STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115275	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home, Inc, The	350 Boulvard, 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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 50173 Based on staff interviews, record reviews, and review of the facility's policy titled, Abuse, Neglect, and Exploitation, the facility failed to ensure that an allegation of abuse was reported to the State Agency (SA) within the required two-hour time for one of five sampled residents (R) (R173) reviewed for abuse. Findings include: A review of the facility's policy titled, Abuse, Neglect, and Exploitation, implemented 2/12/2022, revealed the Reporting/Response section included A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies . within specified timeframes: a. Immediately, but not later than 2 hours after the allegation is made if the events that cause the allegation involve abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. Review of the quarterly Minimum Data Set (MDS), last reviewed on 3/14/2024, revealed R173 had a Brief Interview for Mental Status (BIMS) score of 4, indicating severe cognitive impairment. Further review revealed R173 exhibited physical and verbal aggressive behaviors, making it difficult for staff to work with him and assist him with activities of daily living. R173 required two-person total assistance or was totally dependent for all activities of daily living (ADLs) except eating, which required supervision. He also required two-person physical assistance with all transfers using a mechanical lift. Review of the e-mailed submission of Facility Incident Report #202401993 revealed the report was received by the SA on 2/21/2024 at 5:39 pm. The report documented R173 alleged he was raped during a care encounter the previous night. Review of the facility investigation submitted to the SA on 2/22/2024 documented staff-to-resident abuse and revealed the facility began an investigation and self-reported the alleged abuse. The details of the abuse indicated that on 2/20/2024, both a Licensed Practical Nurse (LPN) and a Certified Nursing Assistant (CNA) entered the resident's room to perform his ADL care when he attacked them and stated he was being raped. (continued on next page)

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
	115275	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home, Inc, The	350 Boulvard, 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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the hand-written statements of the incident by staff members revealed the statements documented the incident occurred on 2/20/2024 on the 3:00 pm to 11:00 pm shift. An interview on 8/14/2024 with the Director of Nursing (DON) revealed that he was familiar with R173 and remembered the allegation. He stated that shortly after the incident, the resident had a change in condition, was sent out to the hospital for evaluation and treatment, and never returned to the facility. He stated he was aware of the regulation for reporting incidents of various types of abuse and further stated that there is a two-hour window for reporting these kinds of incidents. He stated he was not in the facility when the incident occurred and is unsure of why the abuse was not reported within the allotted time frame.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115275	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home, Inc, The	350 Boulvard, 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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38154 Based on resident and staff interviews, record review, and review of facility policy titled, MDS 3.0 Completion Policy, the facility failed to accurately assess the hearing status for one of five residents (R) (R37) sampled for activities of daily living (ADL) care. This failure had the potential to adversely affect the quality of care and quality of life for R37. Findings include: Review of the facility policy titled, MDS 3.0 Completion Policy, revised 2/10/2023, revealed the Policy was Residents are assessed, using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan. The Policy Explanation and Compliance Guidelines section stated 1. According to federal regulations, the facility conducts initially and periodically a comprehensive, accurate and standardized assessment of each resident's functional capacity, using the RAI specified by the State. Review of the electronic medical record (EMR) for R37 documented diagnoses to include unspecified hearing loss/unspecified ear and cognitive communication deficit. Review of the Significant Change Minimum Data Set (MDS) assessment for R37, dated 6/19/2024, documented a Brief Interview for Mental Status (BIMS) score of 9 (indicating moderate cognitive impairment) and documented her hearing status as adequate with no hearing aid. Review of the Annual MDS assessment for R37, dated 3/21/2024, documented her hearing status as minimal difficulty with no hearing aid. Review of the care plan for R37 documented a focus concern for impaired communication due to impaired hearing. In an interview with Licensed Practical Nurse (LPN) BB on 8/13/2024 at 3:21 pm, she stated R37 was hard of hearing and was mostly pleasant but sometimes had behaviors of refusal of care and medications. In an observation and interview with R37 on 8/14/2024 in her room at 10:27 am, she confirmed her difficulty with hearing, which required this writer's raised voice until R37 placed amplifying headphones over her ears to complete the interview. She stated she did not care to wear hearing aids due to the high cost and her busy lifestyle, which might cause her to lose or damage the hearing aids. In an interview with the MDS Director on 8/15/2024 at 3:55 pm, she confirmed there was a discrepancy in the Significant Change assessment dated [DATE] regarding the hearing status of R37. She confirmed hearing was assessed as adequate when the previous assessment documented the hearing status as minimal difficulty. She confirmed it was an MDS discrepancy which would be corrected.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115275	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home, Inc, The	350 Boulvard, 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)
