

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Decatur Center for Nursing and Healing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  2722 North Decatur Road Decatur, GA 30033	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49687</b></p> <p>Based on staff interview and record review, the facility failed to ensure that Minimum Data Set (MDS) assessments were accurate for one of four sampled residents (R) (R12) reviewed for falls.</p> <p>Findings include:</p> <p>Review of the Electronic Medical Record (EMR) revealed, R12 admitted to the facility on [DATE] with multiple diagnoses that included but not limited to type II diabetes mellitus without complications, sepsis, morbid (severe) obesity with alveolar hypoventilation, edema, indwelling urethral catheter, pressure ulcer of sacral region, stage IV hypertension and chronic pain.</p> <p>Review of R12's Admission Minimum Data Set (MDS) assessment dated [DATE] revealed, Section C (Cognitive Patterns), a Brief Interview for Mental Status (BIMS) of 15 which indicated intact cognition; Section J (Health conditions) revealed, Fall since Admit/prior Assessment, was marked no'</p> <p>Review of a fall incident report dated 7/26/2024 revealed that R12 was trying to get from my chair into the bed and it rolled from underneath me.</p> <p>Review of R12's Progress Notes dated 7/26/2024 revealed, a Left Index finger strain- Xray ordered- Acetaminophen PRN (as needed); Fall: Neuro check and v/s (vital sign) per protocol. Monitor for pain; Monitor for latent sign of injury.</p> <p>During an Interview on 12/11/2024 at 10:18 am, the MDS Assessment Nurse KK revealed her job duties included completing resident assessments and developing care plans. She revealed, falls were discussed, and interventions were developed in morning meetings. The MDS Assessment Nurse KK confirmed R12's had a fall that occurred on 7/26/2024. The MDS Assessment Nurse KK stated she was not sure why that wasn't captured on the MDS. MDS Assessment Nurse KK stated she went back to review the MDS and confirmed it wasn't captured. MDS Assessment Nurse KK stated it must have been an oversight.</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
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<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**</b> 49687</p> <p>Based on interviews, record review and review of the facility's policy titled Medication Administration, the facility failed to administer scheduled medication within 60 minutes before or after the scheduled medication time for one of sampled three residents (R) (R13) reviewed for medication administration.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Medication Administration dated January 2023 under the section titled Policy Explanation and Compliance Guidelines revealed, 11. (b) Administer within 60 minutes prior or after scheduled time unless otherwise ordered by physician.</p> <p>Review of the Electronic Medical Record (EMR) revealed R13 admitted to the facility with multiple diagnoses that included but not limited to type II diabetes, chronic kidney disease, hearing loss, pulmonary hypertension, chronic pain and of automatic (implantable) cardiac defibrillator.</p> <p>Review of R13's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed, Section C (Cognitive Pattern) a Brief Interview for Mental Status (BIMS) of 15, which indicated the resident had intact cognition.</p> <p>Review of R13's care plan, initiated on 1/15/2024 revealed the resident is on pain medication therapy: Hydrocodone, Tizanidine, Lidocaine patch, diclofenac gel r/t (related to) pyogenic arthritis, chronic pain disorder, neuropathy, joint pain, muscle spasms.</p> <p>Review of R13's physician's orders revealed, gabapentin oral tablet 600 milligrams: one tablet by mouth three times a day (9:00 am, 1:00 pm and 5:00 pm) for neuropathy. Start date of 5/24/2024 to 12/10/2024.</p> <p>Review of R13's Medication Administration Audit Report documented the following:</p> <p>Schedule date - 11/9/2024; 9:00 am- administration time 11:34 am</p> <p>Schedule date - 11/9/2024; 5:00 pm- administration time 6:22 pm</p> <p>Schedule date - 11/10/2024; 9:00 am- administration time 11:16 am</p> <p>Schedule date - 11/10/2024; 5:00 pm- administration time 7:49 pm</p> <p>Schedule date - 11/11/2024; 1:00 pm- administration time 3:37 pm</p> <p>Schedule date - 11/11/2024; 5:00 pm- administration time 7:37 pm</p> <p>Schedule date - 11/13/2024; 1:00 pm- administration time 2:33 pm</p> <p>Schedule date - 11/14/2024; 1:00 pm- administration time 4:19 pm</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Schedule date - 11/15/2024; 1:00 pm- administration time 3:45 pm</p> <p>Schedule date - 11/15/2024; 5:00 pm- administration time 6:52 pm</p> <p>Schedule date - 11/17/2024; 1:00 pm- administration time 4:40 pm</p> <p>Schedule date - 11/18/2024; 9:00 am- administration time 11:07 am</p> <p>Schedule date - 11/18/2024; 5:00 pm- administration time 6:39 pm</p> <p>Schedule date - 11/19/2024; 5:00 pm- administration time 7:25 pm</p> <p>Schedule date - 11/20/2024; 1:00 pm- administration time 4:56 pm</p> <p>Schedule date - 11/21/2024; 9:00 am- administration time 10:49 am</p> <p>Schedule date - 11/22/2024; 5:00 pm- administration time 7:28 pm</p> <p>During an interview on 12/2/2024 at 11:24 am, the complainant revealed, that R13 had several instances where her 9:00 am medications wouldn't be administered until 11:00 am and there were times that R13 and her roommate R12 had a difficult time getting their pain medications.