair accidentally bumped into CMAT LL. R30 reported that CMAT LL cussed him out. The resident reported that he apologized to CMAT LL and kept moving in his wheelchair. Further review of the report revealed the Administrator interviewed the staff that worked on the weekend of the incident. The staff reported CMAT LL as having a quick temper and being very verbal. Staff members reported that CMAT LL was quite argumentative with the residents.</p> <p>An interview on 2/25/2025 at 11:20 am with R30 revealed he recalled the incident with CMAT LL. He stated he exited the elevator in a wheelchair and accidentally bumped into CMAT LL. He stated as he went to apologize, CMAT LL started cussing him out. The resident stated he did not report to anyone on that day. He stated a couple days later he saw the Director of Nursing (DON) and reported the incident. The resident was able to tell the surveyor who his Social Worker was, and he was aware he could also report concerns to the Social Worker or his nurse. He stated in the future he will report in real time to the nurse. He stated nothing that extreme had ever happened before.</p> <p>Cross Refer to F-Tags F607, F729, and 940</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>38997</p> <p>Based on staff interviews and review of the facility policies titled, Abuse, Neglect and Exploitation of Residents and Background Screening and Investigation, and the Human Resource Director Job description, the facility failed to have two of fourteen employee files selected on site for review, failed to ensure that a criminal background check was completed for one of two Registered Nurses (RN) and one of one Licensed Practical Nurse (LPN), failed to ensure a Georgia Criminal History Check System (GCHEXS) fingerprint check was conducted for two of two Administrators, three of three Certified Medication Aide Techs, one of one Certified Nursing Assistants (CNA), one of one Regional Director of Business Development, and one of one Maintenance Director. The facility also failed to re-fingerprint two of two CNAs whose fingerprint checks had not been retained under Rap Back per the Rules and Regulations of the State of Georgia.</p> <p>Findings include:</p> <p>Review of the facility policy titled Abuse, Neglect and Exploitation of Residents with a review date of 10/24/2022 revealed under IV. Procedure: A. Seven Components of Prevention and Detection: 1. Screening (Refer to: Nurse Aide Registry and Criminal Background Checks): All employees undergo a criminal background check.</p> <p>Review of the facility policy titled Background Screening and Investigation with a revision dated March 2019 revealed under Policy Statement: Our facility conducts employment background screening checks, reference checks and criminal conviction investigation checks on all applicants for positions with direct access to residents (direct access employees). Under Policy Interpretation and Implementation: . 2. The director of personnel, or designee, conducts background checks, reference checks and criminal conviction checks (including fingerprinting as may be required by state law) on all potential direct access employees and contractors. Background and criminal checks are initiated within two days of an offer of employment or contract agreement and completed prior to employment.</p> <p>Review of the Human Resource Director Job Description revealed: Pre-Employment Functions: Conduct reference checking, abuse registry checks, and certification/ licensure checks (if applicable), prior to giving a job offer. Conduct criminal background checks, as required, on all post-offer applicants.</p> <p>During a record review on 3/19/2025 at 3:30 pm with the Human Resource Director of twelve of the fourteen selected employee files revealed the following:</p> <p>1. Registered Nurse SS's employee file revealed a hire date of 2/5/2025, full-time as the Minimum Data Set (MDS) Director. The offer letter revealed the job was contingent on successfully passing a background check. Further review of the RN's employee file revealed there was no criminal background check conducted.</p> <p>2. License Practical Nurse TT's employee file revealed a hire date of 12/10/2024, full-time as the MDS Coordinator. The offer letter revealed the job was contingent on successfully passing a background check. Further review of the LPN's employee file revealed there was no criminal background check conducted.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Administrator BB's employee file revealed a hire date of 1/9/2025, full-time as the Administrator. The offer letter revealed the job was contingent on successfully passing a background check. Further review of the Administrator's employee file revealed no GCHEXS fingerprint check was conducted.</p> <p>4. Administrator CC did not have an employee file in the facility to review.</p> <p>5. Certified Medication Aide Tech LL did not have an employee file in the facility to review.