

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  08/01/2024
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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>49687</p> <p>Based on staff interviews and record review, the facility failed to have residents' funds available for withdrawal after hours and on weekends. This failure has the potential to affect 122 residents who have trust fund accounts. The facility census was 189.</p> <p>Findings included:</p> <p>During an interview on 7/17/2024 at 9:36 am, the Business Office Manager (BOM) stated that the residents do not have access to their funds on the weekends and have been like that since before she got here. The residents were notified in a memo and resident council meeting by the previous Social Service Director. The BOM stated the residents are provided funds on Fridays to cover their weekend spending. When asked why this had been the process, the BOM stated it had been like this before the BOM's tenure at the facility. They currently don't have someone secure enough to handle resident funds on the weekends.</p> <p>In a phone interview on 7/22/2024 at 10:59 am the Former Administrator (FA) WWW stated that they had a Business Office Manager who had been at the facility for approximately six to seven years that resigned. After their resignation, they did have difficulty securing another Business Office Manager. The FA WWW continued that in the interim, they had a plan in place where funds were left with the receptionist. Per the FM WWW, the facility did have a 24-hour seven-day-a-week receptionist until January 2024.</p> <p>During an interview on 7/24/2024 at 10:47 am with Resident Council President, R48, it was revealed that the residents do not have access to their funds on the weekends. When asked what they do when they want to access their funds on weekends, R48 stated they were notified to get enough funds for the weekend on Fridays.</p> <p>In an observation on 7/23/2024 at 11:15 am, the business office hours were noted to be Monday through Friday 9:30 am to 4:30 pm. These business office hours were posted on the door of Accounts Receivable.</p> <p>In an interview on 7/16/2024 at 11:17 am, the Former Social Service Director (SSD) stated that residents didn't have access to withdraw their funds after 3:00 pm and on the weekends.</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
---	-------	-----------

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  08/01/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>49470</p> <p>49687</p> <p>Based on observations, interviews, record review, and review of facility policies, the facility failed to provide a safe and sanitary homelike environment, when staff failed to provide residents clean bedding, clean clothing, and clean bath linens on the second and fifth floor; failed to maintain the ceiling/roof in good repair on the second floor and failed to provide an environment free of persistent odors on the third floor. The census was 189.</p> <p>Findings include:</p> <p>1. Facility Policy Statement titled Supplies and Equipment, last reviewed August 2023 documented, staff must use assigned equipment and supplies with care to promote safety, and equipment and supplies must be ready for use at all times of the day and night to serve the residents' needs.</p> <p>A review of the facility policy titled, Residents Rights last revised in 2016 documented the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences, except when to do so would endanger the health or safety of the resident or other residents. The resident has a right to a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and support for daily living safely.</p> <p>During an interview on 6/26/2024 at 5:42 pm, Certified Nursing Assistant (CNA) FF, revealed staff had endured extensive problems with linen shortage over the last five months and stated occasionally residents ran out of clean linens.</p> <p>During an interview on 6/26/2024 at 5:49 pm, CNA GG on the fourth floor revealed linen shortage was a big concern. CNA GG stated linen was kept on the first floor, and the first floor was a restricted area. Staff do run out of clean linens all the time specifically when laundry staff are gone for the day and added nursing staff occasionally must wait for the laundry department to report to work, which usually takes a day. CNA GG stated several residents were kept soiled due to a lack of clean linen.</p> <p>During an interview on 6/26/2024 at 6:15 pm, CNA HH revealed they got frustrated with the laundry department's ability to keep a sufficient supply of linen for the residents. CNA HH stated there was a lot of uncovered beds in the facility and explained the linen shortage was due to inconsistency with laundry staff and stated the laundry room was always locked.</p> <p>During the interview on 6/26/2024 at 6:20 pm, CNA II revealed clean linen was a problem on her shift and stated laundry staff were not helpful. CNA II stated the laundry room was not accessible as the laundry staff kept the laundry room locked. Residents were kept soiled for long periods due to a lack of clean linen.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview with LPN AAA, who has worked at the facility for three months, of the second-floor linen closet on 6/26/2024 at 8:30 pm revealed no linens at all. LPN AAA stated, This is where the linens are supposed to be. She continues to state that linens have been an issue for some time. The staff have been complaining about it and are hoping to resolve that.</p> <p>Observation of the fifth-floor linen carts on 6/26/2024 at 8:40 pm revealed three linen carts, one in each hall with bare linen on the carts and no linen in the linen closet. Interview at this time with CNA UUUUU revealed she has worked here for one year. She stated there are no large towels, but staff can go down to get some in the laundry room the carts are refilled for each shift and if more is needed before the cart comes up, they go and get more from another cart. CNA UUUUU acknowledged some linen shortages at times.</p> <p>During observation and interview on 7/1/2024 at 11:10 am, R49 was dressed in a gown with dark brown stains. R49 stated the facility had not returned her clothes from the laundry department for three days.</p> <p>During observation and interview on 7/1/2024 at 11:45 am, R50 revealed the facility laundromat was unable to supply linen when needed. R50 stated she used the same sheets for several days at any given time. R50 stated staff always reminded her they were out of clean sheets because there was no staff working in the laundry department.</p> <p>During an interview on 7/10/2024 at 4:19 pm, the previous Director of Nursing (DON) JJJ revealed, facility administration was aware of complaints regarding soiled residents for extended periods due to lack of sufficient linen at the facility.</p> <p>An interview with the current DON BB on 7/16/2024 at 10:30 am revealed, in the past, the facility rarely assisted staff with required clean linen.</p> <p>During an interview on 7/16/2024 at 2:55 pm, Assistant Environmental Services (AES) PPP revealed, in the past the facility had insufficient linen. AES PPP stated a week ago the facility ordered additional linen, enough to supply the residents for seventy-two hours. AES PPP stated prior to the current shipment there was not enough linen for the residents.</p> <p>Observation and interview on 7/18/2024 at 12:50 pm, R25 stated she did not have clean clothes to wear and explained staff never returned her clothes from the laundromat.</p> <p>During an interview on 7/22/2024 at 10:59 am, the previous Administrator WWW, revealed she was employed by the facility from January 2024 through March 2024. Administrator WWW revealed during her tenure, the facility struggled with a limited supply of linen. Administrator WWW stated there were piles of dirty residents' linen in the laundry room area.</p> <p>In an interview on 7/24/2024 at 10:47 am, the Resident Council President, R48, revealed the laundry and linen issues are on the third shift. Staff do not get linens so when the residents have an accident at night they must wait until the morning for fresh linens. R48 stated, I don't know why they do that.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/30/2024 at 11:13 am, CMA LLLL stated she has been employed at the facility since 6/26/2023 revealed on 7/26/2024, Emergency Medical Technicians (EMTs) brought a patient into the facility, without a bed being made. Staff had to go to the basement to get some linens. The laundry room is locked so they go floor to floor to look for linens. The day shift gets all the linen and the night shift doesn't get any linens.</p> <p>During an interview on 7/31/2024 at 10: 25 am, Administrator AA continued that the linen shortage is still an issue and will be an issue until they figure out what is causing the inventory to be low. Just recently someone threw three bags of clean linen in the trash.</p> <p>A review of a Purchase Order created on 6/7/2024 and delivered on 6/29/2024 revealed the following 12 each/dozen:</p> <p>Bath Towels: 14</p> <p>Draw sheets: 15</p> <p>Fitted sheets: 5</p> <p>Flat sheets: 15</p> <p>Patient gowns: 2</p> <p>Pillowcase: 15</p> <p>Reusable under pads: 5</p> <p>Wash clothes: 1</p> <p>A review of the document titled Linen Inventory revealed an inventory list from 5/2/2024, 6/1/2024, and 7/1/2024. The document included bath towels, washcloths, pads, fitted, flat, and draw sheets, pillows, pillowcases, gowns, blanks, and bath blankets. Several categories were noted to have items missing or thrown out. It was also noted that they need more linen on hand and more education for staff on linen use. More linens were ordered based on the 7/1/2024 inventory.</p> <p>A review of email communication dated 7/16/2024 from the EVS Director revealed Laundry Staff TTTTT was hired on 7/16/2024 and Laundry Staff SSSSS returned from FMLA on 7/15/2024, who is assigned to residents' personal clothes. In addition, five staff members were on-site today, 7/16/2024, for laundry services.</p> <p>2. Observation of the R25's bathroom on the second floor on 7/18/2024 at 12:50 pm, showed the bathroom ceiling drooped down. The ceiling was noted with dark brown stains. An interview with R25 revealed she had been in the same room since 2/14/2024. R25 explained the roof had leaked and there was water damage.</p> <p>During an interview on 7/23/2024 at 2:10 pm with the Maintenance Director (MD) VV revealed the roof needed to be replaced. Maintenance Director VV stated there was evidence of water damage in the R25's room. He stated the room would be addressed as soon as possible.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Review of the updated facility policy titled Housekeeping Policies and Procedures-Scheduled Cleaning, it is documented that the facility will maintain a clean and appropriate environment that facilitates the prevention and control of infections. It also allows for the resident of this facility to reside in a home that maximizes their comfort and provides them a clean-homelike environment.</p> <p>A review of the Resident Council Meeting minutes dated 4/24/2024 at 4:30 pm, documented want rooms and hallways to smell good. The residents have asked for the hallway to smell good.</p> <p>During an observation on 7/23/2024 from 10:27 am to 11:43 am, an offensive odor was permeating through the third floor of the facility. This initial observation was made heading to an interview in the Activities Director's office at 10:27 am that is located on the third floor of the facility. After the interview ended at 11:43 am, the odor was still notable.</p> <p>During an observation on 7/24/2024 at 10:47 am through 12:02 pm, an offensive odor was permeating through the third floor of the facility.</p> <p>During an Interview on 7/24/2024 at 10:47 am, R48 confirmed the offensive odor that had been notable on that third floor. R48 stated that housekeeping does not perform deep cleaning of resident rooms and suspects housekeeping has not mopped the floors in a long time.</p> <p>Interview on 7/25/2024 at 2:08 pm, Housekeeping IIII stated they have worked all four floors at the facility. Housekeeping IIII confirmed that there was a smell on the third floor, however, the housekeeping staff tried to manage it by washing the bases down.</p> <p>An interview with Administrator AA on 8/1/2024 at 1:14 pm revealed when she first started at this facility, there were complaints about odors in the elevators and all the halls. At that time, they started doing deep cleaning on all the halls. She was unaware of any current complaints on the third floor. The third floor is scheduled for deep cleaning on Thursdays; however, no deep cleaning has been done since the surveyors were in the building.</p>		

