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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115206 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/15/2025 |
| NAME OF PROVIDER OR SUPPLIER Marietta Center for Nursing and Healing | | STREET ADDRESS, CITY, STATE, ZIP CODE 811 Kennesaw Avenue Marietta, GA 30060 | |

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

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observations, staff interviews, and record review, the facility failed to maintain safe water temperatures to ensure residents were free from potential accident hazards, as evidenced by water temperatures exceeding 120 degrees Fahrenheit (F) in one of five shower rooms (South Hall Shower Room). The deficient practice had the potential to place residents who use the shower at increased risk of burns.</p> <p>Findings include:</p> <p>Review of a facility-provided document titled Instructions Testing and Logging Water Temperatures revealed the document included instructions of 1. For burn prevention, federal guidelines advise that you keep domestic water temperatures below 120 degrees Fahrenheit, although this temperature can still cause burns if exposure reaches five minutes. Many states have even stricter standards that set maximum temperatures lower than 120 degrees Fahrenheit. Although 100 degrees Fahrenheit is considered a safe water temperature for bathing.</p> <p>Observation and interview with the Maintenance Director on 6/14/2025 at 9:12 am revealed that the water in the South Hall Shower measured 122 degrees F with the facility's calibrated thermometer. A sink tested at 9:10 am, in the same location, measured 126 degrees F. The Maintenance Director revealed he usually attempted to maintain water temperatures between 106 and 108 degrees F. The Maintenance Director stated that when checking temperatures, he allowed the water to run until it reached what he considered the proper temperature. He explained it took time to recirculate. He stated that the issue with temperature fluctuation may be due to the proximity of each hall to the water heaters. The Maintenance Director stated he would immediately adjust the water temperatures and confirmed the South Hall shower room would be taken out of order while temperature adjustments were made. The Maintenance Director stated he was not aware of any accidents due to hot water temperatures.</p> <p>Interview on 6/14/2025 at 2:54 pm with the [NAME] President of Property Management (VP) stated they had a runaway mixing valve which required readjustment. He reported the water heater had been changed approximately two months ago. The VP stated the facility preferred to maintain water temperatures between 100 and 106 degrees F, and the water temperatures were monitored weekly. He confirmed that staff checked nearby rooms to ensure the temperatures were not more than 110 degrees F.</p> <p>Observation on 6/14/2025 at 3:00 pm in the South Hall shower room revealed a water temperature reading of 108 degrees F for both the shower and sink.</p> <p>(continued on next page)</p> |