</p> <p>6. Certified Medication Aide Tech MM's employee file revealed a hire date of 9/11/2024, full-time CMAT to administer medications to the residents in the facility. The offer letter revealed the job was contingent on successfully passing a background check. Further review of the CMAT's employee file revealed no GCHEXS fingerprint check was conducted.</p> <p>7. Certified Medication Aide Tech NN's employee file revealed a hire date of 1/27/2023, full-time CMAT to administer medications to the residents in the facility. Further review of the CMAT's employee file revealed no GCHEXS fingerprint check was conducted.</p> <p>8. Certified Nursing Assistant QQ's employee file revealed a rehire date of 10/23/2024 as a full-time CNA hired to perform direct resident care duties. Further review of the CNA's employee file revealed no GCHEXS fingerprint check was conducted.</p> <p>9. Regional Director of Business Development HH's employee file revealed a hire date of 5/1/2024 full-time as the Admission Coordinator. Further review of the employee's file revealed no GCHEXS fingerprint check was conducted.</p> <p>10. Maintenance Director RR's employee file revealed a hire date of 9/12/2024 full-time, hired to maintain the building which includes the residents' rooms. The offer letter revealed the job was contingent on successfully passing a background check. Further review of the employee's file revealed no GCHEXS fingerprint check was conducted.</p> <p>11. Certified Nursing Assistant OO's employee file revealed a hire date of 3/14/2011 as a full-time CNA hired to perform direct resident care duties. Further review of the CNA's employee file revealed the last satisfactory GCHEXS fingerprint check was conducted on 5/21/2021.</p> <p>12. Certified Nursing Assistant PP's employee file revealed a hire date of 11/15/2021 as a full-time CNA hired to perform direct resident care duties. Further review of the CNA's employee file revealed the last satisfactory GCHEXS fingerprint check was conducted on 5/21/2021.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 2/20/2025 at 12:34 pm with the Regional Human Resource/Payroll Director II revealed she oversaw the function of human resources in fourteen facilities. Some of the responsibilities included training newly hired human resource directors on processes and procedures in the human resource department and resolving any human resource issues that the facility may have. Also, she conducted audits on employee files to ensure that the files had everything in place (I9, policies, ensure certifications, license, and background checks). She stated the last employee working in the human resource department was not doing the job. The Regional Human Resource/Payroll Director stated she realized that the background checks and/or fingerprints check were not being done. The person was terminated, and the facility just recently hired another Human Resource Director. She stated the human resource department will be cleaned up, organized and an audit will be done to ensure that the employee files were meeting the State of Georgia and Federal requirements. The Regional Human Resource/Payroll Director confirmed that the employees' fingerprints had not been retained under the Rap Back program, and she was unable to produce an employee roster for the surveyor to review. She stated she will commit to weekly and monthly audits of the employee files to ensure all processes are in place.</p> <p>An interview on 2/25/2025 at 4:44 pm with the Regional Human Resource/Payroll Director II confirmed that RN SS and LPN TT did not have a criminal background check. She confirmed that Administrator BB, Administrator CC, CMAT LL, CMAT MM, CMAT NN, CNA QQ Regional Director of Business Development HH, and Maintenance Director RR did not have a GCHEXS Fingerprint check conducted. She also confirmed CNA OO, and CNA PP did not have an up-to-date satisfactory GCHEXS.</p> <p>Per an email correspondence dated 3/7/2025 with ___ Unit Manager WW revealed the system showed no background checks had been completed for the facility.</p> <p>Review of the employee files on 2/19/2025 with the Human Resource Director, the files of Administrator CC and CMAT LL were not located in the facility and unavailable for the surveyor to review.</p> <p>An interview on 2/19/2025 at 3:30 pm with the Human Resource Director (HRD) while reviewing the selected employee files, the HRD stated she was hired on 2/10/2025. The HRD stated she could not locate Administrator CC and CMAT LL employee files. She stated she would continue to look for the files and let the surveyor know if the employee files were located.</p> <p>An interview on 2/25/2025 at 4:44 pm with the Regional Director of Human Resource and Payroll confirmed that Administrator CC and CMAT LL's employee files could not be located.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38997</p> <p>Based on record review and staff interviews, the facility failed to ensure physician's orders were followed for two of 31 sampled Residents (R) (R1 and R29) to obtain laboratory tests.