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** 49675 Based on staff interviews, record review, and review of the facility policies titled, Comprehensive Care Plan and Elder Rights Regarding Treatment and Advanced Directives, the facility failed to revise a person-centered comprehensive care plan for one of three sampled residents (R) (R121) reviewed for care planning of advanced directives. The deficient practice had the potential for R121 not to receive care or treatment according to their needs. Findings include: A review of the facility policy titled Comprehensive Care Plans dated [DATE] revealed the Policy Explanation and Compliance Guidelines stated, 3. The comprehensive care plan will describe, at a minimum, the following: A. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychological well-being. D. The resident ' s goals for admission, desired outcomes, and preferences for future discharge. 5. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after comprehensive and quarterly MDS assessment. A review of the facility policy titled Elder Rights Regarding Treatments and Advanced Directives dated [DATE] the Policy Explanation and Compliance Guidelines stated, .8. Decisions regarding advance directives and treatment will be periodically reviewed as part of the comprehensives care planning process, the existing care instructions and whether the elder wishes to change or continue these instructions. Review of R121's electronic medical record (EMR) revealed that she was admitted with diagnoses but not limited to diabetes, hyperlipidemia, malnutrition, and depression. A review of R121's quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 3, indicating severe cognitive impairment. A review of R121's care plan dated [DATE] revealed, Resident/POA chosen advanced directive(s): full code. A review of the Physician's order dated [DATE] revealed resident was a full code. A review of the Medication Administration Record (MAR) for R121 dated [DATE] through [DATE] revealed full code status. A progress note for R121 dated [DATE] revealed Patient went into respiratory distress. DNR (do not resuscitate) status. Oxygen therapy initiated. Signs of life remained active until 1845 (6:45 pm). Pronounced deceased at 1845 by RN (Registered Nurse). Family at bedside. deceased body picked up by a local mortuary. Family took the resident's belongings. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115275	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home, Inc, The	350 Boulvard, 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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Do Not Resuscitate Form for R121 revealed the form was signed by the primary physician on [DATE], a concurring physician on [DATE], an appointed health care agent signed [DATE], and the resident ' s relative on [DATE]. Interview on [DATE] at 1:05 pm with the MDS Director revealed she reviewed all new orders and also received a 24-hour report that came out when orders were updated. She confirmed R121 was care planned for being a full code and the order was for a full code. She was unsure how the care plan and orders were not updated to reflect the DNR status. Interview on [DATE] at 1:17 pm with the Director of Nursing (DON) revealed the MDS Coordinator did all care plans and was responsible for updating care plans. He stated when someone was admitted they were an automatic full code. If family or resident decided to make a resident a DNR, the care plan and order would be updated. He revealed that staff were to look at the paper chart regardless of what the EMR said. He confirmed the resident ' s care plan and order were not updated and that both documented the resident was a full code. He expected that all care plans and orders to be updated to have the correct information. Interview on [DATE] at 1:53 pm with the Administrator revealed that care plans should be updated when advanced directive code status changes. She also stated that orders should be updated to reflect the code status change.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115275	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home, Inc, The	350 Boulvard, 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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49681 Based on observations, record review, resident, resident family, and staff interviews, and review of the facility policy titled, Activities of Daily Living Policy, the facility failed to ensure assistance was provided with Activities of Daily Living (ADLs) in a timely manner for one of 36 sampled residents (R) (R73) per resident preference related to transfer and dressing. Findings include: Review of the facility policy titled Activities of Daily Living Policy dated October 2022 revealed under Policy: The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care; 2. Transfer and ambulation; 3. Toileting. under Policy Explanation and Compliance Guidelines revealed: . 3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Review of R73's electronic medical record (EMR) revealed the following diagnoses but not limited to type 2 diabetes mellitus, unspecified, chronic systolic (congestive) heart failure, and cerebral infarction. Review of R73's quarterly Minimum Data Set (MDS) dated [DATE] assessed a Brief Interview Mental Status (BIMS) score of 15, which indicates little to no cognitive impairment. Section GG (Functional Abilities and Goals) revealed that she is dependent on staff to get out of bed with a lift and needs help with ADLs. Review of R73 's care plan stated R73 needs assistance with her ADLs. The interventions listed were to allow adequate time for the resident to complete tasks, she needs help with ADLs as needed, or non-restrictive two assist bar up when in bed to assist a resident with bed mobility/positioning during ADLs/transfers, and responding timely to all inquiries for assistance keeping the room well-lit and free of clutter. Observation and interview on 8/12/2024 at 3:43 pm, R73 revealed that her feet were crusty and nasty because she does not get her feet washed by the CNA's. R73 explained they were very concerned about her feet's wellness. Observation on 8/13/2024 at 10:30 am, R73 was still in bed, had completed breakfast, and was waiting for a Certified Nursing Assistant (CNA) CC to get her up out of bed for ADLs. Observation and interview on 8/13/2024 at 1:43 pm, R73 revealed that today CNA CC washed her feet, and this was the first time. She explained that she hoped that this would continue when she received a bath or shower. