STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115347	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Gwinnett	3850 Safehaven Drive Lawrenceville, GA 30044

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 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observations, resident and staff interviews, and review of the facility policy titled, Resident Rights, the facility failed to post notice of the availability of the State survey results so that facility residents (R), including four of 38 sampled R's (C1, C2, C3, C4) and/or visitors were aware of its location. Findings include:Review of the facility policy titled, Resident Rights, revised September 26, 2025, indicated under section, Procedure: .39. The resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.Review of the quarterly Minimum Data Set (MDS) assessment, dated 05/01/2026, for C1, revealed a Brief Interview for Mental Status (BIMS) score of 12, indicating moderate cognitive decline.Review of the comprehensive MDS assessment, dated 05/28/2026, for C2, revealed a BIMS score of 15, indicating intact cognition.Review of the comprehensive MDS assessment, dated 04/17/2026, for C3, revealed a BIMS score of 15, indicating intact cognition.Review of the comprehensive MDS assessment, dated 03/27/2026, for C4, revealed a BIMS score of 15, indicating intact cognition.Observation during the initial tour on 06/16/2026 at 8:42 AM revealed that the survey book was not found in the front entrance lobby where the book was designated to be kept.Observation on 06/17/2026 at 7:50 AM revealed that the survey book was not found in the front entrance lobby.Observation on 06/18/2026 at 12:23 PM revealed that the survey book was not found in the front entrance lobby.Interviews during the Resident Council Meeting on 06/18/2026 between 2:00 PM and 3:00 PM, it was revealed that four residents (C1, C2, C3, C4) present, who were alert and oriented, stated they did not know where the State inspection results were located, and that this was something they would be interested in reviewing.Review of the Resident Council minutes revealed that the location of the survey results had not been discussed with the residents. Interview on 06/18/2026 at 3:15 PM with Receptionist AA revealed the survey book used to be located on a table behind the backside of the sofa. She stated the survey book was moved to a secure place in the drawer of the lobby table and then moved again later to the Administrator's office. She further stated that the renovation period took place at the end of last year around the fall season.Interview on 06/18/2026 at 3:26 PM with Administrator confirmed the survey results book had been moved into his office since the start of the renovations of the front lobby area and the book was still in his office. The Administrator acknowledged that residents and visitors would not be able to readily access the survey book without having to ask for it or go into his office to review it.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, record review, and review of the facility's policy titled, Indwelling Urinary Catheter (Foley) Management, the facility failed to provide the resident with appropriate catheter tubing management and securement for one of two residents (R) (R2) reviewed for catheter care. This deficient practice had the potential to cause urine backflow, bacterial infection, and excessive tension on the catheter, which could lead to urethral tears or catheter dislodgment. Findings include:Review of the facility's policy titled, Indwelling Urinary Catheter (Foley) Management, revised September 4, 2025, revealed under General Urinary Catheter Maintenance Guidelines: . 2. b. Keep the collecting bag below the level of the bladder at all times. Do not rest the drainage bag on the floor. Under Additional Care Practices Related To Catheterization: . 