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

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Observation on 6/15/2025 at 9:05 am and 9:07 am in the South Hall revealed water temperature readings of 106 degrees F at the sink and 102.6 degrees F in the shower, respectively.</p> <p>A Resident Council meeting was held on 6/15/2025 and revealed that no residents had concerns with hot water temperatures.</p> <p>A review of the grievance logs revealed no grievances related to hot water temperatures.</p> <p>Interview on 6/15/2025 at 12:14 pm with the Administrator revealed the expectation was that water temperatures be maintained between 100 and 110 degrees F. The Administrator reported that staff monitors temperatures daily through spot checks rather than checking every fixture. He confirmed adjustments were made when discrepancies were identified. He acknowledged the potential for a negative outcome, including the risk that residents could get burned.</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, staff interviews, and review of the facility policies titled Food Receiving and Storage and Refrigeration and Freezers, the facility failed to ensure opened food items in the dry storage area and walk-in refrigerator were labeled and dated, and failed to remove a dented can from the food storage rack to prevent usage. The deficient practices had the potential to place 117 residents who received an oral diet from the kitchen at risk of contracting a foodborne illness.</p> <p>Findings include:</p> <p>Review of the facility policy titled Food Receiving and Storage, issued April 2024, revealed at bullet point seven, All foods stored in the refrigerator or freezer will be covered, labeled, and dated.</p> <p>Review of the facility policy titled Refrigeration and Freezers, issued April 2024. revealed at bullet point seven, Use by or open dates will be labeled on food items once opened.</p> <p>Observation on 6/13/2025 at 8:24 am of the dry storage area revealed an open five-pound bag of egg noodles being stored with no open date. Continued observation of the dry storage area revealed a food storage rack with canned foods. A large can of Northern Beans was observed with a dent on the bottom seal.</p> <p>Observation on 6/13/2025 at 8:27 am of the walk-in refrigerator revealed an open packet of ham slices with no label or date, a clear plastic container with chopped lettuce with no label or date, and an opened bag of parsley with no open date.</p> <p>Observation on 6/13/2025 at 8:39 am of a large rectangular clear plastic bin under the food preparation table revealed that inside the bin were an open box of instant mashed potatoes, two open five-pound bags of grits, and an open package of gravy mix. None of these food items had an open date.</p> <p>During an interview on 6/13/2025 at 8:50 am, the Director of Dietary (DD) confirmed that the bag of egg noodles had no open date. He stated that the noodles were used for a meal last night, and the cook did not place an open date. The DD stated that dietary staff are to date food items after they have been opened. The DD confirmed that the can of Northern Beans was stored in the food storage rack and had a dent on the bottom seal. The DD stated that the delivery driver uses the can to prop open the door to the kitchen to make it easier to deliver items. The DD stated that the delivery driver slammed the door into the can, causing the dent. The DD stated that once the delivery driver is done propping open the door, the can is returned to the rack. The DD revealed that the can should not have been returned to the rack with the dent.</p> <p>During an interview on 6/13/2025 at 8:55 am, the DD confirmed that the packet of sliced ham did not have a label or date. The DD stated the sliced ham was not labeled or dated due to the staff using it to make sandwiches. At the time of observation and interview, all staff were assembling breakfast meal trays, and no one was in the process of making sandwiches. The DD confirmed that the container containing chopped lettuce had no label or date and that the label likely fell off. There was no label found on the floor or on the food storage rack. The DD confirmed that the bag of parsley had been opened and was not labeled with an open date.</p> <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>During an interview on 6/13/2025 at 9:00 am, the DD revealed that he does not expect staff to date open food items stored in the clear plastic bin under the food preparation table. The DD stated that the entire bin is dated and, therefore, individual items do not need to be dated. The DD confirmed that there was no label on the bin with a date. The DD revealed that the cook likely removed the label from the food storage bin.</p> <p>During an interview on 6/13/2025 at 9:00 am, Dietary [NAME] AA revealed that he did not remove any stickers from the bin and did not notice any stickers on the food storage bin.</p> | | |

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| <p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Dispose of garbage and refuse properly.</p> <p>Based on observations, staff interviews, and review of the facility policy titled Disposal of Garbage and Refuse, the facility failed to ensure two of two dumpster's side doors were closed and failed to ensure the ground surrounding the dumpsters was free from trash debris. The deficient practice had the potential to promote the harboring of pests, insects, and other organisms and create the potential for disease transmission by pests and rodents. The facility census was 124 residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Disposal of Garbage and Refuse, revised April 2024, revealed at bullet point seven that refuse containers and dumpsters kept outside the facility shall be designed and constructed to have tightly fitting lids, doors, or covers. Containers and dumpsters shall be kept covered when not being loaded. Surrounding area shall be kept clean so that the accumulation of debris and insect/rodent attractions are minimized.</p> <p>Observation on 6/13/2025 at 9:10 am of the dumpster area revealed the facility had two medium-sized dumpsters for general trash. Observation of the dumpster on the right-hand side revealed that the side door on the right side was open, exposing trash inside. Continued observation revealed the ground surrounding both dumpsters had trash debris such as plastic water bottles, plastic gloves, plastic cups, paper, and plastic silverware.</p> <p>During an interview on 6/13/2025 at 9:10 am, the Director of Dietary (DD) confirmed that the side door to the dumpster was open. The DD confirmed that there was trash debris on the ground surrounding the dumpsters. Continued interview with the DD revealed that he observed the dumpsters/dumpster area at least once a day, but often more, to ensure the dumpster top lids are closed, side doors are closed, and bottom drainage plugs are in place. The DD stated that all departments use dumpsters, and all staff are responsible for ensuring that dumpster doors are closed and that there is no trash on the ground.</p> <p>Observation on 6/14/2025 at 9:20 am of the dumpster area revealed that the dumpster on the right-hand side had the left side door open.</p> <p>Observation on 6/15/2025 at 11:10 am of the dumpster area revealed that both dumpsters had all side doors open, and trash bags were spilling out.</p> <p>During an interview on 6/15/2025 at 11:10 am, the Director of Maintenance (DM) confirmed that the side doors to both dumpsters were open and confirmed that trash bags were spilling out. The DM revealed that all staff were to assist with ensuring dumpster side doors were closed and all trash was contained inside. The DM revealed that housekeeping was responsible for keeping the ground surrounding the dumpster area clean.</p> <p>During an interview on 6/15/2025 at 11:10 am, the DD confirmed that all of the side doors to both dumpsters were open, and trash bags were spilling out. The DM confirmed that there was trash on the ground surrounding the dumpsters.</p> <p>(continued on next page)</p> | | |