</p> <p>Findings include:</p> <p>1. Review of the Admission Record for R1 revealed she was admitted to the facility with diagnoses of but not limited to nonrheumatic aortic (valve) insufficiency and chronic systolic (congestive) heart failure.</p> <p>Review of the resident's most recent quarterly assessment Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score was assessed as 14, which indicated R1 was cognitively intact.</p> <p>Review of R1's Electronic Medical Record (EMR) Order Summary Report revealed a physician order for Coumadin oral tablet 7.5 milligrams (mg) (warfarin sodium) Give 7.5 mg orally in the evening for blood thinner.</p> <p>Review of the Clinical Physician Orders PT/INR on 2/6/2024 for R1 revealed no documented results were located in R1's EMR.</p> <p>Review of the Clinical Physician Orders obtain PT/INR (prothrombin time test (PT) measures the time it takes for a clot to form in a blood sample, while an INR is a calculation based on the results of a PT test) on 2/9/2024 for R1 revealed no documented results were located in R1's EMR.</p> <p>Review of the Clinical Physician Orders PT/INR on 2/16/2024 for R1 revealed no documented results were located in R1's EMR.</p> <p>Review of the Clinical Physician Orders PT/INR stat (immediately) on 2/19/2024 for R1 revealed no documented results were located in R1's EMR.</p> <p>Review of the Clinical Physician Orders PT/INR on 3/1/2024 for R1 revealed no documented results were located in R1's EMR.</p> <p>Review of the Clinical Physician Orders for R1 dated 3/27/2024 INR every Friday. No documented results for 4/5/2024, 4/12/2024, 5/3/2024, 5/10/2024 were located in R1's EMR.</p> <p>Review of the Clinical Physician Orders PT/INR on 4/8/2024 for R1 revealed no documented results were located in R1's EMR.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Nurse Care of Buckhead		STREET ADDRESS, CITY, STATE, ZIP CODE 2920 Pharr Court South NW Atlanta, GA 30305	
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Nurse Practitioner Progress Note dated 4/5/2024 revealed: I came to see and evaluate R1 for chronic co-morbidities that includes nonrheumatic aortic valve insufficiency, chronic systolic congestive heart failure, to avoid rehospitalization , and to monitor patient's overall condition. The facility lab has been slacking with INR draws, I had a conversation with their nurse manager regarding INR every week, she called the lab and reiterated that this should be done every Friday, and since they missed her Friday draw, they will do it on Monday, we will continue to monitor.</p> <p>2. Review of the Admission Record for R29 revealed she was admitted to the facility with diagnoses of but not limited to bipolar disorder, depression, and diabetes mellitus.</p> <p>Review of the resident's most recent quarterly MDS assessment dated [DATE] revealed a BIMS score was assessed as 15, which indicated R29 was cognitively intact.</p> <p>Review of the Clinical Physician Orders dated 1/15/2025 UA/CS (urine analysis/culture and sensitivity), CBC (complete blood count), CMP (comprehensive metabolic panel) for new onset of confusion. No documented results were located in R29's EMR.</p> <p>Review of the Clinical Physician Orders dated 1/24/2025 routine labs: CBC, CMP, thyroid stimulating hormone, glycated hemoglobin, lipid panel, vitamin D 25, Hydroxyprogesterone (is a form of progesterin), type 2 diabetes mellitus screening, Hyperlipidemia (high cholesterol) on 1/27/2025 for R29. No documented results were located in R29's EMR.</p> <p>An interview on 2/25/2025 at 10:22 am with the Unit Manager (UM) XX stated the phlebotomist came Monday through Friday and drew the blood work for residents with a physician order. She stated the Physician or Nurse Practitioner would give an order for the test to be performed. The order was entered into the resident's EMR. The person entering the order must also enter the order into the laboratory's electronic system that would generate the requisition with the order. The requisition was placed in the lab book under the tab of the date the lab was to be drawn. UM XX stated each unit had their own lab book. When the phlebotomist arrived, they would check the Specimen Log for that day, obtain tests accordingly, and sign off on the Specimen Log. UM XX stated if the requisition was in the book, the residents' name did not have to be on the Specimen Log.</p> <p>An interview on 2/25/2025 at 10:45 am with License Practical Nurse (LPN) YY stated she does remember R1's PT/INR tests were not being drawn.</p> <p>An interview on 2/25/2025 at 12:40 pm with the Interim DON (IDON) FF revealed she was aware of the issues with the physician orders for laboratory testing not being carried out. She stated because she was new to the facility she needed an opportunity to meet with the laboratory manager and get a clear understanding of the processes and re-educate the staff. She stated the facility does have a meeting with the laboratory manager within the next couple of days. The IDON stated the facility does not have a written policy/process for obtaining laboratory test.