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  08/01/2024
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>49687</p> <p>Based on Staff/Resident interviews, record review, and review of the facility's policies titled, Resident Grievances and Resident Council and Family Group, the facility failed to ensure that resident grievances were resolved within 72 hours.</p> <p>Findings included:</p> <p>During a review of the facility's policy titled, Resident Grievances, revised 12/20/2020, it was revealed that the intent of this policy is to support each resident's right to voice grievances of any nature with the assurance that the facility actively seeks a resolution and keeps the resident appropriately apprised of its progress towards resolution. The policy continued to state, the grievance review period will be completed within 72 hours, unless explanation is provided to the individual as to why the review period requires an extension period.</p> <p>During a review of the facility's policy titled, Resident Council and Family Group, revised 5/8/2024, it was revealed that the facility will consider the views of a resident or family group and act promptly upon the grievances and recommendations of such group concerning issues of resident care of life in the facility.</p> <p>A review of Resident Council minutes dated 9/27/2023 at 3:00 pm revealed that the topics of discussion include laundry, meals regarding the sandwiches that have been served at night, the facility cleanliness, and implementation of the color-coded hags per floor.</p> <p>A review of Resident council minutes dated 10/24/2023 at 2:30 pm revealed that the topics of discussion include missing clothing items and linen and diaper shortage</p> <p>A review of Resident Council minutes dated 11/29/2023 at 3:00 pm revealed that the topics of discussion include laundry issues regarding personal items not being returned to the residents.</p> <p>A review of Resident Council minutes dated 12/27/2023 at 3:00 pm revealed that the topics of discussion include cold food, offensive odors in the facility, food palatability, and staff shortage.</p> <p>A review of Resident Council minutes dated 2/28/2024 at 3:00 pm revealed that the topics of discussion included a shortage of personnel and supplies, and no linens and briefs.</p> <p>A review of Resident Council minutes dated 3/27/2024 at 4:00 pm revealed that the topics of discussion included laundry bags and supplies on the floors.</p> <p>A review of Resident Council minutes dated 4/24/2024 at 4:30 pm revealed topics of discussion to include the dining hall menu, offensive odor, color-coded laundry bags per floor for laundry and linen, and inquiry about the completion of the dining room.</p> <p>A review of Resident Council minutes dated 5/29/2024 at 3:00 pm revealed the topics of discussion included, the dining room opening and residents assisting in making food menus.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 6/27/2024 at 9:48 am, the Facility Ombudsman (FO) III revealed that the dining room has been out of service since October 2023. Under each new Administrator, the FO III stated each would say they were working on it. Some of the residents have stated they do not like eating in their rooms, because they did like the experience of dining with others and have also stated concerns with the increase of bugs in their rooms. Residents and family members have complained that quite often their meal tickets do not match what is served. This includes the main meals. The food is also cold, they're not being served on hot plates. The meals are also served on paper plates with a paper plate covering them.</p> <p>During an interview on date 2:27 pm to 3:35 pm, revealed either Social Service (SS) XXX or Social Service (SS) WWWW will fill out the grievance form and give them to the respective department heads. Once the grievance is initiated, SS XXX will make the department head aware of the time frame in which a grievance should be completed. Per SS XXX, the grievance should be completed within 48 hours.</p> <p>On 7/2/2024 at 11:58 am, the FO III, revealed the major complaints the residents have had were about the food quantity, quality, and timing. Additionally, the residents have stated the issues with housekeeping and laundry persist.</p> <p>During an interview on 7/8/2024 at 3:40 pm, the Administrator stated anybody can file a grievance. They can slide it under the administrator's door or under the social workers door. Administrators usually get a copy and then give it to their department because they have 72 hours to get them turned back into me and then I usually go over them with my social workers. The grievances that come from the Resident council meetings are processed the same way a grievance is process.</p> <p>During an interview on 7/15/2024 at 10:43 am, the Former Social Service Director (SSD) confirmed the food at the facility had been ridiculous.</p> <p>During an interview on 7/16/2024 at 11:17 am, the Former SSD provided an account of several months. Linen shortage had been a problem since November 2023 and remained a constant problem until s/he left in June 2024. Several grievances were provided to the housekeeping manager; however, they were never returned to the former SSD. The following grievances regarding personal clothing and linen were provided to the housekeeping manager during the morning report where the Administrator was present. The former SSD provided the following details below from her notes:</p> <p>2/3/2024- No linen for the weekend- staffing using bedspreads, pillowcases, and sheets to bathe residents</p> <p>2/26/2024 - No Linen for the weekend</p> <p>3/3/2024- Missing Personal Clothing</p> <p>3/7/2024- Missing clothing</p> <p>3/18/2024- No linen</p> <p>4/3/2024- No linen</p> <p>2/2/2024- Briefs- Multiple issues with not having briefs for residents.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administrator and Central Supply notified.</p> <p>Weekend of 2/17/2024- No Briefs</p> <p>Weekend of 3/2/2024- No Briefs</p> <p>Weekend of 3/23/2024- No briefs</p> <p>During an interview on 7/22/2024, the Former Administrator WWW stated extensive issues with linens, laundry, and Registered Dietician nutritional services were suspended due to non-payment. The Former Administrator WWW stated the facility acquired a third-party vendor in September 2023. This vendor provided the facility staffing needs for the Housekeeping, Laundry, and Dietary departments. Since that happened, a lot of issues with those specific departments. The Former Administrator WWW also stated that the washing machine in the laundry was broken and took approximately three to four weeks to fix. The Former Administrator also added that the dining room floors had initiated the floors to be fixed in August/September of 2023.</p> <p>During an interview on 7/24/2024 at 10:47 am, the Resident Council President, R48, revealed that meals have been an issue for a very long time. The portions are small the food is undercooked and served cold. R48 stated the residents have brought up the food issues for a long time and it doesn't seem to be getting resolved. R48 added that the food for about a week or two while the survey team was in the facility had improved but is curious to see what happens after the survey team leaves. R48 stated there is a lack of organization in the kitchen. As far as the laundry and linen issues, R48 stated the third shift do not get linens so when the residents have an accident at night they must wait till the morning for fresh linens. R48 stated, I don't know why they do that.</p> <p>During an interview on 7/30/2024 at 11:13 am, Certified Medication Technician (CMT) LLLL stated they have issues with supplies regarding briefs and linens daily. The staff must go to other floors to see if they have some extra supplies there.</p>

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  08/01/2024
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49687</b></p> <p>Based on resident, and staff interviews, record review, and review of the facility policy titled, Abuse, Neglect and Exploitation the facility failed to protect the residents' right to be free from misappropriation of property by facility staff for one of four sampled residents (R) (R32).</p> <p>Findings included:</p> <p>During a review of the facility's policy titled, 'Abuse, Neglect and Exploitation revised on 3/1/2024, it is documented that misappropriation of resident's property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of resident's belongings or money with the resident's consent.</p> <p>A review of R32's Electronic Medical Record (EMR) revealed an original admitted [DATE] with multiple diagnoses of but not limited to chronic obstructive pulmonary disease, heart failure, anxiety hypertension, type II diabetes, and chronic pain. R32's Brief Interview for Mental Status (BIMS) was 15; indicating R32 was cognitively intact.</p> <p>A review of the Facility Reportable Incident (FRI) dated 1/23/2024 revealed that R32 notified social services of unauthorized charges on their account. It is documented that R32 gave their FSA card to Former Activities Assistant (AA) OOOO to do some shopping for R32 at a local store. R32 states that Former AA OOOO did not return the FSA card. Additionally, R32 noticed some cash app charges R32 did not authorize. The investigation showed that Former AA OOOO linked their Cash app Canary account to R32's card and subsequently a total of \$830 was sent through the cash app. R32 called the FSA card and all transactions were reported to the fraud department.</p> <p>During an interview on 7/10/2024 at 2:35 pm, the Administrator stated that the police came to interview them at the facility about the allegation regarding R32 in April 2024. To the Administrator's knowledge, the police did not have a final report yet and the incident happened in January 2024.</p> <p>During an interview on 7/15/2024 at 10:43 am, the Former Social Service Director (SSD) revealed that the Former Activities Assistant (AA) OOOO connected their Cash app account to R32's bank account. The Former SSD also revealed the Former AA OOOO never returned to the facility after it was brought to the facility's attention that Former AA OOOO misappropriated R32's funds. Former AA OOOO told Former SSD over the phone R32 gave her permission. When the Former SSD followed up with R32, s/he denied giving the Former AA OOOO permission for the amount taken from R32's account.</p> <p>A record review of the Former AA OOOO employee file revealed that their employment was terminated on 1/23/2024.</p> <p>During an interview on 7/16/2024 at 11:17 am, the Former SSD revealed that s/he conducted an in-service with employees and R32 after the investigation was completed and sustained. The Former AA OOOO was also officially terminated.</p>		