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115275	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home, Inc, The	350 Boulvard, 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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 8/14/2024 at 11:53 am, R73 revealed that she missed all the activities for this morning because CNA CC did not give ADLs in time. She stated that activities were usually around 11:00 am. R73 expressed to the staff several different times that she preferred to get up out of bed early to begin her day but was told this morning that she would start getting ADLs after breakfast. R73 was very upset because she missed the activity. The CNA was observed going into the room around 11:15 am. Observation and interview on 8/15/2024 at 10:30 am, R73 was lying in bed talking with her family that were visiting. R73 stated she was still waiting to get out of bed and that CNA CC was coming back to assist with her ADLs. On 8/13/2024 at 2:00 pm, CNA EE revealed that residents will tell us around what time they would like their morning ADLs done. Some residents prefer early morning ADL, and some prefer later in the morning, so it depends on residents' preferences. Interview on 8/14/2024 at 12:06 pm, LPN DD stated that residents were granted their preference of when they want their morning ADLs done. The CNA's should honor their preferred time of wanting to get out of bed. Observation and interview on 8/15/2024 at 9:41am, R73's family were in the room visiting and they revealed that they were concerned about the facility's response time for R73. They recalled a time when R73 had a bowel movement, and she needed changing. She waited three hours and then R73 dialed 911 because no one was answering her call light, or her families calls when they were calling for help from a landline phone from their home. They also stated that while visiting, R73 was waiting for a bath on a Saturday. Staff never came in to bathe the resident and she did not get a bath until Monday. Interview on 8/15/2024 at 10:10 am, the Assistant Director of Nursing (ADON) revealed that residents' call lights should be answered immediately. The longest for them to answer should be three minutes. The ADON stated that if nurses were doing medication pass, patient care, or weren't at the nurse's station, then sometimes they can't hear it. The ADON revealed ADLs should be done daily and residents were given preference as to when they would like them to be done and they also could refuse services as well.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115275	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home, Inc, The	350 Boulvard, 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)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45811 Based on staff interviews, record review, and review of the facility policy titled, [facility name] License & Certification Policy, the facility failed to ensure one of 11 employees reviewed had the required licensure. Specifically, the facility failed to ensure Registered Nurse (RN) FF had an active license while providing professional nursing services to the 124 residents residing in the facility. Findings include: A review of the policy titled, [facility name] License & Certification Policy, undated, revealed the Policy section stated, It is the [facility name] policy that all licensed and certified employees, including but not limited to all Administrators, Registered Nurses (RN), Licensed Practical Nurses (LPN), Certified Nursing Assistants (CNA), and Certified Medication Aids (CMA), have their credentials including license or certification verified through the appropriate issuing agency upon initial employee and ongoing thereafter. The Ongoing Monitoring section stated Education and Wellness Manager will monitor Provider Trust system to ensure that all licenses and certifications are current. Any employee with an expired license or certification will be removed from the schedule and placed on Personal LOA {leave of absence} until the license or certification has been renewed with active or active pending renewal status. A review of the Florida Department of Health License for RN FF revealed a multi-state Registered Nurse license with an expiration date of [DATE]. A review of the facility's staffing schedule revealed RN FF was scheduled to work on [DATE], on the 7:00 am to 3:15 pm shift as the Wound Nurse and on [DATE], on the 7:00 am to 3:15 pm on the Garden Trail unit. During an interview on [DATE] at 2:30 pm, the Chief Human Resources Officer confirmed RN FF's nursing license expired on [DATE], and the staffing schedule indicated the nurse worked at the facility on [DATE] and [DATE] without an active nursing license. During an interview on [DATE] at 4:40 pm, the Director of Nursing (DON) revealed he was not aware that RN FF did not have a current professional nursing license. He stated the Human Resources Director was responsible for checking licenses. He further stated RN FF worked weekends on the day shift and provided wound care treatments when she worked. The DON confirmed the nurse worked two days without an active nursing license. During an interview on [DATE] at 8:45 am, the DON revealed the nurse renewed her license on [DATE]. He stated he did not realize she did not have an active license until yesterday. During an interview on [DATE] at 9:33 am, RN FF confirmed her nursing license expired on [DATE] and stated she obtained an active license this morning. She confirmed she worked at the facility on [DATE], on the 7:00 am to 3:00 pm shift and provided wound care and treatments, and on [DATE], on the 7:00 am to 3:00 pm on the medication cart. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115275	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home, Inc, The	350 Boulvard, 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)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on [DATE] at 4:00 pm, the Administrator revealed the Human Resources Director was responsible for making sure professional licenses were current. She stated she expected licensed staff to have a current license. She further stated there was a system in place that would send an alert when the license was going to expire, but it usually did not work for multi-state licenses.