STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115246	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Decatur Center for Nursing and Healing LLC	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)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observations, staff Interviews, and review of the facility policy titled, Disposal of Garbage and Refuse, the facility failed to ensure garbage and waste refuse was properly disposed of at the Dumpster site; failed to ensure garbage and refuge receptacle containers were covered and failed to ensure dumpster area was clean and free of debris. These failures posed a sanitation hazard with the potential for insect and rodent attractions. Findings include:Review of the Facility's Policy titled Disposal of Garbage and Refuse dated January 2022, and revised April 2024, Policy Statement revealed The facility shall properly dispose of kitchen garbage and refuse. The Policy Section Explanation and Compliance Guidelines .7. Refuse and dumpsters shall be 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 accumulation of debris and insect/rodent attractions are minimized. The Policy Section Explanation and Compliance Guidelines .8. Dumpsters shall be emptied according to facility contract. Garbage should not accumulate or be left outside the dumpster. Interview and observation on 03/30/2026 at 10:35 AM of the dumpster and perimeter platform at the rear of the facility with the Food Services Director (FSD) and Kitchen Manager (KM) revealed the dumpster, and dumpster platform, was covered with food debris and trash which was both on the platform and in the grass areas adjacent to the dumpster platform near the fence. A grey-colored trash container was overflowing with trash and not covered. These observations were confirmed by both the FDS and KM. Neither the FSD or KM could state with certainty the department(s) responsible for maintaining the area for cleanliness; nor were they familiar with the frequency of when the dumpster was emptied by the sanitation/waste vendor. Interview on 04/01/2026 at 12:15 PM with Administrator revealed cleanliness of the grounds and the dumpster area was a joint interdisciplinary responsibility of both Maintenance and Environmental Service departmental staff.Interview and Observation on 04/01/2026 at 12:20 PM of the dumpster area with the Maintenance Director revealed he made frequent checks of the dumpster area daily. He further stated his assistant also monitored the grounds and the dumpster area. The Maintenance Director stated The County was onsite daily for waste disposal. Further, maintenance staff routinely assessed the grounds and dumpster area at least three times a day - mornings, late afternoons, and before maintenance staff left each evening. On weekends, the Housekeeping and Dietary Staff were responsible for the cleanliness of the dumpster area.Interview on 04/01/2026 at 12:30 PM with the Environmental Services Director revealed Housekeeping and Laundry staff, including the Environmental Director, assessed the dumpster area for cleanliness daily.

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, and review of the facility policies titled, Preventative Maintenance Program and Linen Operations and Management: The Linen Operation, the facility failed to ensure the environment was maintained in a safe, sanitary, and functional condition. Specifically, Packaged Terminal Air Conditioner (PTAC) air filters in two of ten rooms (rooms [ROOM NUMBERS] on Team A Hall) were observed to contain a significant amount of gray, fuzzy particulate matter. Additionally, clean linens were not consistently available for resident care for six of 47 sampled residents (R) (R39, R8, R101, R89, R90, and R72). The deficient practice had the potential to contribute to respiratory problems for residents due to unclean air filters and to delays in care due to insufficient linen availability.Findings include:Review of the facility policy titled Preventative Maintenance Program revised September 2023, revealed under Policy: A Preventative Maintenance Program shall be developed and implemented to ensure the provision of a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. Under Policy Explanation and Compliance Guidelines: 1. The Maintenance Director is responsible for developing and maintaining a schedule of maintenance services to ensure that the buildings, grounds, and equipment are maintained in a safe and operable manner. 2. The Maintenance Director shall assess all aspects of the physical plant to determine if Preventative Maintenance (PM) is required. Required PM may be determined from manufacturer's recommendations, maintenance requests, grand rounds, life safety requirements, or experience. 4. The Maintenance Director shall develop a calendar to assist with keeping track of all tasks. 5. Documentation shall be completed for all tasks.Review of the facility policy titled Linen Operations and Management: The Linen Operation, undated, revealed under Linen Inventory: .You should ensure that you have enough linen to meet daily pars as well as sufficient extra on hand in the event of an emergency. There should be enough supply on hand so that no piece of linen needs to be washed more than once per day. That means there must be enough linen to stock all carts for all shifts for that day, linen to start carts for the next day, and extra linen on hand on shelves and in storage for any emergencies or added needs. Further review of Linen Par: Linen Par is the regular amount of linen needed each day, for each shift and each wing, to operate and meet Resident/Patient needs. It is your responsibility, along with he facility, to make sure that linen is delivered to each shift in a