

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Willowwood Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 4595 Cantrell Road Flowery Branch, GA 30542	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>50272</p> <p>Based on resident and staff interviews, review of resident council minutes, and review of the facility's policy's titled Resident Council Meeting policy, the facility failed to assure that a follow-up was completed and communicate its decisions related to resident concerns and recommendation voiced during resident council meetings. This deficient practice had the potential to have an adverse effect on any resident who voiced a concern and/or recommendation. The facility census was 87 residents.</p> <p>Findings Include:</p> <p>Review of the facility's policy titled Resident Council Meetings, dated 2/2/2022, under the section titled Policy revealed, This facility supports the rights of residents to organize and participate in residents' groups, including a Resident Council. This policy provides guidance to promoting structure, order, and productivity in these group meetings. Under the section titled Policy and Explanation and Compliance Guidelines revealed, 5. The Activity Director shall be designated if approved by the group, to serve as a liaison between the group and facilities administration and any other staff members. (b). The designated liaison shall be responsible for providing assistance with facilitating successful group meetings and responding to written requests from group meetings. 6. The group may appoint a resident to take notes/maintain meetings or may elect that the Activity Director/ designated liaison to take notes/maintain minutes. Meeting minutes may include but are not limited to: (a). Names of residents in attendance; (b). Follow up from previous meetings; (c). Issues discussed; (d). Recommendations from the group to the facility; (e). Name of staff members, speakers, and other guests present in the meetings (as invited by the group to attend). 7. The facility shall act upon concerns and recommendations of the Council, make attempts to accommodate recommendations to the extent practicable, and communicate its decisions to the council.</p> <p>Record review of the facility-provided documents titled Resident Council Meeting from 10/2/2023 through 7/9/2024 revealed nine Resident Council meeting minutes handwritten or typed. A continued review of the forms revealed nine (9) incomplete Resident Council Meeting minutes due to an omission of a response to provide evidence that concerns and /or recommendations was thoroughly investigated, and a resolution was obtained to determine resident satisfaction. The form also omitted documentation to show that actual follow-up was made with the complainant to determine complainant or resident satisfaction.</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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a Resident Council Meeting on 8/27/2024 at 10:09 am, with the following residents in attendance (R26, R44, R25, R69, R66 and R85) all revealed, that they voiced their concerns and/or recommendations, and no one had got back to them with any resolutions or follow-ups. All six of the six residents attending the meeting stated they did not know how to file a grievance or who the grievance official was but believe it to be the Administrator.</p> <p>Interview by phone on 8/27/2024 at 1:26 pm with the Activity Director (AD) revealed that resident council meetings were held every first Monday of every month and if residents or herself was not available they would choose a different day. She further revealed that she hand a copy of the Resident Council Meeting Minutes during the facility monthly Quality Assurance and Performance Improvement (QAPI) meeting to be discussed among the QAPI team. The AD further revealed she verbally let the residents know about the resolutions to their concerns, and confirmed there was no documentation or history of resolutions to residents' concerns. She further stated if an issue could not be resolved then she would go to the Administrator, or she would contact the Ombudsman. She further revealed she was not aware that the resolutions were supposed to be documented.</p> <p>Interview on 8/27/2024 at 2:07 pm with the Director of Nursing (DON) revealed Resident Council Meetings were held once a month and minutes were taken which was managed by the AD. She stated if concerns like food was brought up at the meetings, then it was taken to Dietary Manager or if there were concerns with call lights then it would be brought to her. She further revealed that they do their best to resolve or accommodate the residents' concerns. The DON further revealed she was aware that resolutions to residents' concerns must be documented, and her expectations were that staff must document resolutions.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>38154</p> <p>Based on observations, resident and staff interviews, and review of the facility's policy titled, Maintenance Inspection, the facility failed to maintain the facility in a safe, clean, comfortable, homelike environment as evidenced by six of 56 resident rooms with furniture and/or packaged terminal air conditioners (PTACs) in disrepair. Specifically, rooms A6-2, B10-1, C18-2 had dressers with missing drawers and/or knobs and rooms C13, C15, C18, and C19 had PTACs that leaked water onto the floors. This deficiency had to potential to diminish the quality of life for the residents in rooms with dilapidated furniture and create a safety hazard for residents in rooms with leaking PTAC units.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Maintenance Inspection, dated 8/1/2022, under the section titled, Policy Explanation and Compliance Guidelines revealed, 1. The Director of Maintenance Services will perform routine inspections of the physical plant using a Maintenance Checklist. 3. All opportunities will be corrected immediately by maintenance personnel.</p> <p>1. Observation and interview on 8/25/2024 at 2:43 pm with Resident (R) R8 in her room (B10-1) revealed, she was alert and oriented. Observation of the room revealed a dresser which was missing knobs from two of three drawers. She stated the knobs were always missing.</p> <p>Observation of resident rooms on 8/25/2024 beginning at 3:00 pm revealed the following:</p> <ol style="list-style-type: none"> 2. A6-1: dresser missing the bottom drawer, both knobs from the middle drawer, and one knob from the bottom drawer. 3. C13-2: missing top dresser drawer, dirty PTAC filters. 