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  08/01/2024
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 0603</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from separation (from other residents, his/her room, or confinement to his/her room).</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49470</p> <p>Based on observations, interviews, and a review of the policy titled Abuse Prevention Policy Instruction, the facility failed to ensure that one of five sampled residents (R) (R11) was free from involuntary seclusion.</p> <p>Findings included:</p> <p>A review of the facility policy titled, Abuse Neglect and Exploitation - Work Instruction last revised on 11/15/2022, documented that Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. The resident has the right to be free from . Involuntary seclusion. Involuntary Seclusion means separation of a resident from another resident or his/her room or confinement to his/her room (with or without roommates) against the resident's will or the will of the resident's legal representative.</p> <p>A review of the clinical record revealed that R11 was admitted to the facility on [DATE] with diagnoses that included Alzheimer's Disease Dementia with Psychotic disturbance and a history of falls.</p> <p>A review of the Admission Minimum Data Set (MDS) assessment dated [DATE] documented that R11's Brief Interview for Mental Status (BIMS) score was 10 out of 15, indicating moderate cognitive impairment.</p> <p>A review of R11's care plan created by MDS Director CCC and dated 12/25/2023 revealed that R11 had an Activities of Daily Living (ADL) self-care performance deficit due to confusion and dementia with impaired cognition; R11 required staff participation to reposition and turn in bed; R11 was a high risk for falls due to confusion and was unaware of safety needs; and that staff were to maintain a clear pathway, free of obstacles in R11's room due to falls. The assessment further revealed that R11 had a fall on 1/1/2024 and 1/4/2024.</p> <p>During an interview on 7/9/2024 at 10:14 am, Resident Representative (RR)63 revealed that on 1/9/2024 she visited R11 at the facility and discovered that R11 was barricaded with multiple wheelchairs in his room. RR63 had photographs on her mobile device of R11 barricaded in the room by the wheelchairs. RR63 stated she filed a formal complaint to the director of nursing (DON) OOO and the former Administrator WWW.</p> <p>During an interview on 7/12/2024 at 3:15 pm, Certified Nursing Assistant (CNA) KKK revealed she had assisted R11 with care and R11 was unable to perform ADL care without assistance. CNA KKK stated there were multiple wheelchairs in R11's room however R11 did not have a roommate. She stated that the resident was in isolation at that due to COVID. CNA KKK stated the chairs in R11's room obstructed his movement, and she did not know who placed them in R11's room.</p> <p>(continued on next page)</p>

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  08/01/2024
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 0603</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/13/2024 at 2:15 pm, CNA LLL revealed that R11 repeatedly tried to get out of bed without assistance and presented with confusion. CNA LLL stated that on one occasion, R11's family member said R11 was barricaded with wheelchairs in his room and was unable to get out. She stated that she remembered that the family member reported the incident to the DON. CNA LLL stated that she did not know where the extra wheelchairs came from or who put them in the resident's room.</p> <p>During an interview on 7/15/2024 at 10:46 am former social services director (SSD) NNN revealed that she worked at the facility from 2022 to June 2024. SSD NNN revealed she remembered R11 and RR63. She stated that RR63 informed management that staff had barricaded R11 with wheelchairs in his room and she believed that a grievance was destroyed by DON OOO and the previous administrator WWW. SSD NNN stated she reported the incident regarding R11 to the DON OOO but nothing was done. SSD NNN stated both Administrator WWW and DON OOO were aware that staff kept R11 barricaded in his room with wheelchairs and that she considered this a form of abuse.</p> <p>During an interview on 7/17/2024 at 10:27 am, DON OOO revealed she was the DON for three weeks in January 2024 and that she was made aware that R11 was barricaded in his room when RR63 came to her visibly upset and made a formal complaint. She stated that there were at least three wheelchairs in R11's room and she pulled out two of the three. DON OOO stated she did not know why staff had the wheelchairs in R11's room. DON OOO confirmed that she did not write the grievance and did not conduct a formal investigation.</p>		

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  08/01/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49470</p> <p>Based on record review and interview, the facility failed to notify the resident and resident's representative in writing of the reason for transfer/discharge to the hospital for one of five sampled residents (R) (R15).</p> <p>Findings included:</p> <p>A review of the facility's policy titled, Admission, Transfer and Discharge Registry Policy dated 11/28/2017 and last revised on 10/20/2022, documented that the facility office shall maintain a current Admission, Transfer, and Discharge Register and updates in the electronic health record. The facility must document in the discharge notice the reason for the transfer/discharge, the place to which the resident was transferred/discharged, and the length of the resident's stay. The discharge plan will be monitored and revised as necessary throughout the patient /resident stay. Initiation of a discharge while a resident is in the hospital must be based on the resident's current condition when the resident seeks to return to the facility. The facility must have evidence that the resident's status at the time the resident seeks to return to the facility (not at the time the resident was transferred to acute care) meets one of the criteria for discharge. The facility must provide, in the notice, the specific location to which the resident is being transferred or discharged (such as the name of the new provider or description and/or address if the location is a residence and inquiries concerning admissions, transfers, and/or discharges should be referred to the Medical Records office.</p> <p>A review of the Electronic Medical Record (EMR) revealed that R15 was admitted to the facility on [DATE] with the diagnosis of dementia, psychotic disturbance, a personal history of transient ischemic attack, and cerebral infarction.</p> <p>A review of R15's discharge Minimum Data Set (MDS) dated [DATE] list revealed the resident was discharged from the facility to an acute care hospital with a return anticipated on 01/22/2024</p> <p>A review of the EMR revealed that there was no discharge notice information related to R15 being sent out to the hospital on 1/22/2024.</p> <p>During an interview on 7/16/2024 at 1:50 pm Social Service Director (SSD) XXX stated R15 there was no record of a discharge notice being given for R15 on 1/22/2024. Residents should be given discharge notices. SSD XXX stated she was responsible for issuing resident discharge notices and concluded, the previous SSD NNN did not provide R15 with discharge notice and concluded NNN did not implement any discharge plans for R15 and did not accurately address R15's discharge plans as outlined in the facility policy.</p> <p>During an interview on 7/17/2024 at 9:37 am with the Business Office Manager (BOM) QQQ revealed R15 was discharged on [DATE], to the hospital. BOM QQQ stated typically the social worker would write discharge letters and BOM QQQ would get a copy and place the copy on the resident's record. BOM QQQ stated there was no discharge notice applied to R15's record.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/29/2024 at 4: 07 pm, the Nursing Home Administrator (NHA) AA revealed that facility staff must review the discharge summaries with the family before a resident was discharged . Resident Representatives are required to sign the discharge form, and the facility keeps a copy signed by the family. NHA AA stated a thirty-day notice is given to families or residents who fail to pay their bills and when the facility fails to meet the Resident's needs.</p>		

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  08/01/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49687</b></p> <p>Based on interviews and record review, the facility failed to provide timely respiratory care consistent with professional standards of practice for one of six residents (R) (R45) requiring tracheostomy care.</p> <p>Findings included:</p> <p>Resident (R) 45 was admitted to the facility on [DATE] with the diagnoses to include, Encephalopathy, Acute and Chronic Respiratory Failure with Hypoxia, and Encounter for attention to Tracheostomy.</p> <p>A review of the Admission Minimum Data Set (MDS), for R45, dated 7/9/2024 revealed no Brief Interview of Mental Status (BIMS) score conducted, resident is rarely/never understood. Section O.-Special Treatments, Procedures, and Programs documented resident received oxygen therapy, suctioning, and trach care.</p> <p>A review of R45's Progress Note dated 7/20/2024 at 4:55 pm revealed that nurse observed resident was showing s/s (signs/symptoms) of SOB (shortness of breath) O2 (oxygen): 79-84 percent, nurse asked CNA to call 911, while that was being done resident received suction after nurse listened to lungs and noted they were diminished on the left side. The resident was transferred to hospital .</p> <p>The resident returned to the facility on [DATE].</p> <p>During an interview on 7/25/2024 at 6:05 pm, Certified Nursing Assistant (CNA) KKK revealed that s/he was present when R45 was experiencing respiratory distress. No nurse was found on the floor. The staff had to find the supervisor Licensed Practical Nurse (LPN) UUU as there was no licensed nurse on the unit. The resident's trach was overflowing with phlegm. LPN UUU came into the resident's room and started suctioning the resident and that didn't work. CNA YYY started beating on the resident's chest to loosen it (chest percussion). CNA KKK stated that it took about 10 minutes, on other floors, to find a pulse oximeter machine.</p> <p>During an interview on 7/27/2024 at 3:30 pm, LPN UUU revealed that s/he normally worked the fifth floor. LPN UUU stated that s/he worked the morning and evening shifts that day. The evening shift was when LPN UUU was assigned to work the fourth floor and perform supervisory duties over the other three floors. LPN UUU stated that s/he was not on the fourth floor, where R45 was located when a CNA came to find them. LPN UUU confirmed there were no nurses on the floor when s/he arrived on fourth the floor, just CNAs and Certified Medication Aides (CMA). R45 had a pulse but oxygen level was 79-84% and lung field functioning was diminishing. 911 was called and the R45 was taken to the hospital.</p> <p>An interview with Staff Coordinator WWWW on 7/29/2024 at 1:20 pm revealed there are typically two nurses during the day shifts and one nurse for the night shift for each floor. That means there are four nurses and a nurse supervisor. If a nurse calls out, then there are CMA's, and the nurse supervisor takes that floor if the nurse does not show up.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Respiratory Therapist (RT) YY on 7/30/2024 at 3:40 pm revealed R45 was sent to the hospital again on 7/29/2024. He was sweating and warm to the touch. His oxygen was low, and he didn't look right. He did not fight during oral care, so we knew that was not his normal self. After suctioning, the covers were removed. His oxygen saturation was in the low 90's and after the suctioning, the oxygen saturation was at 95 percent, and they made sure his oxygen was on. The nurse took it from there. R45 had been suctioned previously and the suction cap was in the trash. He had a moderate amount of mucous. He has had a copious amount of secretions. His lungs are usually coarse or rhonchi, and after suctioning, they become clear. It didn't get to the point where they thought it was uncontrollable.</p> <p>An interview with Administrator AA on 8/1/2024 at 1:14 pm revealed the policy is when the supervisor is on the cart, then they are on the cart and not supervising. If the nurse calls out, the nursing supervisor should come in and work the floor. It is not acceptable to not have a nurse on each floor.</p>