timely manner and in adequate quantities.1. Observation on 03/30/2026 at 12:04 PM revealed the PTAC air filters in room [ROOM NUMBER] on the first floor, Team-A Hall, contained a significant amount of gray, fuzzy particulate matter. Observation on 03/30/2026 at 12:56 PM revealed the PTAC air filters in room [ROOM NUMBER] on the first floor, Team-A Hall, contained a significant amount of gray, fuzzy particulate matter.Observation on 03/31/2026 at 12:39 PM revealed the PTAC air filters in room [ROOM NUMBER] and room [ROOM NUMBER] remained soiled with significant amounts of particulate matter.Interviews on 03/31/2026 at 3:59 PM and 04:29 PM with the Maintenance Director confirmed that the air filters in room [ROOM NUMBER] and room [ROOM NUMBER] required cleaning. The Maintenance Director stated that filters were expected to be checked daily and cleaned weekly. The Maintenance Director then directed Maintenance Assistant EE to clean all air filters on the first floor.Observation on 03/31/2026 at 4:20 PM of Maintenance Assistant EE cleaning air filters by removing particulate matter with a duster and disposing of debris into a trash can located in a public restroom on the hallway.Interview on 04/01/2026 at 12:28 PM with the Director of Nursing (DON) stated that failure to maintain clean PTAC air filters could potentially contribute to respiratory concerns. She indicated that filters were expected to be cleaned and maintained regularly to support a safe environment.2. Review of the MDS assessment for R39 revealed a BIMS score of 15, indicating little or no cognitive impairment.Review of the MDS assessment for R8 revealed a BIMS score of 10, indicating moderate cognitive impairment.Review of the Minimum Data Set (MDS) assessment for (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R101 revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating moderate cognitive impairment.Review of the MDS assessment for R89 revealed a BIMS score of 13, indicating moderate cognitive impairment.Review of the MDS assessment for R90 revealed a BIMS score of 10, indicating moderate cognitive impairment.Interviews conducted on 03/30/2026 between 11:30 AM and 01:15 PM with multiple residents (R) and one family member revealed concerns regarding insufficient availability of linens and personal care items:R101 reported the facility did not have enough towels and washcloths, stating she preferred to wash her face each morning but was unable to do so due to lack of linen.R89 reported the facility did not have enough sheets, towels, or gowns, and stated that when staff prepared to provide care, they often had to leave the room to search for supplies and were sometimes unable to even locate a gown.R72's family member at bedside, stated they visited daily, including on the weekends, and reported essential items such as towels, washcloths, and under pads were frequently unavailable and stated he had purchased these items for R72 due to the lack of supplies.During a Resident Council meeting conducted on 03/31/2026 at 11:00 AM with four cognitively intact residents in attendance, concerns were voiced regarding a shortage of essential supplies, including towels, washcloths, and gowns. Additionally, R90 reported having to wait overnight to receive these items.Observation on 03/31/2026 at 11:15 AM revealed a linen cart on the first floor that contained approximately three bed sheets and no additional linen/supplies.Observation on 03/31/2026 at 01:00 PM revealed a linen cart on the first floor contained only one towel, indicating inconsistent linen availability throughout the day.Interview on 04/1/2026 at 12:10 PM with Laundry Aide (LA) JJ revealed that linen was typically delivered between 11:00 AM and 12:00 PM daily. LA JJ stated she believed the reported shortage of linen supplies may be due to staff and/or residents retaining or storing linens once they were distributed.Interview on 04/01/2026 at 12:20 PM with the Environmental Supervisor revealed that two of three dryers were not functioning, which delayed the processing and distribution of linen.Interview on 04/01/2026 at 1:09 PM with Certified Nursing Assistant (CNA) FF, on the first floor, revealed that linen supplies were insufficient or unavailable at the start of the shift (07:00 AM) and were typically not delivered until approximately 12:00 PM, resulting in a gap in availability of up to five hours. CNA FF stated this delay prevented residents from completing morning care and caused frustration.Interview on 04/01/2026 at 12:52 PM with CNA GG, on the second floor, revealed that linen supplies were limited and deliveries were delayed daily, often not arriving until after 11:00 AM, impacting residents' ability to complete morning care and emphasized shortages of essential items such as under pads.Interview on 04/01/2026 at 4:58 PM with the DON stated that insufficient availability of linen supplies may result in delays in providing care and services when needed.Observation on 04/01/2026 at 5:23 PM revealed the Environmental Supervisor opening packaged boxes of linen supplies and stocking linen carts on the first floor.