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 2/28/2025 at 9:46 am with the Assistant Manager AAA of ___ Laboratory stated the manager has been communicating with the IDON and the ADON regarding the issues with testing not being performed as ordered by the physician. She stated one of the problems was the facility was not using the Specimen Log correctly when a lab test was ordered by the physician. She stated the log must be completed with the resident's name, room number and the test to be completed. She stated the phlebotomists have been instructed to make a copy of the log for record keeping. She stated the logs were not completed with the information.</p> <p>An interview on 3/4/2025 at 4:00 pm, the IDON confirmed the physician order for laboratory test for R1's and R29's blood work was not obtained. She stated the facility did meet with the laboratory manager regarding the lab process. She stated the staff were being re-educated on the lab process to ensure that the physician orders were being completed.</p>

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<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>38997</p> <p>Based on record review, staff interviews, and review of the facility's policy titled, Abuse, Neglect and Exploitation of Residents and the Human Resource Director Job description, the facility failed to ensure that one of six employee files selected for review had evidence they were verified with the State of Georgia's Nurse Aide Registry.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Abuse, Neglect and Exploitation of Residents with a review date of 10/24/2022 revealed under IV. Procedure: A. Seven Components of Prevention and Detection: 1. Screening: The facility screens potential employees to determine their appropriateness in working with individuals with specific conditions and needs: CNA Registry is contacted to confirm the aides' enrollment and status on the registry.</p> <p>Review of the facility's Human Resource Director Job description revealed: Pre-Employment Functions: Conduct reference checking, abuse registry checks, and certification/ licensure checks (if applicable), prior to giving job offer.</p> <p>During a record review of the employee files revealed the facility could not locate an employee file for CMAT (Certified Medication Administration Tech) LL.</p> <p>An interview on 2/19/2025 at 3:30 pm with the Human Resource Director (HRD) while reviewing the selected employee files revealed that the HRD stated she could not locate an employee file for CMAT LL. The Human Resource Director stated she could not locate an identification, hire date, timecard, separation notice, a certification for a CNA (Certified Nursing Assistant), or CMAT that was requested by the surveyor. The HRD stated a search was done on the Georgia CNA registry and CMAT LL had no certifications in the name she provided to the facility.</p> <p>An interview on 2/25/2025 at 4:44 pm with the Regional Human Resource/Payroll Director II confirmed that CMAT LL did not have an employee file and could not be located on the CNA registry.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>38997</p> <p>Based on observation and staff interviews, the facility failed to have up-to-date facility staffing information posted on 2/11/2025. On 2/12/2025, the staffing information posted was unreadable. In addition, the facility failed to maintain the posted daily nurse staffing data for a minimum of 18 months.</p> <p>Findings include:</p> <p>An observation on 2/11/2025 at 10:50 am upon the surveyor entering the facility revealed staffing information was not posted in a prominent place readily accessible to residents and visitors.</p> <p>An observation on 2/12/25 at 9:47 am staffing information was not posted in a prominent place readily accessible to residents and visitors.</p> <p>An observation and interview on 2/12/2025 at 12:25 pm with the Staffing Coordinator stated she was responsible for posting the staffing information. The staffing Coordinator stated the staffing information was posted at the Receptionist desk. An observation with the Staffing Coordinator of an 8-inch x 11-inch white piece of paper, in landscape view, with dark print was posted at the receptionist area. The Staffing Coordinator confirmed the print was so small that she was unable to read the writing.</p> <p>An observation and interview on 2/12/2025 at 12:30 pm with an Employee VV in the receptionist area. Employee VV confirmed that the writing on the 8-inch x 11-inch white piece of paper in landscape view with dark print posted at the receptionist area was too small to read.</p> <p>An observation and interview on 2/12/2025 at 12:35 pm with the Staffing Coordinator revealed she did not keep the posted staffing information. She stated she removed the posted staffing information and discarded the sheet. The Staffing Coordinator stated she was not aware that the posted staffing information should be available for surveyor's review for eighteen months.