STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115145	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Anderson Mill Center for Nursing and Healing LLC	2130 Anderson Mill Rd Austell, GA 30106

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, record review, and review of the facility's policy titled, Assessment: Nursing, the facility failed to ensure that the care plan was updated for one of three sampled residents (R) (R3). This deficient practice placed the resident at risk for unmet care needs and delayed interventions because the care plan remained inaccurate regarding the level of assistance required.Findings include:Review of the facility's policy titled, Assessment: Nursing, undated, revealed under Policy: . The assessment must accurately reflect the patient's status at the time of assessment. Under Practice Standards: .1.3 Complete focused assessments/evaluations as triggered. Section 4. Conduct a change in condition assessment as needed. Section 5. Utilize assessment data to develop the care plan.Review of the electronic medical record (EMR) revealed R3 was admitted to the facility on [DATE] with pertinent diagnoses including, but not limited to, a displaced fracture of the posterior wall of the right acetabulum resulting from a fall on 11/12/2025, with onset documented on 11/13/2025. Additional diagnoses included displaced fracture of the upper end of the right humerus, wedge compression fracture of the first lumbar vertebra, polyosteoarthritis, age-related osteoporosis, low back pain, repeated falls, and unspecified dementia without behavioral disturbances.Review of R3 significant change Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 2, indicating severe cognitive impairment. Section GG, Functional Status, revealed R3 was impaired on both sides to lower extremity, no use of any mobility devices, however, the quarterly MDS dated [DATE] revealed use of Wheelchair.Review of R3's care plan dated 12/03/2025 indicated problems related mobility and fall risk following multiple fractures, which required assistance from two staff members for safe transfers and activities of daily living (ADLs). Goals included ensuring the resident's safety during all transfers and mobility activities, while promoting participation in ADLs to the fullest extent possible. Interventions included providing two-person assistance for transfers, bed mobility, dressing, and toileting; using assistive devices as needed; implementing fall prevention measures such as fall mats and clear environments; and coordinating physical and occupational therapy to support strength and safe mobility.Review of the Physician's Orders for R3 included but was not limited to:Order dated 01/19/2026 for PT to eval and treat as indicated:Order dated 1/19/2026 for Skilled PT (physical therapy) services 3x/wk (week) x 4 wks (weeks) for thera ex (therapeutic exercise), thera act (activities), neuroreed (neuromuscular reeducation), wheelchair mobility & pt/CG (patient/caregiver) educ (education) d/t (due to) muscle weakness.Order undated for WBAT (weight bearing as tolerated)-Work on BLE (bilateral lower extremity) strengthening, mobility and transfer 2 x wk for 6 weeks with ROM (range of motion), strengthening. Evaluate and tx (treat) of bil. (bilateral) hips (lower exts. (extremities).Review of R3's PT, provided by the facility's Rehab Director, included the PT evaluation and plan of treatment dated 01/19/2026. At that time, R3 required substantial to maximal assistance from two (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	staff members for transfers. Subsequent PT progress notes dated 01/27/2026 indicated that R3's functional status had improved, and the resident now required moderate assistance from only one staff member for transfers. These PT notes reflected a change in the resident's level of assistance needed, that was not documented or updated in the care plan, which continued to indicate that R3 required two-person assistance for transfers and other activities of daily living.Interview on 02/4/2026 at 10:01 AM with Certified Nursing Assistant (CNA) AA revealed that R3 required one-person assistance for transfers and that she was not familiar with the resident's fall history and full care plan.Interview on 02/4/2026 at 10:05 AM with Licensed Practical Nurse (LPN) BB revealed that R3 currently required one-person assistance for transfers. LPN BB confirmed that when R3 returned from the hospital following the fracture in November 2025, the care plan was updated to reflect a two-person assist. LPN BB noted that the care plan had not been updated to reflect the resident's current functional status.Interview on 02/4/2026 at 10:27 AM with Unit Manager LPN CC revealed that while the care plan indicated R3 requiring two-person assistance, current practice reflected that she only required one-person assistance for transfers. LPN CC confirmed that the care plan continued to show two-person assistance with transfers.Interview on 02/5/2026 at 10:16 AM with Rehab Director confirmed that R3 was evaluated on 01/19/2026 and required two-person assistance, but by 01/27/2026, R3 was assessed as required one-person assistance (Moderate Assistance), as documented in the PT Daily Soap notes. The care plan had not been updated to reflect this change.Interview on 02/4/2026 at 1:45 PM with Interim Director of Nursing (I-DON) EE confirmed that staff had been instructed on the current interventions for R3, including one-person assistance for transfers. She acknowledged that the care plan should have been updated on 01/27/2026 to reflect the change in level of assistance following PT evaluation. Stated that the facility held daily clinical meetings and weekly Patients At Risk (PAR) meetings, which included review and updates to resident care plans, and that physical therapy staff attended those meetings. The care plan should have been revised during one of those meetings, but it was not. The I-DON stated that she would update the care plan immediately. Interview on 02/4/2026 at 3:38 PM with both MDS FF and MDS GG revealed that while R3's Significant Change MDS indicated a two-person assist, staff had not made then aware that the care plan should be updated to reflect current functional status, which was one-person assist. They further stated that any nursing staff may update the care plan.