</p> <p>Interview on 12/4/2024 at 10:28 am with R13 revealed the medications was always late. R13 stated she and R12 received their gabapentin late. R13 stated their 9:00 am dose would come around 11:00 am and that would push the afternoon dose to like 5:00 pm and then the evening dose even later.</p> <p>During an interview on 12/9/2024 at 3:05 pm, the Director of Nursing (DON) revealed there's a two-hour window (one hour before and one hour after) for the medication to be administrated to the resident. If there's a hole on the MAR, there's a possibility that the medication was missed. The DON stated, I have not had any concerns about late medications, that I can recall.</p> <p>Interview on 12/10/2024 at 12:59 pm with Licensed Practical Nurse (LPN) JJ revealed, the nurses have an hour before and an hour after a scheduled medication time to administer medications.</p> <p>Interview on 12/11/2024 at 10:14 am with R13 stated that whenever her gabapentin was administered late, her neuropathy would act up.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49687</p> <p>Based on resident and staff interviews and record review, the facility failed to provide showers/baths for one of six sampled residents (R) (R12) reviewed for Activities of Daily Living (ADLs).</p> <p>Findings include:</p> <p>Review of the Electronic Medical Record (EMR) revealed, R12 admitted to the facility on [DATE] with multiple diagnoses that included but not limited to type II diabetes mellitus without complications, sepsis, morbid (severe) obesity with alveolar hypoventilation, edema, indwelling urethral catheter, pressure ulcer of sacral region, stage IV hypertension and chronic pain.</p> <p>Review of R12's Admission Minimum Data Set (MDS) assessment dated [DATE] revealed, Section C (Cognitive Patterns), a Brief Interview for Mental Status (BIMS) of 15 which indicated intact cognition.</p> <p>Review of R12's Care plan, initiated on 7/23/2024 revealed, R12 required extensive assistance by one staff when bathing.</p> <p>Review of the Facility's shower schedule revealed, residents receive two showers per week; Mondays and Thursdays; Tuesdays and Fridays; and Wednesdays and Saturdays. Further review revealed, R12 was scheduled to receive showers on Wednesdays and Saturdays.</p> <p>Review of R12's ADL bathing sheet revealed that R12 received a shower on 7/27/2024 but not on 7/24/2024.</p> <p>Interview on 12/4/2024 at 10:28 am with R12 revealed, that the first few weeks of admission to the facility she only received a shower one time a week. When asked why, R12 stated she wasn't sure why but now the showers were twice a week.</p> <p>During an interview on 12/11/2024 at 10:45 am, the Director of Nursing (DON) revealed, that the shower schedule was on each floor and should have triggered R12 based on what room and bed they were placed in upon admission. The DON confirmed that R12 should have received a shower on Wednesday, 7/24/2024.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49687</p> <p>Based on observation, staff interviews, and review of the facility's policy titled Food Receiving and Storage, the facility failed to ensure that opened food stored in one walk-in cooler was covered, labeled and dated. This failure had the potential to affect 121 of 123 residents who received an oral diet from the kitchen.</p> <p>Findings include:</p> <p>Review of the undated facility's policy titled, Food Receiving and Storage dated April 2024 revealed, all foods stored in the refrigerator or freezer will be covered, labeled and dated.</p> <p>Observation on 12/5/2024 at 9:33 am during a tour of the kitchen with the Dietary Manager (DM) revealed, one of the walk-in coolers had an open bag of cabbage with no open date on the bag. The DM stated, it was probably left open from when the salads were being made for lunch. However, the lettuce did not match the premade salads. During the observation, [NAME] EE stated, it may have been left open from the day before.</p> <p>Interview on 12/10/2024 at 10:09 am with [NAME] EE revealed, the bag of cabbage was used for [NAME] slaw. [NAME] EE stated staff must have needed to prepare salad for residents that prefer salads but picked up the cabbage bag in error and didn't cover it back before returning it to the cooler. [NAME] EE confirmed that the bag of cabbage had been opened without a label or open date stating, I saw it for myself.</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>49687</p> <p>Based on observations, staff interviews, and review of the facility's policy titled, Disposal of Garbage Refuse, the facility failed to ensure one of one garbage dumpsters had a tightly fitted lid. In addition, the facility failed to ensure the sliding door was kept close when not in use. The facility census was 123 residents.</p> <p>Findings include:</p> <p>Review of the undated facility's policy titled Disposal of Garbage Refuse, dated April 2024, documented 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 litter.</p> <p>Observation on 12/2/2024 at 9:02 am revealed, the facility's garbage dumpsters were observed overflowing with stacks of garbage bags.</p> <p>Observation on 12/5/2024 at 9:33 am during a tour of the kitchen with the Dietary Manager (DM) revealed, the garbage dumpster outside was missing a lid and the sliding door was open. The DM attempted to shut the sliding door, but it was stuck and difficult to close. The DM then stated that the lid had been missing for a while and he had notified Maintenance Director about it.</p> <p>Interview on 12/5/2024 at 9:58 am with the Administrator revealed, she was not aware of the lid missing from the garbage. The Administrator asked the Maintenance Director who confirmed he was aware of the missing lid and stated, he had called the county about the garbage lid two weeks ago.</p>