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  08/01/2024
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>49687</p> <p>Based on staff interviews, record reviews, and a review of the facility's Assessment tool the facility failed to have sufficient direct care staff coverage to achieve the highest practicable level of well-being for all residents. The facility census was 189.</p> <p>Findings included:</p> <p>A review of the Facility Assessment Tool included a staffing plan to ensure sufficient staff met the needs of the resident at any given time. The positions for the staff needed for the facility census/population included Licensed and Registered Nurses providing direct care, Nurse aides, and other nursing personnel (e.g. those with administrative duties such as staff developer, case manager, Director of nursing, unit managers, PPS, MDS (Minimum Data Set), and Restorative Nursing), staff needed for behavioral healthcare services such as social services and Administrator, Dietician kitchen supervisor, food service director, cooks, and Dietary Aids.</p> <p>A review of the December 2023 and January 2024 Facility two-week staffing Grid provided by the Staffing Coordinator and reviewed by the Administrator revealed no RN coverage for 1/6/2024, 1/7/2024, and 1/20/2024.</p> <p>During an interview on 7/1/2024 at 1:43 pm, the Administrator stated that s/he received a call around 7:20 am to 7:35 am that two dietary cooks did not show up on 7/29/2024. The Administrator advised the caller to tell them to call their supervisor, the Former Dietary Manager (FDM) ZZZZ at that time. According to the Administrator, FDM ZZZZ had called around 8:50 am that they overslept. When the Administrator arrived at the facility, the Assistant Administrator had already been at the facility to begin cooking breakfast. They were about two hours behind with meals and FDM ZZZZ never showed up. The Administrator stated that by the time the Assistant Administrator got to the facility, there were some Certified Nursing Assistants (CNAs) downstairs in the kitchen trying to get stuff started. The Administrator stated although s/he appreciated that, they were hired for patient care. The Administrator revealed that there were several instances where CNAs were doing duties outside of their job description. As such, the Administrator had implemented a signup sheet where staff could sign up to work in the dietary, laundry, or housekeeping but not while they are scheduled to work as CNAs.</p> <p>A review of Resident Council minutes dated 12/27/2023 at 3:00 pm revealed that the topics of discussion included cold food, offensive odors in the facility, food palatability, and staff shortage.</p> <p>During an interview on 7/16/2024 at 9:49 am, the Director of Nursing (DON) stated for instance laundry was short-staffed and CNAs volunteered to work extra hours outside of their scheduled CNAs hours to help. The DON stated, 'I'll come to work and help in the kitchen so just trying to make it work. The DON continued that they were short-staffed in the kitchen like everywhere else in the building but yeah so we just kind of pitched in to help out.</p> <p>During an interview on 7/16/2024 at 11:17 am, the Former Social Services Director (SSD) revealed that certified nursing assistants and Nursing staff were pulled to Dietary on the following dates Weekend of 4/13/2024, 4/27/2024, the weekend of 5/11/204 and 6/1/2024.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 7/16/2024 at 2:58 pm, the Assistant Environmental Services (AEVS) revealed that there were instances where staff in housekeeping and laundry were not getting paid for the hours they had clocked in for. Because of this, staff had walked off the job. The AEVS was not sure if CNAs were working in the laundry or housekeeping during their scheduled working hours where they were expected to be on their respective floors to provide direct patient care. However, AEVS stated it was my understanding that sometimes CNAs would sign up to volunteer to work on the dietary department and laundry for a few days.</p> <p>During an interview on 7/17/2024 at 10:29 am, the Former Director of Nursing (DON) OOO revealed that s/he had made multiple attempts to reach out to the management company about the lack of staff and RN coverage for multiple shifts. The Former DON OOO stated there were multiple days s/he had to work multiple shifts to ensure weekend RN coverage. The Former DON OOO also added that there were multiple occasions no RN for the day shift.</p> <p>During an interview on 7/17/2024 at 11:55 am, the Former SSD revealed that There were a couple of times when staff quit because they weren't paid. The third-party vendor provided the staff with both dietary and housekeeping/laundry. In the last three months, they have lost two dietitians and three dietary managers, two of whom were terminated and one who quit. The direct care staff for both departments worked and didn't get paid. There are deficiencies in management and scheduling that are not the fault of the line staff.</p> <p>A review of a facility document provided by the Administrator titled NCOB cleanup Crew Sing up sheet revealed that as recently as 7/8/2024, the staff is still signing to work additional hours in laundry or housekeeping.</p>		

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  08/01/2024
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>49687</p> <p>Based on record review and staff interview, the facility failed to provide the services of a Registered Nurse (RN) for at least eight consecutive hours a day, seven days a week for three days in January 2024.</p> <p>Findings included:</p> <p>A review of the December 2023 and January 2024 Facility Two-Week Staffing Grid provided by the Staffing Coordinator and reviewed by the Administrator, revealed that there was no RN coverage for 1/6/2024, 1/7/2024, and 1/20/2024.</p> <p>During an interview on 7/1/2024 at 1:43 pm, the Administrator stated the facility was using a lot of agency employees so a major goal when she began in March 2024 was to get rid of agency staff and hire full-time employees.</p> <p>During an interview on 7/17/2024 at 10:29 am, the former Director of Nursing (DON) OOO revealed that s/he had made multiple attempts to reach out to the management company about the lack of staff and RN coverage on multiple shifts. DON OOO stated there were several days s/he had to work multiple shifts to ensure weekend RN coverage and confirmed that there were multiple occasions that no RN was available for the day shift.</p> <p>During an interview on 7/18/2024 at 1:00 pm the Administrator confirmed that she was aware of the staffing issues at the facility but that this was the first time seeing it on paper.</p> <p>During an interview on 7/31/2024 at 4:26 pm, the current Director of Nursing (DON) stated there should always be nursing coverage on every floor even if there is a Certified Mediation Technician (CMAT). The DON confirmed that there was a current lack of nurses to cover each floor.</p>		

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  08/01/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49479</p> <p>Based on staff interviews, record review, and review of the facility policy titled, Administration of Medication, the facility failed to ensure that three of five residents (R) (R13, R32, and R67) were free from significant medication errors.</p> <p>Findings included:</p> <p>A review of the facility policy titled Administration of Medications last reviewed on 11/15/2022 stated that medications shall be administered in a safe and timely manner, and as prescribed. The individual administering the medication must initial the resident's electronic medication administration record on the appropriate line entry after giving each medication and before administering the next one, or document in wet ink. As required or indicated for a medication, the individual administering the medication will record in the resident's Electronic Medication Administration Record (eMAR): The dates and time the medication was administered; the dosage; the route of administration; The signature and title of the person administering the drug.</p> <p>1. A review of the Annual Minimum Set Data (MDS) assessment dated [DATE] revealed that R13 was admitted to the facility on [DATE] with diagnoses including, but not limited to muscle weakness, pressure ulcer of sacral region - stage 3, pressure ulcer of left buttock - stage 2, tracheostomy, dysphagia, oropharyngeal phase, gastrostomy, moderate protein-calorie malnutrition, and abnormalities of gait and mobility. The assessment further revealed that R13 had a Brief Interview for Mental Status (BIMS) score of four (severe cognitive impairment); required assistance from one or more staff members with bathing, dressing, toileting, eating, and grooming; was always incontinent of bowel and bladder; and required incontinent care every two hours and as needed.</p> <p>A review of R13's eMAR for July 2024 revealed nine days that R13's medication had not been administered. The eMAR indicated blanks for 7/2/2024, 7/5/2024, 7/6/2024, 7/7/2024, 7/10/2024, 7/17/2024, 7/18/2024, 7/20/2024, and 7/27/2024.</p> <p>A review of the eMAR dated July 2024 for R13 revealed the following physician's orders and the medications not administered:</p> <p>* R13 was ordered Aspirin 81 milligram (mg) via a gastrostomy tube (G-tube) once a day. On 7/2/2024, 7/5/2024, 7/7/2024, and 7/27/2024 the medication was not administered.</p> <p>* R13 was ordered Darunavir Oral Tablet 800 mg via G-tube once a day. On 7/2/2024, 7/5/2024, 7/7/2024, and 7/27/2024 the medication was not administered.</p> <p>* R13 was ordered Dolutegravir Sodium 50 mg via G-tube once a day. On 7/2/2024, 7/5/2024, 7/7/2024, and 7/27/2024 the medication was not administered.</p> <p>* R13 was ordered Emtricitabine 200 mg via G-tube once a day. On 7/2/2024, 7/5/2024, 7/7/2024, 7/20/2024, and 7/27/2024 the medication was not administered.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>* R13 was ordered Ferrous Sulfate oral Solution 5 milliliters (ml) a day. On 7/5/2024 and 7/27/2024 the medication was not administered.</p> <p>* R13 was ordered Ferrous Sulfate Oral Solution 220 mg/5ml via G-tube once a day. On 7/5/2024 and 7/27/2024 the medication was not administered.</p> <p>* R13 was ordered [NAME]-Vite 1 mg via G-tube once a day. On 7/5/2024, 7/7/2024, and 7/27/2024 the medication was not administered.</p> <p>* R13 was ordered Ritonavir Oral Packet 100 mg via G-tube once a day. On 7/5/2024, 7/7/2024, and 7/27/2024 the medication was not administered.</p> <p>* R13 was ordered Sertraline HCl 50 mg via G-tube once a day. On 7/5/2024, 7/7/2024, and 7/27/2024 the medication was not administered.</p> <p>* R13 was ordered Tenofovir Alafenamide Fumarate 25 mg via G-tube once a day. On 7/5/2024, 7/7/2024, and 7/27/2024 the medication was not administered.</p> <p>* R13 was ordered enteral feed every shift for flush with 5 ml of water between medication administrations via G-tube. On 7/2/2024, 7/5/2024, 7/7/2024, 7/17/2024, 7/18/2024, and 7/27/2024 the flushes between medication were not administered.</p> <p>* R13 was ordered Jevity 1.5 at 55ml/hour with 150 ml free water flush every four hours. On 7/2/2024, 7/5/2024, 7/7/2024, 7/17/2024, 7/18/2024, and 7/27/2024 the enteral feeding was not administered.</p> <p>During an interview on 7/16/2024 at 9:49 am, the Director of Nursing (DON) revealed an X on the eMAR meant that the medication was not yet due, or it was not yet ordered. The DON stated checks with initials on the bottom meant that the medication had been administered and if there were any blanks on the eMAR, it would be assumed that the medication had not been administered.</p> <p>2. A review of R32's Electronic Medical Record (EMR) revealed an original admitted [DATE] with multiple diagnoses of but not limited to chronic obstructive pulmonary disease, heart failure, anxiety hypertension, type II diabetes, and chronic pain. R32's Brief Interview for Mental Status (BIMS) was 15; indicating R32 was cognitively intact.</p> <p>A review of R32's Grievance/complaint form dated 1/5/2024 documented that R32 reported not receiving her methadone and Percocet in a couple of days. The complaint was investigated by the Former Director of Nursing (DON) OOO and it was documented that the medication had not been ordered promptly.</p> <p>A review of R32's nurse note created on 1/5/2024 at 3:44 pm documented, called (doctor) office and on-call answering service; left a message about the 2 narcotics that need scripts; and called (doctor's) phone but got no answer. A message left at the office.</p> <p>A review of R32's nurse note dated 1/7/2024 at 4:01 pm documented that this writer printed out both scripts for methadone HCL 10MG oral tablet and Percocet 10-325MG. 'Doctor' on call notified, awaiting on call back. Will continue to follow up</p> <p>(continued on next page)</p>