5. Keeping [sic] the catheter anchored to prevent excessive tension on the catheter, which can lead to urethral tears or dislodging the catheter . Review of the electronic medical record (EMR) revealed R2 was admitted to the with pertinent diagnoses, including but not limited to, urinary tract infection, hemiplegia, type 2 diabetes, acute kidney failure, schizophrenia, benign prostatic hyperplasia, and kidney stones.Review of R2's Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 9, which indicated R2 had moderate cognitive impairment. Section GG, functional status, revealed R2 required moderate assistance from staff for most ADLs (activities of daily living), can feed and position himself in bed, but requires assistance from staff for transfer and bathing. Section H, Bladder and Bowel, R2 is incontinent of bowel movements and has an indwelling Foley catheter for urinary output.Review of the R2's care plan, dated 06/02/2026, indicated a problem with an indwelling catheter with a diagnosis of obstructive uropathy, BPH (benign prostatic hyperplasia). Interventions included, but were not limited to, antibiotics as ordered and catheter care every shift. Catheter: The resident has a position catheter bag and tubing below the level of the bladder. Check tubing for kinks each shift. Enhanced barrier precautions. Observe for and document pain/discomfort due to the catheter. Observe for and report to MD (medical doctor) for s/sx (signs/symptoms) UTI (urinary tract infection): pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, Urinary frequency, foul-smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns. Observe for s/sx of discomfort on urination and frequency.Review of the Physician's Orders for R2 included, but was not limited to:Order dated 04/24/2026: Secure catheter with an anchoring device to prevent tension.Order dated 04/24/2026: Change catheter bag as needed for infection, obstruction, or when the closed system is compromised.Order dated 04/24/2026: Catheter care every shift, keep the catheter bag placed below the level of the bladderOrder dated 04/24/2026: Indwelling catheter to straight drainage bag size 16Fr. (French) With a 10cc (cubic centimeter) bulb. Change for infection, obstruction, or when the closed system is compromised.An observation on 06/16/2026 at 11:02 AM of R2 and Certified Nursing Assistant (CNA) FF revealed that R2 had a Foley catheter; and CNA FF was applying a privacy bag to the drainage bag. The catheter bag was on the floor when the CNA left the room.An observation on 06/17/2026 at 10:56 AM of R2 revealed his Foley catheter drainage bag was in a privacy bag, but the entire bag was lying on the floor. The urine in the tubing was cloudy and red-tinged. The resident lifted his sheet to reveal his right leg and the catheter tubing, which was not secured with a securement device and was laying under his leg.An observation made on 06/17/2026 at 3:08 PM of R2 revealed that the resident was asleep, but the urinary drainage bag was still lying on the floor in the same position.An observation on 06/17/2026 at 5:17 PM noted CNA GG performing foley catheter care; the Foley bag was again on the floor, unchanged from earlier in the day. When asked about the drainage bag position, CNA GG confirmed that it was on the floor and that it should be positioned off the floor. CNA GG confirmed that the catheter tubing was under the resident's leg and (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	that there should be a securement device in place. On closer inspection, there was a leg-strap securement device on the resident's left leg, but the Foley tubing was under the right leg. CNA GG confirmed that the tubing was under the right leg and should be routed over it and secured with the securement device.An interview with Licensed Practical Nurse (LPN) HH on 06/18/2026 at 11:20 AM confirmed that the drainage bags should be off the floor, hung on the bed frame, and have a dignity cover bag. An interview with the Director of Nursing (DON) on 06/18/2026 at 1:37 PM revealed that she expected the indwelling Foley bags to be hung/positioned on the bedframe with a privacy bag, and off the floor. If the resident has an order for a securement device, the resident should wear it to prevent pulling and trauma.