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observations, staff interviews, and review of facility policies titled, Accidents and Incidents and Preventative Maintenance Program, the facility failed to ensure the environment remained free of accident hazards. Specifically, the facility failed to maintain environmental surfaces in a safe condition and failed to implement interim measures to mitigate identified hazards, including a broken handrail with exposed, jagged edges on one of two hallways on the first floor, and a loose, rusted heater cover with sharp edges accessible to residents in one of two shower rooms (first floor central shower room). These conditions had the potential to cause injury, including skin tears and lacerations.Findings include:Review of the facility policy titled Accidents and Incidents revised October 2025, revealed under Policy: It is the policy of this facility for staff to utilize Risk Management System to report, investigate, and review any accidents or incidents that occur or allegedly occur, on or off facility property and may involve or allegedly involve a resident.Review of the facility policy titled Preventative Maintenance Program revised September 2023, revealed under Policy: A Preventative Maintenance Program shall be developed and implemented to ensure the provision of a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. Under Policy Review and Compliance Guidelines revealed: . 2. The Maintenance Director shall assess all aspects of the physical plant to determine if Preventative Maintenance (PM) is required. Required PM may be determined from manufacturer's recommendations, maintenance requests, grand rounds, life safety requirements, or experience.Observation on 03/31/2026 at 12:26 PM of the handrail on the second floor, outside the elevator area and accessible to residents, was observed with broken and exposed, jagged, sharp edges.Observation on 03/31/2026 at 03:50 pm the same handrail on the second floor was observed in the same condition, broken, exposed, jagged, with sharp edges.Observation and interview on 03/31/2026 at 3:59 PM with the Maintenance Director, they acknowledged the damaged handrail and that it had not been repaired or otherwise mitigated and agreed that the condition posed a safety risk to the residents due to sharp edges.Interview on 04/01/2026 at 11:20 AM with the Administrator revealed that replacement handrails had been delivered on 01/15/2026 but were not installed. The Administrator confirmed that facility staff were expected to maintain a safe environment for residents and that damaged handrails should have been addressed promptly. The Administrator further stated that safety measures should have been implemented until the replacement handrail could be installed.Observation on 04/01/2026 at 11:50 AM, in the presence of the Licensed Practical Nurse (LPN) Unit Manager CC, the first-floor central bath shower room was observed. Rust was noted on the door frame at the entrance and on a heater cover. The heater cover was loose, secured only by the top screw, moved when touched, and had sharp, rusted edges. The Unit Manager confirmed that these conditions posed a safety hazard, as residents were transported into and out of the shower room and could come into contact with the rusted, sharp surfaces. The cover was positioned directly in the path of the shower area, increasing the risk of injury. The Unit Manager stated that a work request would be submitted to repair these hazards.Interview on 04/01/2026 at 12:28 PM with the Director of Nursing (DON) revealed that environmental hazards must be repaired in a timely manner, but in the interim, safety measures must be implemented to protect residents from potential injury until repairs were completed.Interview on 04/01/2026 at 1:42 PM with the Maintenance Director confirmed the damaged door frame and heater cover in the shower room and stated that a work order had been submitted that day for repairs.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, staff and resident interviews, record review, and review of the facility's policy titled, Hand Hygiene, the facility failed to ensure staff adhered to appropriate infection control practices during the handling and disposal of contaminated waste. This deficient practice had the potential to increase the risk of infection transmission through cross-contamination.Findings include:Review of the facility's policy titled Hand Hygiene revised June 2023 revealed under Policy: All staff will perform hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. Under Policy Explanation and Compliance Guidelines: 1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice.6. a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves.Observation on 03/31/2026 at 1:28 PM was conducted with the Skin Management Specialist (Regional Nurse) BB and Licensed Practical Nurse (LPN) AA following completion of wound care and during disposal of wound care waste. During the disposal process, Regional Nurse BB removed the left glove but retained the right glove and exited the resident room into the hallway without performing hand hygiene, while still wearing the remaining soiled glove. LPN AA, who was also wearing soiled gloves in the hallway, assisted by opening the door to the biohazard room using gloved hands.Interview on 03/31/2026 at 01:32 PM with Regional Nurse BB and LPN AA confirmed both wore gloves in the hallway and did not perform hand hygiene prior to exiting the resident room. Both acknowledged this practice was not appropriate and stated that gloves should not be worn in the hallway due to infection control concerns.Interview on 03/31/2026 at 5:19 PM with the Infection Preventionist (IP) revealed that staff were expected to remove gloves and perform hand hygiene prior to exiting resident rooms. The IP stated staff were trained not to wear soiled gloves in hallways due to the risk of cross-contamination, including the potential to transfer pathogens to environmental surfaces such as door handles.Interview on 04/01/2026 at 12:28 PM with the Director of Nursing (DON) confirmed that staff were expected not to wear soiled gloves in hallways. The DON stated that gloves should be removed and hand hygiene performed prior to entering common areas, as contaminated gloves may contribute to the spread of infection.