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  08/01/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of R32's Orders Administration note dated 1/8/2024 at 5:31 pm, it was revealed that needs to be ordered on the last pill</p> <p>A review of R32's progress note dated 1/9/2024 at 3:36 pm, it was documented that Patient was out of methadone, the medication came in this evening around 11:00 AM. The patient stated she didn't get her 600 methadone because she was out of the medication.</p> <p>During an interview with the DON on 7/16/2024 at 9:49 am, X's on the Medication Administration Record (MAR) mean that it's not yet due and not yet ordered. Checks with initials on the bottom mean administered, blanks all we can assume is the medication was not administered.</p> <p>A review of R32's eMAR dated January 2024 revealed a physician's order for methadone HCl Oral Tablet of 10 milligrams (mg) given by mouth three times a day for pain. On 1/2/2024, 1/3/2024, 1/5/2024, 1/10/2024, 1/12/2024, 1/15/2024, 1/16/2024, 1/17/2024, 1/18/2024, 1/19/2024, 1/21/2024, 1/25/2024, and 1/30/2024 the medication was not administered either once, twice or three times as ordered.</p> <p>3. A review of R67's Electronic Medical Record (EMR) revealed an original admitted [DATE] with multiple diagnoses of but not limited Idiopathic chronic gout, generalized edema, alcoholic cirrhosis of the liver, diabetes mellitus with hyperglycemia, hypo-osmolality, and hyponatremia. R67 Brief Interview for Mental Status (BIMS) was 15; indicating R67 was cognitively intact.</p> <p>A review of R67's Grievance/complaint form dated 1/4/2024 documented that R67 reported not receiving his oxycontin and gabapentin for 6 days. The complaint was investigated by the Former Director of Nursing (DON) OOO and it was documented that the medication had not been ordered promptly.</p> <p>A review of R67's eMAR dated December 2023 revealed a physician's order for Gabapentin Oral Capsule 100 milligram (mg) given by mouth one time a day for an anticonvulsant. The order date was 12/8/2023 and discontinued on 1/2/2024. Medication was not given on 12/29/2023.</p> <p>During an interview on 7/30/2024 at 11:13 am, Certified Medication Technician (CMT) LLLL revealed when the medication gets to the blue strip (approximately eight medications) on the card write it on the paper to give the Charge nurse to reorder or go to the DON. CMT LLLL stated she had tried to reorder medications but only nurses can do that. CMT LLLL stated she had been on the fourth floor for about a week so far and they always have issues with medication being out. CMT LLLL stated if the Administrator note says on order or not available not available is either 9 or 13 on eMAR.</p> <p>During an interview on 7/30/2024 at 1:50 pm, the Unit Manager, Licensed Practical Nurse (UMLPN) RR there was a dark blue line on the blister packets and that's when nurses should reorder the medication. UMLPN stated some staff waits until it gets down to two to three pills.</p> <p>49687</p>		

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  08/01/2024
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 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>36462</p> <p>Based on record reviews and interviews, the governing body failed to ensure that the facility had adequate linen supplies, briefs, and dietary and laundry staff to provide care, clean linens, and meals for residents in a timely manner. The facility census was 189.</p> <p>Findings included:</p> <p>A review of the contract between the facility and (name) Care Services Group for dietary services revealed that the agreement was established on 7/1/2023. The agreement outlined that, Commencing on 7/1/2023 (the 'Start Date'), (name) will provide such dining management, supervision, labor, materials, and supplies as (name) as required, to provide the services identified on Exhibit A hereto ('Services') in accordance with the terms of this Agreement.</p> <p>A review of the contract between the facility and (name) Care Services Group for housekeeping and laundry services revealed that the agreement was established on 7/1/2023. The agreement outlined that, Commencing on 7/1/2023 (the 'Start Date'), (name) will provide management and consulting services to Client in connection with Client's performance of housekeeping and laundry services on the premises of the Facility, and (b) procure and purchase the supplies and materials necessary for Client to perform the housekeeping and laundry services on the premises of each Facility. The agreement further stated, Ownership of all existing housekeeping equipment will be transferred by Client to (name) and (name) will allow Client to use such equipment to perform housekeeping and laundry services at each facility. Any repair of, replacement of, or addition to, housekeeping equipment will be (name's) responsibility.</p> <p>A review of the list of (name) Services Dietary Managers from 9/1/2023 to the present revealed that there had been five dietary managers since September 2023 with managers being employed for two to three months.</p> <p>A review of an email (dated 3/12/2024 at 1:36 pm) between Environmental Services addressed to the Administrator revealed an acknowledgment of invoices for towels and washcloths that were delivered on 2/20/2024.</p> <p>A review of an email (dated 5/21/2024 at 10:30 am) between Environmental Services addressed to the Administrator revealed a request for approval for an order of small equipment needed and linen that was ordered to replace linens that had been discarded, under pads, fitted, and flat sheets, and gowns. It was noted that the order was created on 4/17/2024.</p> <p>A review of an email (dated 6/3/2024 at 11:08 am) between Environmental Services addressed to the Administrator revealed a request for cleaning materials, laundry chemicals, staffing, small equipment including vacuums, mop sticks, house-keeping carts and wet/dry vac and paper towels/tissue dispensers.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of an email (dated 6/3/2024 at 1:57 pm) between Environmental Services addressed to the Administrator revealed a step-request for approval to order linens. Once the approval was given by the Administrator, then a second approval would be needed. It was noted that the order was approved by the Administrator at 2:20 pm on the same day.</p> <p>A review of an email (dated 6/3/2024 at 2:27 pm) between Environmental Services addressed to the Administrator and the second party revealed that approval was requested due to the facility needing linens.</p> <p>A review of an email (dated 6/11/2024) between the Administrator and Regional Food Service Director (RFSD) WW revealed that the Administrator was reaching out to the staff of (name) Services Care Group due to the dietary staff shortage. The email explained that the new Dietary Manager (DM) ZZZZ was becoming overwhelmed, and the fear was that she would leave soon.</p> <p>A review of the supply invoices from October 2023 showed that there was an order placed for linens including pillowcases, flat and fitted sheets, towels, and washcloths.</p> <p>A review of the supply invoices for briefs only showed that briefs were purchased on 5/4/2024 (60 cases), 6/1/2024 (45 cases), 6/8/2024 (47 cases), 6/15/2024 (42 cases), 6/22/2024 (38 cases). Additional briefs were purchased during other supply orders to include on 1/8/2024 (6 cases), 1/13/2024 (29 cases), 1/20/20024 (26 cases), 1/27/2024 (33 cases), on 2/3/2024 (40 cases), 2/10/2024 (50 cases), 2/17/2024 (35 cases), 2/24/2024 (32 cases), 3/2/2024 (40 cases), 3/16/2024 (40 cases), 3/23/2024 (60 cases), 3/28/2024 (16 cases), 4/06/2024 (45 cases), 4/13/2024 (50 cases), 4/20/2024 (40 cases), 4/27/2024 (40 cases), 5/11/2024 (47 cases), 5/25/2024 (40 cases).</p> <p>During an interview on 6/26/2024 at 6:46 pm Assistant Environment Services (AES) PPP stated that she currently has six staff members including herself. AES PPP stated that they have done a massive hiring of about 10 people but are waiting for the background checks to clear. AES PPP stated that most of the current staff works from 7 am to 3 pm, two staff who works from 4 pm to 12 am, and one staff who works from 11 pm to 7 am. AES PPP also stated that residents on the 5th floor primarily dress out in their personal clothing daily and it's the residents on the other floors who utilize the gowns.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/1/2024 at 1:43 pm with the Administrator AA stated that the vendor company cannot retain staff, and the staff leave for numerous reasons, but mainly because of the pay. Administrator AA stated that the staff work a lot of overtime because they're short-staffed. Administrator AA stated that she had the labor board on her back calling her, and she would explain that the company is a vendor company. Administrator AA further explained that the vendor company doesn't pay the staff according to how they work, for example, if the staff worked 89 hours and 90 hours they're going to pay them for 70 hours. Administrator AA further stated that is one of the issues that they have. She stated that they get them in, and can recruit them, but they won't stay. She stated that she doesn't think that anyone stays past two weeks after they get that first check, and the checks are not always on time. Administrator AA stated her hands were tied. Administrator AA stated that she has had to use her own money to buy pads, silverware, paper plates, and linens for the residents. Administrator AA stated that she was tired of buying the above items with her own money, but the residents are the only reason she stays because the residents deserve better. She stated that she is currently waiting to receive approximately \$4800 of her personal money back for items that she has purchased. She stated that it is rumored that the vendor company is related to the member(s) of Corporate and despite what is not being done, Corporate will not employ another company. Administrator AA stated that the corporation micromanages.</p> <p>During an interview on 7/13/2024 at 2:30 pm, the previous Administrator MMM, revealed she was employed at the facility from 10/23/2023 to 1/4/2024. During that period, the facility was unable to assist staff with adequate clean linen for the residents. Administrator MMM stated she placed several orders through corporate which were never approved. There was a facility-wide shortage of towels and there were no face cloths. Residents had no sheets to change or to cover themselves in bed. The facility had no clean linen and residents had no clean clothes and some residents lay on uncovered mattresses with no bed sheets. Administrator MMM made several requests to corporate, and her requests were never honored.</p> <p>During an interview on 7/15/2024 at 10:46 am, with the previous Social Services Director (SSD) NNN revealed she worked at the facility from 2022 through June 2024. SSD NNN revealed she wrote several grievances that were brought to her attention, regarding the shortage of linen, and nothing was done at the corporate level. According to SSD NNN, the facility never purchased wipes for resident's use. NNN stated orders were never placed, received, or purchased. According to NNN, some housekeeping (HK) staff failed to report to work due to a lack of compensation. NNN added, that there were piles of dirty personal clothing and dirty linen in the laundry, and residents were left with no clothes to change and clean linen to use.</p> <p>During an interview on 7/16/2024 at 2:58 pm, the AES PPP stated that there were instances where staff in housekeeping and laundry were not getting paid for the hours they had clocked in for. She stated that because of this, staff had walked off the job. AES PPP stated it was my understanding that sometimes CNAs would sign up to volunteer to work on the dietary department and laundry for a few days.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/16/2024 at 4:03 pm Regional Director of Clinical Operations (RDCO) DDDDD stated that she had been in her current position since 2021. RDCO DDDDD was asked her opinion of what were some things that could be done to improve things at the facility, and she stated was more staff. When asked about the issues in dietary, housekeeping, and laundry department, the response was they needs more staff. When asked what kind of resources was needed for the building to improve upon the current issues, they stated the facility needs staffing and training and regional coverage to support the building. When asked about how she resolves issues in her building that she covers when it comes of the dietary, laundry, and housekeeping issues, the regional stated she has the facility administrator would talk to the Chief Executive Officer (CEO) or Chief Operating Officer (COO) of the management company, and they would work with (name) on the issues that were brought up.</p> <p>During an interview on 7/22/2024 at 10:59 am with previous Administrator WWW (acting Administrator from January 2024 to March 2024) who stated that she was the administrator at two different periods as the [NAME] President (VP) of Clinical Operations. Administrator WWW stated that there was an issue with linens. She stated that she and another former employee toured the laundry and noted that the facility had to use emergency items. Administrator WWW stated that there was a time when the washing machine was down. She stated that the washing machine needed to be repaired and it took three to four weeks for that to happen. Administrator WWW also noted that laundry services were not provided at that time. There were extensive issues with linens, laundry and the Registered Dietitian (RD) nutritional services were suspended due to non-payment. Administrator WWW lastly stated that in August or September of last year, a request was placed in for the flooring to be redone. She stated that they had to have the foundation drilled out, the pipe repaired, and then they had to have a whole new flooring put in. She stated that they got estimates from two companies. The estimates were submitted to corporate because the residents could not go into the dining room and enjoy their meals in the dining room. Administrator WWW stated that the residents were having to be fed in the nursing units in the day rooms. She reiterated that she knew that it was August or September of last year when they began getting the quotes to repair the flooring. She lastly noted that the Administrator before her may have started getting the initial estimates before her.</p> <p>Subsequent information provided noted that the initial quote for the vinyl plank flooring was given on 10/31/2023. The roofing estimate was given on 1/23/2024.</p> <p>During an interview on 7/23/2024 at 2:10 pm with the Maintenance Director (MD) VV revealed the roof needed to be replaced.</p> <p>During an interview on 7/23/2024 at 1:37 pm Certified Nursing Assistant (CNA) UUUU stated that about two weeks ago the food was late, due to staffing. When we run into staffing problems in the kitchen, none of us are too good to go into the kitchen. CNA UUUU stated that the Sunday (6/23/2024) before surveyors entered the building, she had to help in the kitchen.</p> <p>During an interview on 7/29/2024 at 1:20 pm Certified Medication Administration (CMA) VVVV stated that when the facility switched over to the new company, we didn't get paid on our pay date and it was very late in the day, and some staff members walked out. CMA VVVV stated that this occurred around January 2024 but stated that she wasn't in the facility at that time due to being on vacation at that time, but she heard about it when she came back. CMA VVVV further stated that the prior administrator and Director of Nursing (DON) were offering bonuses, and the new company did not give out the bonuses.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During the Quality Assurance Performance (QAPI) interview on 7/31/2024 at 10:06 am with Administrator AA revealed that issues that have been identified for the months of May, June, and July 2024 included laundry, linens, housekeeping, supplies and dietary issues.</p> <p>During an interview on 7/31/2024 at 6:37 pm Central Supply (CS) XXXX stated that he orders supplies every week, and it is mostly briefs and wipes. CS XXXX stated that the staff were using too many briefs and wipes. CS XXXX stated that he would put out the briefs and wipes out on a Friday and when he would return on a Monday, the supplies would be gone.</p>		