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| <p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>During an interview on 6/15/25 at 11:15 am, the Lead Housekeeper (LH) revealed that housekeeping staff were to make sure the dumpster side doors were closed after use. The LH confirmed that the side doors to both dumpsters were open, with trash spilling out. The LH stated that housekeeping staff were responsible for keeping the ground surrounding the dumpsters free from trash and was not sure when the task was last completed.</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, staff interviews, record review, and review of facility policies titled Personal Protective Equipment and Transmission-Based (Isolation) Precautions, the facility failed to protect residents from infection by not wearing personal protective equipment (PPE), when providing care to one of two residents (R) (R328) on Contact Precautions. The deficient practice had the potential to cause the spread of infections to other residents, staff, and visitors.</p> <p>Findings include:</p> <p>Review of the facility policy titled Personal Protective Equipment, revised January 2025, revealed under Policy: The facility promotes appropriate use of personal protective equipment to prevent the transmission of pathogens to residents, visitors, and other staff. Under Policy Explanation and Compliance Guidelines: All staff who have contact with residents and their environments must wear personal protective equipment as appropriate during resident care activities and at other times in which exposure to blood, body fluids, or potentially infectious materials is likely.</p> <p>Review of the facility policy titled Transmission-Based (Isolation) Precautions, revised 9/12/2024, revealed under Policy: It is the policy of the facility to take appropriate precautions to prevent transmission of pathogens, based on the pathogens' modes of transmission. Under Policy Explanation and Compliance Guidelines: .8. Contact Precautions- .c. When caring for residents on contact precautions, staff should wear a gown and gloves for all interactions that may involve contact with the residents or potentially contaminated areas in the residents' environment.</p> <p>Review of R328's electronic medical record (EMR) revealed that he was admitted to the facility with a diagnosis that included, but was not limited to, unspecified acute conjunctivitis (infection of the conjunctivae) of the right eye.</p> <p>Review of R328's admission Minimum Data Set (MDS) assessment revealed that the assessment was in progress.</p> <p>Review of R328's Clinical Physician's Orders revealed an order dated 6/14/2025 for ciprofloxacin HCL [hydrochloride] ophthalmic 0.3 percent (an antibiotic medication), instill 2 drop in the right eye four times a day. Further review revealed an order dated 6/13/2025 for Infection Precautions - contact, every shift.</p> <p>Review of R328's medication administration record (MAR) revealed the ophthalmic drops were documented as administered as ordered.</p> <p>An observation on 6/14/2025 at 8:54 am revealed that Licensed Practical Nurse (LPN) BB entered the room of R328 without putting on PPE. At that time, it was noted that the resident was on contact isolation.</p> <p>An observation on 6/14/2025 at 8:59 am revealed that LPN BB entered the room of R328 without putting on PPE.</p> <p>(continued on next page)</p> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>An interview on 6/14/2025 at 9:05 am outside R328's room, LPN BB stated that Contact Precautions meant that if he was going to be providing care, especially if the antibiotic eye drops were to be administered, he would need to be using PPE. He then stated that he did not need to use PPE every time he went into the room.</p> <p>An interview on 6/14/2025 at 1:14 pm with the Infection Preventionist (IP) revealed that it is her expectation that any staff caring for a resident in Contact Precautions needed to apply the appropriate PPE required for that isolation.</p> <p>An interview on 6/14/2025 at 1:16 pm with the Director of Nursing revealed that it was her expectation that staff wear appropriate PPE when providing care for any resident in Contact Precautions.</p> | | |