4. C15: leaking PTAC. 5. C18-2: dresser missing two of three drawers and leaking PTAC. 6. C19: leaking PTAC. <p>Observation and interview on 8/28/2024 beginning at 2:00 pm with the Maintenance Director revealed, he confirmed the aforementioned observations and stated the concerns were his responsibility. He stated the PTACs have been leaking off and on over the last month due to the extreme heat which caused increased condensation that leaked onto some of the floors. He stated the units still work but some of them are not forcing the fluid to the outside. He stated he clean those floors with the wet vac every two to three days. He stated there were no immediate plans to replace any PTACs. He further stated it was difficult to make routine rounds because he worked alone and usually addressed staff concerns right away.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50272</p> <p>Based on observations, staff interviews, and review of the facility's policy titled, Hand Hygiene, the facility failed to ensure hand hygiene practices were maintained to prevent the potential for infections and cross contamination. Specifically, the facility failed to perform hand hygiene after passing out each meal tray for residents on one of three halls (Hall A) that was observed during lunch.</p> <p>Findings Include:</p> <p>Review of the facility's policy titled Hand Hygiene, dated February 1, 2022, under the section titled Policy revealed, All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. Under the section titled Policy Explanation and Compliance Guidelines revealed, 1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. 2. Hand hygiene is indicated and will be performed under conditions listed in, but not limited to, the attached hand hygiene table. 3. Alcohol based hand rub with 60% to 95% alcohol is the preferred method for cleaning hands in most clinical situations. Wash hands with soap and water whenever they are visibly dirty, before eating, and after using the restroom.</p> <p>Observation on 8/26/2024 at 12:50 pm revealed, Certified Nursing Assistant (CNA) CC and CNA DD was observed passing out lunch trays to residents on Hall A. CNA CC and CNA DD were observed walking out of room A5 and not using hand sanitizer. Registered Nurse (RN) EE was observed approaching CNA CC and CNA DD and reminded them to use hand sanitizer in between passing meal trays. During continuous observation CNA CC and CNA DD were observed walking out of Room A7 and A10 without using hand sanitizer.</p> <p>Interview with on 8/26/2024 at 12:55 pm with CNA CC revealed she was aware that hand sanitizer was supposed to be used after the passing of each lunch tray. CNA CC revealed she forgot to use hand sanitizer. CNA CC stated she had not received any handwashing hygiene training since she started working at the facility.</p> <p>Interview on 8/26/2024 at 12:57 pm with CNA DD revealed she was aware that hand sanitizer was supposed to be used after the passing of each lunch tray. CNA DD revealed she forgot to use hand sanitizer. CNA DD also stated she had not received any handwashing hygiene training since she had started working at the facility but did learn it during her CNA class training.</p> <p>Interview on 8/27/2024 at 4:49 pm with the Director of Nursing revealed it was her expectation for all CNAs to use proper hand hygiene between dropping off meal trays to residents. She further revealed a possible negative outcome of not following proper hand hygiene as issues with infection control and resident safety regarding germs.</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>50272</p> <p>Based on staff interviews, record review, review of the facility's policy titled Nurse Aide Training Program, and review of the Alliant Certified Nursing Assistant (CNA) Annual Report, the facility failed to monitor and verify two of 29 CNAs (CNA AA and CNA FF) completed the minimum required training hours during the last review period of February 1, 2023 - January 31, 2024. The facility census was 87 residents.</p> <p>Findings include:</p> <p>Review of the policy titled Nurse Aide Training Program dated February 1, 2022, under the section titled Policy Explanation and Compliance Guideline revealed, 2. Each nurse aide shall be provided at least 12 hours of in-service training annually, based on his/her employment date, not calendar year. (b). It is the responsibility of the employee to attend/complete mandatory in-service training to maintain employment with the facility.</p> <p>Review of the Alliant Certified Nursing Assistant (CNA) Annual Report, dated 7/5/2024 for review period 2/1/2023 - 1/31/2024 revealed, a staff development review was conducted on 7/5/2024. Under the section titled, Problems revealed, Two (2) full time CNAs without the required 12 in-service hours per the code of Federal Regulations (42CFR483.35/483.95). Under the section titled, Recommendations revealed, Please submit a plan of correction on how the facility will monitor CNA staff for required in-service hours in the future within 30 days. Under the section titled, Comments revealed, Please ensure that your yearly in-services are not limited to the following but include additional topics on Quality of care, transfers, turning and positioning, incontinent care/skin care weight loss, Alzheimer's, cognitively impaired and dining techniques (feeding, assistive devices .etc.). Under the section titled Staff Review CNA revealed, each CNA who did not meet the Federal in-service requirements with their certification date, certification number, certification expiration date, total of in-service hours completed during the review period. During the review period CNA AA who worked part time completed five hours and thirty minutes (5.50) hours out of the six (6) required minimum, and CNA FF who worked full-time completed one and fifteen hundredths (1.15) hours out of the 12 required hours.</p> <p>Interview on 8/27/2024 at 9:50 am with the Assistant Director of Nursing (ADON) revealed that all of management was responsible for overseeing in-services and education and there was no designated person. The ADON further revealed, she was not aware that CNA AA and CNA FF were not in compliance with their in-service hours, and it was her expectation that all staff should be up to date with their in-service education.</p> <p>Interview on 8/27/2024 at 9:53 am with CNA AA revealed that she was not aware she did not meet the in-service education requirement during the facilities audit period. She stated that she had received training, and thought it was all completed. She stated she would complete the rest of the education that was needed.</p> <p>Interview on 8/27/2024 at 12:41 pm with the Director of Nursing revealed her expectations was that all CNA's were to have their in-service hours completed because it could possibly have a negative outcome if in-service hours were not complete and that could affect the residents safety.</p>		