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  08/01/2024
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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>49687</p> <p>Based on record review, interviews, and review of the policy titled Quality Assurance and Performance Improvement, the facility failed to implement an effective Quality Assurance and Performance Improvement (QAPI) Program to resolve ongoing concerns related to resident grievances and laundry services. The facility census was 189.</p> <p>Findings included:</p> <p>A review of the updated facility policy titled, Quality Assurance Performance Improvement Plan documented this facility's leadership intends to conduct an ongoing quality assurance/performance improvement program designed to systematically monitor and evaluate the quality and appropriateness of resident care, pursue opportunities to improve resident care, resolve identified programs and identify opportunities for improvement.</p> <p>A review of Resident Council minutes dated 9/27/2023, 10/24/2023, 11/29/2023, 12/27/2023, 2/28/2024, 3/27/2024, 4/24/2024, and 5/29/2024 revealed continued concerns related to laundry, missing clothing items, linen, and diaper shortage, and shortage of personnel and supplies.</p> <p>A review of the QA Committee Minutes for May 2024 revealed extra linen needed to be ordered.</p> <p>Interview on 7/16/2024 at 11:17 am, the previous Social Services Director (SSD) NNN provided an account of several months where the facility experienced a linen shortage. She stated it had been a problem since November 2023 and remained a constant problem until s/he left in June 2024. Several grievances were provided to the housekeeping manager; however, they were never returned to the previous SSD NNN. Grievances regarding personal clothing and linen were provided to the housekeeping manager during the morning report where the Administrator was present. SSD NNN provided details from her notes regarding the continued concerns related to linen shortage, missing personal clothing, and shortage of briefs from 2/3/2024 through 3/3/2024.</p> <p>During an interview on 7/31/2024 at 10:06 am, Administrator AA stated that the issues identified in the May 2024, June 2024, and July 2024 QAPI meetings included laundry, linen, supplies, maintenance issues, and dietary issues. She stated that based on what is in the QAPI meeting agenda, the issues identified in February 2024 included maintenance, and not responding timely to grievances. In January 2024, the issues identified included staffing issues due to them utilizing agency and linen issues.</p> <p>During the interview on 7/31/2024 at 10: 25 am, Administrator AA revealed that supplies and linen shortage is still an issue and will be an issue till they figure out what is causing the inventory to be low. Just recently someone threw 3 bags of clean linen in the trash.</p> <p>Cross Refer F585 and F584.</p>		

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  08/01/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32513</p> <p>Based on observation, interview, record review, and review of facility policy titled, Enhanced Barrier Precautions, the facility failed to ensure enhanced barrier precautions (EBP) were utilized during care for one of three residents (R) (R53) reviewed for high-contact care.</p> <p>Findings included:</p> <p>A review of facility in-service training titled, Enhanced Barrier Precautions, dated March 2024, revealed, . Enhanced Barrier Precautions (EBP)- include the use of gloves and gown when caring for residents with chronic wounds or indwelling medical devices during high-contact resident activities .Residents requiring EBP (gowns and gloves for care) include chronic wounds, wounds with dressings . Gloves and gowns are to be worn when providing the following high-contact resident activities. Dressing, bathing/showering, transferring, changing linen, providing hygiene, changing briefs, or assisting with toileting. Any care that requires close contact .</p> <p>A review of the Admission Record located in the Profile tab of the electronic medical record (EMR) revealed R53 was admitted to the facility on [DATE] with diagnoses that included a stage four pressure ulcer (full thickness tissue loss with exposed bone, tendon, or muscle), a gastrostomy tube (a feeding tube which provides nutrition to people who cannot eat by mouth) and dementia.</p> <p>A review of the quarterly Minimum Data Set (MDS) assessment located in the MDS tab of the EMR with an Assessment Reference Date (ARD) of 6/6/2024 revealed R53 was severely impaired in cognition, was dependent on staff for all activities of daily living (ADL) care, had one stage four pressure ulcer, and received nutrition via a gastrostomy tube.</p> <p>During an observation on 7/23/2024 at 10:00 am, Certified Nursing Assistant (CNA) YYY and CNA GG were observed setting up supplies to give R53 a bed bath. Neither CNA was observed to be wearing a gown. CNA YYY removed her gloves and left the room, upon returning to the bedside, she donned new gloves without using hand hygiene. CNA YYY removed R53's brief and with the same gloves, cleaned the front peri area. R53 was turned onto her right side by CNA GG and the soiled brief, with feces, was removed. CNA YYY did not remove her soiled gloves after she placed the soiled brief into the plastic bag. With the same gloves, and without performing hand hygiene, CNA YYY removed the draw sheet, obtained a clean washcloth, and cleaned her buttocks. CNA YYY and CNA GG were asked if they had been in-serviced on EBP and what the requirements were when providing high-contact care, such as a bed bath. CNA YYY shrugged and stated, I don't know.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During the same observation, at 10:09 am, Licensed Practical Nurse (LPN) EE entered the room and set up her supplies to perform wound care on R53. LPN EE placed her supplies on the overbed using a barrier, however, the supplies were next to the plastic container being used by CNA YYY for R53's bath. LPN EE applied double gloves but was not observed to wear a gown during the high-contact care. LPN EE was asked if she was aware of the EBP requirements when providing high-contact care such as wound care. LPN EE stated, Barrier precautions are resident-to-resident, and you are supposed to wear a gown when providing high-touch care. LPN EE was asked if she wore a gown during wound care. She stated, No, I didn't. LPN EE further stated that the Infection Preventionist (IP) was going around and putting up signs. LPN EE stated, I don't think there was a gown for me to use on the cart outside the door. LPN EE was asked if the facility had enough personal protective equipment (PPE) such as gowns and gloves, which were readily available for staff use. LPN EE stated, Yes.</p> <p>An observation of the linen cart, outside R53's room, revealed there were no gowns for staff use during high-contact care, and there was no PPE cart readily available outside the resident room.</p> <p>During an interview on 7/23/2024 at 10:40 am, the IP stated, I think there has been confusion related to EBP. We might need to reevaluate EBP. I am going to get with the Administrator and change the policy. The IP was asked what she meant by reevaluate. She stated, To get rid of EBP.</p> <p>During an interview on 7/29/2024 at 9:24 am the IP confirmed that she and the Unit managers on each floor are responsible for educating on EBP.</p>		

