

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2025
NAME OF PROVIDER OR SUPPLIER A.G. Rhodes Home, Inc, The		STREET ADDRESS, CITY, STATE, ZIP CODE 350 Boulevard, S.E. Atlanta, GA 30312	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>37683</p> <p>Based on staff interviews and record review, the facility failed to maintain an accurate and complete medical record for one (1) of nine (9) sampled residents, Resident (R)#5. Specifically, staff inaccurately documented the status of Resident #5's skin, and staff failed to consistently document the percentage of meal intakes, the percentage of nutritional supplements consumed, and the percentage of fluids consumed for each meal.</p> <p>Findings include:</p> <p>Review of the Admission Record indicated the facility originally admitted Resident #5 on 04/18/2023 and most recently admitted the resident on 12/17/2024. According to the Admission Record, the resident had a medical history that included diagnoses of chronic kidney disease, acute kidney failure, hemiplegia and hemiparesis following cerebral infarction (stroke) affecting right dominant side, unspecified severe protein-calorie malnutrition, and vascular dementia.</p> <p>Review of the quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/21/2024, revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 0, which indicated the resident had severe cognitive impairment.</p> <p>1. Review of Resident #5's Skin Screening (Head to Toe), dated 01/05/2025, revealed Licensed Practical Nurse (LPN) #19 documented the resident had an open area on their genital area.</p> <p>During an interview on 03/21/2025 at 4:33 PM, LPN #19 stated she was notified by a Certified Nursing Assistant (CNA) that Resident #5's genital area was discolored. LPN #19 stated she observed the resident's skin and, It wasn't really an open area. LPN #19 described that the resident's skin was discolored. LPN #19 stated that when she documented the resident's skin was open, it was an error in documentation, because she spoke English as a second language.</p> <p>2. Review of Resident #5's Care Plan Report included a focus area, initiated 04/20/2023, that indicated the resident was at risk for alteration in nutrition and hydration status. An undated intervention directed staff to provide supplements as ordered.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #5's Order Recap [Recapitulation] Report, for the timeframe from 01/01/2024 through 03/31/2025, contained an active order dated 12/03/2024 for a Magic Cup (type of nutritional supplement) one time a day for caloric support with lunch trays. The Order Recap Report also contained an active order dated 12/18/2024 for Ensure (type of nutritional supplement) three times a day for nutrient support.</p> <p>Review of Resident #5's December 2024 Medication Administration Record (MAR) revealed the transcription of Resident #5's Magic Cup order and reflected it was scheduled for 1:00 PM each day; however, the MAR lacked documentation to indicate whether the resident's Magic Cup was provided on 12/04/2024, 12/05/2024, and 12/06/2024.</p> <p>Review of Resident #5's December 2024 [Facility Name] Documentation Survey Report revealed a section for staff to document the resident's percentage of meal intakes, the percentage of nutritional supplements consumed, and the percentage of fluids consumed for each meal. The report revealed no documentation of the resident's percentage of meal intakes, the percentage of nutritional supplements consumed, or the percentage of fluids consumed for the breakfast and lunch meals on 12/08/2024, breakfast and lunch meals on 12/21/2024, and the dinner meal on 12/26/2024.</p> <p>Review of Resident #5's 01/2025 [Facility Name] Documentation Survey Report revealed a section for staff to document the resident's percentage of meal intakes, the percentage of nutritional supplements consumed, and the percentage of fluids consumed for each meal. The report revealed no documentation of the resident's percentage of meal intakes, the percentage of nutritional supplements consumed, or the percentage of fluids consumed for the breakfast and lunch meals on 01/03/2025.</p> <p>During an interview on 03/19/2025 at 10:37 AM, the Clinical Nurse Consultant stated that she expected 100 percent accuracy with the documentation on the flowsheets (Documentation Survey Reports), and she was not sure why there were so many blanks on the documents.</p> <p>During an interview on 03/19/2025 at 10:20 AM, the Director of Clinical Reimbursement stated that the blanks on the flowsheets should be filled in.</p> <p>During an interview on 03/19/2024 at 11:16 AM, the Director of Nursing (DON) stated medical records were computerized and staff were expected to complete their documentation before the end of their shift. She said she did not know why that did not happen for Resident #5.</p>		