| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115296 | A. Building<br>B. Wing | 02/26/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Lenbrook | 3747 Peachtree Road, NE<br>Atlanta, GA 30319 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Provide and implement an infection prevention and control program.<br><br>Based on observations, staff and resident interviews, record review, and review of the facility policies titled, Infection Prevention and Control Program, Wound Care, and Handwashing/Hand Hygiene, the facility failed to maintain appropriate infection control practices for two of 29 sampled residents (R) (R8 and R28). Specifically, the facility failed to ensure the Infection Prevention and Control Program policy was reviewed and updated annually, conduct required infection surveillance audits, maintain proper infection control practices by not disinfecting reusable items after wound care, follow standard infection control procedures during medication administration, and perform hand hygiene between glove changes. These failures had the potential to contribute to the transmission of infectious organisms among residents, staff, and visitors. Findings include:<br><br>Review of the facility's policy titled Infection Prevention and Control Program revised December 2023 revealed in section Elements of the IPCP (Infection Prevention and Control Program) .item 2. Under Policies and Procedures . c. The infection prevention and control committee, medical director, director of nursing services, and other key clinical and administrative staff review the infection control policies at least annually. Item 3. under Surveillance and reporting . b. Surveillance tools are used for identifying the occurrence of infections.monitoring adherence to infection prevention and control practices.<br><br>Review of the facility's policy titled Wound Care revised October 2010 revealed under section Steps in the Procedure . step 21. Wipe reusable supplies with alcohol as indicated (i.e. outsides of containers that were touched by unclean hands, scissor blades, etc.). Return reusable supplies to resident's drawer in treatment cart.<br><br>Review of the facility's policy titled Handwashing/Hand Hygiene revision date October 2023 revealed under section Administrative Practices to Promote Hand Hygiene, number 2. All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors.<br><br>1. Review of the quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 1/26/2026 for R8 revealed in section I (Active Diagnoses) diagnoses of but not limited to hip fracture, paraplegia, malnutrition, and depression. Section C (Cognitive Patterns) revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating R8 was cognitively intact.<br><br>Observation and interview on 02/25/2026 at 10:05 AM revealed Charge Nurse-Licensed Practical Nurse (LPN) GG performing wound care on R8. During the procedure, the nurse used a reusable black marker to date the bandage, which had been used and remained in the resident care environment. Upon completion of the wound care, the nurse exited the resident's room and then placed the marker directly into her uniform pocket without disinfecting it. LPN GG acknowledged that failing to disinfect the marker could have resulted in cross-contamination.<br>(continued on next page) |

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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115296 | A. Building<br>B. Wing | 02/26/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Lenbrook | 3747 Peachtree Road, NE<br>Atlanta, GA 30319 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Review of the facility's infection surveillance audits revealed the only audits on file were related to hand hygiene; however, these audits lacked documentation of dates and the frequency with which they were conducted. No surveillance audits were completed for other key areas of infection prevention, including but not limited to wound care practices, isolation precautions, medication administration, environmental cleaning, or reusable equipment disinfection.<br><br>Interview on 02/25/2026 at 11:25 AM with the Infection Preventionist (IP) revealed that auditing and surveillance processes had been under development since January 2026. The IP stated that audits were conducted visually on a weekly basis; however, the only documented audit information available pertained to hand hygiene. No audits had been completed for other critical areas of infection prevention, including wound care, medication administration, environmental cleaning, or reusable equipment disinfection.<br><br>Interview on 02/26/2026 at 11:37 AM with the Director of Nursing (DON) confirmed that the black marker used during the wound care procedure should have been sanitized with a sanitary wipe prior to being placed back into the nurse's pocket to prevent cross-contamination. She emphasized that proper sanitation of reusable items would have minimized the risk of cross-contamination.