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  08/01/2024
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 0883</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 for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32513</p> <p>Based on interviews, record review, and review of facility policy titled Influenza and Pneumococcal Immunizations, the facility failed to assess for eligibility and ensure residents were offered and/or administered influenza and pneumococcal vaccines; and failed to provide documentation that the resident and/or resident representative were informed of the risks versus benefits of refusing the vaccines for two residents of five sampled residents (R) (R28 and R55) reviewed for immunizations. This failure placed residents at risk of complications from being unvaccinated.</p> <p>Findings included:</p> <p>A review of the facility policy titled, Influenza and Pneumococcal Immunizations, revised November 2022 revealed, .It is the standard of practice of this facility to offer and administer immunizations to the resident unless it is medically contraindicated to prevent and minimize house acquired infection, unnecessary hospitalization , and even death in the elderly population associated with influenza and incidence of pneumonia .All residents of this facility will be offered the influenza vaccine annually. Assessment will be documented in the facility computer software program, Point Click Care (PCC) within the resident's medical record (immunizations tab) .Upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine and when indicated will be offered unless medically contraindicated or the resident has been immunized .The resident/legal representatives have the right to refuse vaccination .If refused, appropriate entries will be documented in the resident's electronic clinical record indicating the date of refusal of the vaccine .</p> <p>1. A review of the Admission Record located in the Profile tab of the electronic medical record (EMR) revealed that R28 was originally admitted on [DATE].</p> <p>A review of the Quarterly Minimum Data Set (MDS) located in the MDS tab of the EMR with an Assessment Reference Date (ARD) of 5/26/2024 revealed R28 had a Brief Interview of Mental Status (BIMS) score of six out of 15 which indicated she was severely impaired in cognition for daily decision-making.</p> <p>A review of the Immunizations tab in the EMR revealed, Influenza .consent refused, and Pneumovax 23 . consent refused.</p> <p>A review of the Miscellaneous tab in the EMR revealed no documentation that the resident and/or legal representative were informed of the risks vs benefits of the vaccines and documentation of consent refusal.</p> <p>A review of the Georgia Registry of Immunization Transactions and Services (GRITS), provided by the Administrator, revealed no immunization history.</p> <p>During an interview on 7/29/2024 at 9:24 am, the Infection Preventionist (IP) and Administrator confirmed that R28 had no information regarding having been offered/administered the influenza and/or pneumococcal vaccines.</p> <p>2. A review of the Admission Record located in the Profile tab of the EMR revealed that R55 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Medical Diagnosis tab in the EMR, revealed R55 had multiple sclerosis (a disease in which the immune system eats away at the protective covering of nerves.)</p> <p>A review of the Immunizations tab in the EMR revealed, Pneumococcal dose 1 .consent refused and Pevnar 23 .consent refused.</p> <p>A review of the Miscellaneous tab in the EMR revealed that R55's resident representative had refused consent for the pneumococcal vaccines on 10/10/2018.</p> <p>A review of the annual MDS located in the MDS tab of the EMR with an ARD of 12/11/2018 revealed R55 had a BIMS score of nine out of 15 which indicated she was moderately impaired in cognition for daily decision-making.</p> <p>A review of the annual MDS located in the MDS tab of the EMR with an ARD of 7/7/2024 revealed, that R55 had a BIMS score of 13 out of 15 which indicated she was cognitively intact for daily decision-making.</p> <p>A review of the Miscellaneous tab in the EMR did not show, when R55's cognition improved, had been educated on the risks vs benefits and/or refused consent for the pneumococcal vaccine.</p> <p>A review of the Georgia Registry of Immunization Transactions and Services (GRITS), provided by the Administrator, revealed no pneumococcal immunization history.</p> <p>During an interview on 7/29/2024 at 9:24 am, the Administrator and Infection Preventionist were asked if the facility had readdressed the pneumonia vaccines with R55 since 2018. The Administrator stated, No, we haven't. Since we started in May of this year, we are still getting immunizations up and running and getting the documentation together.</p>		

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  08/01/2024
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32513</p> <p>Based on interviews, record review, and review of the facility policy titled Testing of Resident and Staff for COVID-19, the facility failed to offer/administer or provide documentation of consent or refusal by the resident representative for the COVID-19 vaccines for one of five sampled residents (R) (R28) reviewed for COVID-19 vaccinations. This failure placed the resident at risk for complications related to being unvaccinated.</p> <p>Findings included:</p> <p>A review of facility policy titled, Testing of Resident and Staff for COVID-19, revised in May 2023 revealed, .It is the policy of [facility] to maintain and attain best practices in the prevention and spread of infection. The facility follows all recommendations from CMS (Center for Medicare/Medicaid Services), CDC (Center for Disease Control), and state and local regulatory agencies .</p> <p>A review of the electronic medical record (EMR) revealed that R28 was originally admitted to the facility on [DATE].</p> <p>A review of the Quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 5/26/2024 revealed R28 had a Brief Interview of Mental Status (BIMS) score of six out of 15 which indicated she was severely impaired in cognition for daily decision-making.</p> <p>A review of the Immunization tab in the EMR revealed no documentation of the initial COVID-19 vaccines including any boosters for R28.</p> <p>A review of the Miscellaneous tab in the EMR revealed no documentation that the R28 and/or legal representative were informed of the risks and/or benefits of the vaccines. There was no documentation in the EMR of consent or refusal of vaccines.</p> <p>A review of the Georgia Registry of Immunization Transactions and Services (GRITS), provided by the Administrator, revealed no immunization history for R28.</p> <p>During an interview on 7/29/2024 at 9:24 am the Administrator confirmed that R28 had no documented COVID-19 vaccinations or consent/refusals in her medical record.</p>		

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  08/01/2024
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>49470</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure that essential equipment was maintained in a safe and operable manner related to wheelchairs, ice machines, and the walk-in freezer.</p> <p>Findings included:</p> <p>A record review of the facility policy titled, Maintenance Service last revised in April 2022, revealed the following:</p> <p>Maintenance service shall be provided to all areas of the building, grounds, and equipment.</p> <p>Policy Interpretation and Implementation. The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at, all times. Maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines and maintaining the building in good repair and free from hazards.</p> <p>1. During an interview on 7/1/2024 at 11:10 am R49 stated she had been unable to utilize her wheelchair for months due to the brakes not working. She stated that despite her repeated efforts and notifications to the maintenance department, nothing had been done to repair her wheelchair.</p> <p>During an interview on 7/1/2024 from 12:00 pm, R48 stated that on 6/1/2024, Registered Nurse (RN) SSSS attempted to maneuver her wheelchair and placed the gear in reverse and the wheelchair malfunctioned. She stated that she had been unable to utilize her wheelchair since then and expected that the facility was going to make the necessary repairs. she stated that she declined to use a regular wheelchair when the maintenance department offered her one and explained she was paralyzed on one side and was unable to utilize a manual wheelchair.</p> <p>During an interview on 7/8/2024 at 10:01 am, Maintenance Director VV revealed part of his job description was to repair wheelchairs and to repair inoperable equipment. He stated residents with wheelchairs that were beyond repair were provided with a new chair and explained that R48's wheelchair was beyond repair.</p> <p>During an interview on 7/8/2024 at 2:24 am, Social Worker XXX revealed the process regarding inoperable equipment is to notify the maintenance department through a ticket system. She stated she would expect the maintenance department to make the necessary repairs including fixing inoperable wheelchairs for the residents, however, the facility does not assist residents with electrical wheelchair concerns. Social Worker XXX stated R48 reported a grievance regarding her electrical wheelchair which was out of service and that she spoke to R48 regarding her wheelchair. Social Worker XXX stated on 6/1/2024, Certified Nursing Assistant (CNA) RRRR observed RN SSSS in R48's wheelchair and confirmed that the wheelchair was operable until RN SSSS attempted to operate R48's wheelchair.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 7/8/2024 at 4:12 pm, Administrator AA stated she explained to R48 facility would provide R48 with a manual wheelchair. She stated that she was unaware that R48's wheelchair malfunctioned while RN SSSS was riding R48's wheelchair. She stated that the facility would be responsible for the specific repairs.</p> <p>2. During observation and interview on 7/1/2024 at 3:05 pm, Dietary [NAME] PP opened the ice machine which was observed to be inoperable. They stated that it had not been functional for over two weeks.</p> <p>During an interview on 7/1/2024 at 3:50 pm, Licensed Practical Nurse (LPN) RR revealed that the ice machine located on the Fourth Floor had been inoperable for over a month. LPN RR stated the maintenance department was made aware. They stated that the maintenance department takes several months for equipment to be repaired.</p> <p>During an interview on 7/1/2024 at 4:07 pm, CNA TT revealed the ice machine on the Fourth Floor was inoperable and explained staff usually have to rely on the ice machine located on the First Floor, but now the First Floor icemaker was down and inoperable as well.</p> <p>During an interview on 7/1/2024 at 4:01 pm, Maintenance Worker SS stated that they were aware that the ice machines on the Fifth Floor and Second Floors were inoperable.</p> <p>3. During observations on 7/11/2024 at 3:05 pm, the walk-in freezer in the kitchen revealed an internal temperature of 25 degrees Fahrenheit (F).</p> <p>During observations on 7/13/2024, the walk-in freezer in the kitchen revealed an internal temperature of 25 degrees F throughout the day.</p> <p>During observations on 7/15/2024 at 8:49 am, the walk-in freezer in the kitchen revealed an internal temperature of 25 degrees F.</p> <p>During observations on 7/16/2024 at 10:45 am, the walk-in freezer in the kitchen revealed an internal temperature of 23 degrees F.</p> <p>During an interview on 7/31/2024 at 10:52 am, Dietary Manager GGGGG, confirmed that the walk-in freezer had not been able to keep the required holding temperatures.</p>