</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38997</p> <p>Based on staff interviews and review of the facility's policies titled, Nursing Care Center Pharmacy Policy and Procedure Manual, Facility Assessment and Rules and Regulations of the State Of Georgia, the facility failed to provide evidence of implementation and maintenance of an effective training program for three of thirty Certified Medication Aide Techs (CMAT LL, CMAT MM, and CMAT NN) selected for review of their medication administration skills competency check off. The deficient practice had potential to adversely affect the care given to all residents in the facility. The facility census was 208 residents.</p> <p>Review of the facility's Nursing Care Center Pharmacy Policy and Procedure Manual dated January 2024 revealed under Consultant Pharmacist Services Provider Requirements: Observe medication administration pass as outlined in the contract to assist in the assessment and improvement in nursing staff medication administration and submit a report to nursing administration.</p> <p>Review of the Facility assessment dated [DATE] revealed a listed acuity - diseases, conditions and treatments, cognitive, mental, and behavioral status, cultural, ethnic, and religious factors which the facility is equipped to care for. Staffing plan: 3.2. staffs the facility to meet the needs of its resident population. Listed below is the facility's general approach to staging to ensure they have sufficient staff to meet the needs of the residents at any given time. The following tables provide a snapshot of the staffing needed to meet this expectation and resident acuity: Certified Nursing Assistants & Medication Technicians 20 per day/average. Staff training/education, competencies, and required skill sets: 3.4. The facility has a variety of training/educational requirements and opportunities for staff. The facility maintains and reviews no less than annually a listing of required training for all staff, as well as department-specific training requirements. Medication administration - injectable, oral, subcutaneous, topical.</p> <p>Review of the Rules and Regulations of the State Of Georgia Subject 111-8-56 Nursing Homes Rule 111-8-56-.01 Definitions (bb) Certified Medication Aide is a person who is a Georgia certified nurse aide and in good standing with the department who has successfully completed a state-approved medication aide training program, successfully passed a written competency examination and has demonstrated the requisite clinical skills to serve as a medication aide and who is registered on the Georgia Certified Medication Aide Registry. Rule 111-8-56-.04 Nursing Services: (f) A nursing home that employs one or more certified medication aides to administer medications in accordance with this code section shall ensure that each certified medication aide receives ongoing medication training as prescribed by the department. A registered professional nurse or pharmacist shall conduct quarterly unannounced medication administration observations and report any issues to the nursing home administrator. (g) A nursing home that employs certified medication aides the nursing home shall annually conduct a comprehensive clinical skills competency review of each certified medication aide employed by such nursing home.</p> <p>The surveyor requested completed clinical staff skill competency check offs for CMAT LL, CMAT MM, and CMAT NN from the facility. They were not provided.</p> <p>(continued on next page)</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview on 2/19/2025 at 3:30 pm with the Human Resource Director (HRD) while reviewing the selected employee files revealed the HRD stated CMAT LL's employee file could not be located. She stated there was not a skill competency check off for CMAT MM and CMAT NN in the employee's file.</p> <p>An interview on 2/20/2025 at 9:56 am with CMAT BBB stated she has worked as a CMAT for the past year. The CMAT stated she does not recall signing a skill competency check off.</p> <p>An interview on 2/25/2025 at 4:44 pm with the Regional Director of Human Resource and Payroll confirmed that CMAT LL's employee file could not be located. She also confirmed there were no skills competency check offs in CMAT MM's or CMAT NN's employee file.</p> <p>An interview on 2/28/2025 at 11:05 am with the Consultant Pharmacist CCC revealed she did not observe medication pass with the CMATs. She stated if the facility wanted her to observe a medication pass, it was done upon request with a fee. She stated an observation of a medication pass would be something the Nurse Consultant would conduct. The Consultant Pharmacist stated she would have the Nurse Consultant call the surveyor. There was no follow up from the nurse consultant.</p> <p>Administrator CC was unavailable for an interview.</p>		