<br><br>2. Review of the quarterly MDS assessment with an ARD of 12/30/2025 for R28 revealed in section I (Active Diagnoses) diagnoses of but not limited to heart failure, hypertension, seizure disorder or epilepsy, and asthma. Section C (Cognitive Patterns) revealed a BIMS score of 11, indicating R28 has moderate cognitive decline.<br><br>During medication observation on 02/24/2026 at 8:08 AM with LPN MM, a pill dropped on top of the uncleaned medication cart, the pill was picked up and crushed and given to R28. R28 was given an inhaler, gloves were removed and replaced with clean gloves to perform eye scrub, however, hands were not washed between glove changes.<br><br>Interview on 02/24/2026 at 8:40 AM with LPN MM revealed that she was aware of the handwashing policy when gloves were changed. She stated she thought she had cleansed the top of her cart, but she did not usually put down a barrier. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115296 | A. Building<br>B. Wing | 02/26/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Lenbrook | 3747 Peachtree Road, NE<br>Atlanta, GA 30319 |

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 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.<br><br>Based on observations, record review, staff interviews, and review of the facility policy titled, Restorative Nursing Services, the facility failed to provide evidence that restorative nursing services for splinting and range of motion (ROM) were consistently provided for one of 29 sampled residents (R) (R61).Findings include:Review of the facility policy title, Restorative Nursing Services dated July 2017 revealed under Policy Interpretation and Implementation: Restorative nursing consists of nursing interventions that may or may not be accompanied by formalized rehabilitation services (e.g., Physical, occupational, or speech therapies).Review of R61's electronic medical record (EMR) revealed that the resident was admitted with diagnoses including but not limited to contracture, left hand, flaccid hemiplegia affecting left nondominant side, cerebral infarction due to embolism of right middle cerebral artery (stroke).Review of Restorative Notes dated 02/25/2026 revealed: Splint/Brace assistance program was initiated on 08/14/2025.Review of Restorative Notes dated 12/02/2025 revealed: R61 has been discontinued from restorative and turned over to the floor to continue wash cloth in hand and pillows between her knees.Review of the care plan for R61 revealed: Focus: RESTORATIVE NURSING PROGRAM: For contracture management: Resident Wash cloth rolled splint to left hand and pillow between knees, Goal: Maintain ROM and prevent further contractures x 90 days. Apply pillow between the knees, Place hand rolled washcloth in resident's hand, R61 has limited physical mobility r/t (related to) history of CVA (stroke) with contractures, Dementia with mental and physical deficits and dependent on staff for mobility, The resident will remain free of complications related to immobility such as thrombus formation, skin-breakdown, fall related injury through the next review date.Observation on 02/24/2026 at 9:30 AM revealed R61 in a Geri chair (specialized medical recliner designed to provide comfort, support, and mobility for elderly or physically challenged individuals) in the day room on floor four, left hand contracted and no washcloth or splint observed.Observation on 02/24/2026 at 4:30 PM of R61 in bed, left hand contracted and no washcloth or splint observed.Observation on 02/25/2026 at 8:45 AM of R61 in a Geri chair in the day room, left hand contracted and no washcloth or splint observed.Observation on 02/25/2026 at 3:45 PM of R61 in bed, left hand contracted, no splint or washcloth observed.Observation on 02/26/2026 at 10:14 AM of R61up in a Geri chair in the day room, with a rolled washcloth in her left hand.Interview on 02/26/2026 at 10:18 AM with Certified Nursing Assistant (CNA) EE revealed that night shift staff got the resident up and dressed and was responsible for putting on her hand roll. She stated that once restorative nursing was discontinued, the responsibility went to the floor staff.Interview on 02/26/2026 at 10:25 AM with Licensed Practical Nurse (LPN) FF revealed that the CNA's on the floor have an ADL (activities of daily living) task book and they were responsible for splints and rolls once the resident was discharged from the restorative nursing program.Interview on 02/25/2026 at 10:29 AM with Restorative LPN BB revealed that therapy would assess a resident then she would add the recommendations to the care plan for the time period that restorative CNAs would provide the splint or roll for the resident.Interview on 02/25/2026 at 2:32 PM with the Director of Nursing (DON) revealed that they maintained a restorative book. Therapy would screen the resident and provide instructions to the restorative nurse. Each resident had their own program. Restorative Aides put the splints on in the morning (hand or palm rolls or splints). She stated that once restorative nursing was completed, it was then turned over to the staff on the floor, and the Charge Nurse was responsible for checking to make sure it was completed. |