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  08/01/2024
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49470</p> <p>Based on observations, record review, interviews, and review of the facility policy titled facility policy, titled Pest Control Policy, the facility failed to have an effective pest control program in place. The census was 189.</p> <p>Findings included:</p> <p>A review of the facility policy titled Pest Control Policy last reviewed on 11/15/2022, documented that the policy aims to ensure that, as far as possible, pests (rats, mice, roaches, ants, fruit flies, silverfish, etc.) within the premises are kept to an absolute minimum with the ideal being eradication but due to the resilience and persistence of some species this ideal is impossible to achieve. The Pest Control Contractor shall rid the premises of pests using only approved pesticides and maintain the locations to the required standard for the duration of the contract. The contractor will also respond to unscheduled requests to effectively rid the premises of further pests. The contractor will supply all goods and materials to carry out the service.</p> <p>A review of the Pest Prevention Service Report (dates 9/26/2023 through 6/24/2024) revealed that the pest control company was present on site on the following dates and treated for the following pests:</p> <p>On 9/26/2023 pest control treated for crickets.</p> <p>On 10/13/2023 pest control treated for crickets, ants, and flies around the dumpster.</p> <p>On 10/16/2023 pest control treated for crickets.</p> <p>On 11/6/2023 the facility was billed for pest prevention, but no details for treatment were given.</p> <p>On 12/11/2023 the facility was billed for pest prevention, but no details for treatment were given.</p> <p>On 1/16/2024 rat traps were placed out and roach gel was put out in the facility.</p> <p>On 1/22/2024 pest control serviced the kitchen area and physical therapy by applying fly bait to the doors and treated the drains in the kitchen area for fruit flies.</p> <p>On 1/29/2024 pest control serviced and cleaned utilities on all floors for roaches.</p> <p>On 2/5/2024 pest control treated the interior and ground-level hallway in the laundry room and bathrooms with granules and rodent stations. Pest control also serviced the dumpster with fly granules.</p> <p>On 2/12/2024 pest control serviced all floors with 48-hour rodent traps, it was noted that the facility had recently caught rodents with previously installed 48-hour traps.</p> <p>On 2/29/2024 pest control treated drains on the third floor in the shower rooms and kitchenettes, the drains in the kitchen and dishwasher area, and the floor drains for fruit flies.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 2/26/2024 pest control treated the kitchens and utility rooms on all floors.</p> <p>On 3/4/2024 pest control service the interior and the exterior of the building, dumpster, interior on basement level entryways, common areas around employees, lockers, bathrooms service exterior with granules, max force, and fly baits. It was noted that drains, kitchens, and kitchenette utility rooms on floors were treated where fruit flies had been reported.</p> <p>On 3/11/2024, pest control serviced, cleaned, and inspected all rodent stations and 48-hour traps on all floors. Pest control also treated drains with chemicals for fruit flies.</p> <p>On 3/18/2024 pest control treated the kitchen area to include the drains, floor drains and sinks, and bathroom drains for fruit flies.</p> <p>On 3/25/2024 pest control treated drains on all floors, kitchenettes, and utility rooms for fruit flies.</p> <p>On 4/5/2024 pest control documented that roaches were reported to have been seen at all nurses' stations and residents' rooms. Pest control was treated for roaches during this visit.</p> <p>On 4/15/2024 pest control was treated for ants in offices and treated dumpster for flies.</p> <p>On 4/22/2024 pest control treated the kitchen for siting of rodents and switched our fly glue board and fly light.</p> <p>On 5/15/2024, pest control serviced the exterior building and dumpster with fly bait and one resident's room for ants.</p> <p>On 5/13/2024 pest control treated the first-floor conference room for ants (reported by maintenance). This service summary also noted a need for an order for fruit flies.</p> <p>On 5/24/2024 pest control serviced the center of the building, hallways, service drains and kitchen area for fruit flies and with fly lights. Pest control also treated the office area for ongoing ants.</p> <p>On 5/29/2024 pest control noted that maintenance reported ongoing issue with fruit flies that was reaching to residents' rooms. Pest control documented that the treatment that was being used was, over and above standard contract treatment, and discussed problems with food being left around the kitchenette, nurses' stations, and other cleaning issues.</p> <p>On 6/3/2024 pest control treated the exterior building and dumpster for rodents.</p> <p>On 6/17/2024 pest control was serviced for fruit flies. Pest control noted that after speaking with maintenance it was believed that fruit flies were riding the meal carts from the kitchen area and getting onto the residents' floors.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/24/2024 pest control treated kitchen drains again for fruit flies. It was noted that residents' rooms were found to have issues that could be increasing pests, such as remnants of food and a bowl underneath a table and dishes with food. It was also noted that directives to clean up and maintain cleaning to avoid further fruit fly issues were discussed.</p> <p>During an observation on 6/26/2024 at 5:10 pm, flies and gnats were observed in room [ROOM NUMBER]B. The resident in that room stated that the flies and gnats had been there for a while. Certified Nursing Assistant (CNA) LL revealed flies were a major concern for two months.</p> <p>During an observation in the kitchen on 6/26/2024 at 5:20 pm, a live fly was flying around in the kitchen in the food prep area.</p> <p>During an observation on 6/26/2024 at 5:29 pm, a live gnat flew around in the conference room.</p> <p>During an interview on 6/26/2024 at 7:05 pm, Licensed Practical Nurse (LPN) KK revealed that flies were a concern and stated that maintenance was made aware. LPN KKK stated several residents had raised concerns regarding flies in their rooms.</p> <p>During an observation on 6/26/2024 at 8:46 pm, a live fly was observed in the conference room on the table.</p> <p>During an observation on 6/27/2024 at 8:47 am, the kitchen door that leads to the outside was ajar about seven inches.</p> <p>During an interview on 6/27/2024 at 9:48 am, the Ombudsman stated there was an issue with rats in the kitchen earlier in the year. She further stated that the facility had rats in the kitchen, but she had always observed that the kitchen's back door was always ajar. She stated that there have also been resident complaints related to the fruit flies in resident rooms.</p> <p>During an observation on 6/27/2024 at 10:07 am a live fly was observed on a chair in the conference room.</p> <p>During an observation on 6/27/2024 at 2:24 pm the outside kitchen door was opened.</p> <p>During an observation on 7/1/2024 at 8:31 am the door to the kitchen that leads to the outside that is located towards the parking lot was propped open. There was a rock used to prop it open.</p> <p>During an observation on 7/1/2024 at 8:41 am and 9:20 am, the outside kitchen door was observed to be still open.</p> <p>During an interview on 7/1/2024 at 9:40 am, Maintenance Director VV revealed the facility was infested with fruit flies and flies and that the facility was working on eliminating the spread of fruit flies, with the assistance of a specified pest control company. Maintenance Director VV stated residents and staff voiced concerns related to mice in the kitchen area and flies in resident rooms.</p> <p>(continued on next page)</p>		

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  08/01/2024
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 7/1/2024 at 10:01 am, Assistant Maintenance Director XX stated that not too long ago there had been some issues with rats downstairs in the kitchen area. He stated that residents have complained about rats in the hallways and on the second floor. Assistant Maintenance Director XX further stated that gnats have been a huge issue because residents have food and flowers in their rooms.</p> <p>During an interview on 7/1/2024 at 10:34 am Certified Medical Technician (CMT) NN stated she had seen live mice and flies in the building. She stated that the residents have complained to her about the fly infestation in their rooms.</p> <p>On 7/1/2024 at 10:39 am, R25 was observed lying in her bed. Her breakfast tray was observed unconsumed on the bedside table with four slices of bacon, bread, and oatmeal. Multiple fruit flies were observed flying around the room and landing on the food. R25 stated that she was unable to enjoy her meal because of the excessive amounts of fruit flies in her room. R25 added that the fruit flies had been a concern for over a month and concluded she had reported her concerns to several staff members.</p> <p>On 7/1/2024 at 3:10 pm, an observation of the first-floor pantry revealed a plethora of small dark brown particles along the edge of the wall and in the corners. [NAME] PP stated that the small particles were mouse feces. Further observations along the edges of the wall area showed there was evidence of mice infestation in the kitchen area. [NAME] PP confirmed they were aware, and that pest control placed mouse traps around the facility.</p> <p>During an interview on 7/1/2024 at 3:20 pm, Dietary Aide QQ stated there was evidence of mice in the kitchen. He stated that he observed mouse droppings in the pantry and on the kitchen floors.</p> <p>During an interview on 7/1/2024 at 3:36 pm the Assistant Maintenance Director XX revealed the small dark droppings in the kitchen pantry showed mouse infestation was a concern.</p> <p>During an observation on 7/2/2024 at 8:28 am the door to the kitchen leading outside towards the parking lot was propped open. There was a rock used to prop it open.</p> <p>During an observation on 7/02/2024 at 8:49 am the outside kitchen door was opened with a rock inside to keep it ajar.</p> <p>During an interview on 7/2/2024 at 9:28 am Maintenance Director VV stated the facility had a pest control program, but he was not confident its ability to eliminate the flies.</p> <p>During an observation on 7/2/2024 at 3:26 pm a dead fly was observed on the table in the conference room.</p> <p>During an observation on 7/3/2024 at 12:40 pm a dead fly was observed on the table in the conference room.</p> <p>During an observation on 7/5/2024 at 8:51 am the kitchen door that leads out to the parking lot was left ajar.</p> <p>On 7/15/2024 at 9:50 am, a live fly was observed in the conference room.</p>		