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, record review, and review of the facility's policy titled, Infusion Therapy-Intravenous (IV Fluids), the facility failed to properly date and initial one midline dressing for one of two residents (R) (R46) reviewed for IV therapy. This deficient practice had the potential to cause confusion about when to change the dressing next and to lead to infection. Findings include: Review of the facility's policy titled, Infusion Therapy-Intravenous (IV Fluids), revised May 5, 2026, revealed under Procedure: .2. The facility will utilize the [NAME] (manual of Nursing Practice is a comprehensive, evidence-based guide for nursing students and practicing nurses, offering practical guidance across all major areas of patient care) procedures: . IV therapy.Review of the electronic medical record (EMR) revealed resident R46 was admitted to the facility with pertinent diagnoses, including, but not limited to, moderate protein-calorie malnutrition, dependence on supplemental oxygen, anxiety disorder, and depression.Review of R46's significant change Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 10, indicating R46 had moderate cognitive impairment. Section GG, functional status, revealed R46 was independent with meals, requires setup and cleanup assistance with oral care, partial assistance from staff with bathing, dressing, and footwear. She can reposition herself in bed and requires the assistance of one staff member for transfer to a wheelchair. Section H, Bowel and Bladder, Resident is frequently incontinent of bowel and bladder. Section O, Special Treatments and Programs, the midline IV is not mentioned in this area.A review of R46's care plan dated 06/05/2026, indicated a problem with a urinary tract infection on antibiotics. Interventions included, but not limited to, lab/ diagnostic work as ordered. Report results to MD (medical doctor) and follow up as indicated. Observe for and report to MD (medical doctor) PRN (as needed) for s/sx (signs/symptoms) of UTI (urinary tract infection): Frequency, Urgency, Malaise, foul-smelling urine, dysuria, Fever, nausea and vomiting, flank pain, Suprapubic pain, Hematuria, Cloudy urine, Altered mental status, Loss of appetite, Behavioral change.Review of a Nursing Progress note dated 06/13/2026 revealed: Central Line placed by IV team. Patent no s/s of infection to Left arm.Review of the Physician's Orders for R46 included, but not limited to:Order dated for 06/13/2026 revealed IV: Device - Midline Catheter - Non-Valved Brand: Gauge Total length cm. Site every shift for 5 DaysMay use 1% (percent) lidocaine intradermal up to 1ml (milliliter) to insertIV: Observe the site before and after administration of intermittent medications and during dressing changes.Confirm observation every shift for 5 DaysIV: Observe every shift for 5 Days with intermittent therapy or when not in useIV: Midline Cath (catheter) - Measure the circumference of the upper arm(10 cm (centimeters) above antecubital (space in bend of elbow)) as needed for 5 Days with transparent dressing change.IV: Midline Cath - With PPN (peripheral parenteral nutrition) - Change needles every 24 hours for 5 DaysAn observation made on 06/16/2026 at 12:57 PM of R46 revealed that the resident had midline vascular access located on the upper inner aspect of her left arm. The dressing was wrinkled, and there was no date or initials on the dressing.An observation made on 06/17/2026 at 10:30 AM of R46 revealed that the midline dressing remained undated or initialed.An observation made on 06/18/2026 at 11:45 AM showed that R46 was sitting in the dining area, and an observation of the midline dressing revealed no date, time, or initials on it. Licensed Practical Nurse EE confirmed that there were no dates or initials on the dressing and that the dressing was becoming very wrinkled.An interview with LPN EE on 06/18/2026 at 11:55 AM revealed that the midline was placed by the IV team after she left shift last week. She stated that the standard for midline dressings was to include a date, time, and initials, and if the IV team did not do this, the nurse on the hall should have done so.An interview with the Director of Nursing (DON) on 06/18/2026 at 1:27 PM revealed that her expectations for all IV, midline, and peripherally inserted central catheters (PICC) line dressings should be dated and timed, and if the IV team did not do it, then the nurse on the floor should do it.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interviews, and review of the facility policy titled, Food Safety, the facility failed to label, date, and discard expired food items in the refrigerator, freezer, and dry food storage. This deficient practice created the potential for 86 of 87 residents who received meals from the kitchen to contract food borne illnesses. Findings Include:A review of facility's policy titled, Food Safety, revised May 26, 2026, revealed under Policy: Food is stored and maintained in a clean, safe, and sanitary manner following federal, state, and local guidelines to minimize contamination and bacterial growth. The policy further states under Dry Storage: 2. Opened packages of food are sealed tightly to prevent contamination of the food item and use by date will be used when applicable. Under Procedure: 2. Pre-packaged food is placed in a leak-proof, non-absorbent, sanitary (NSF) container, with a tight-fitting lid. The container is labeled with the name of the contents and date (when the item is transferred to the new container). Use by Date is noted on the label of product when applicable.During an initial tour of the kitchen on 06/17/2026 at 8:48 AM with the Dietary Manager (DM), it was verified that food items were open with no open, use by date, or expiration date in the dry pantry to include grits, quick oats, cocktail sauce, creamy peanut butter, white distilled vinegar, vegetable olive oil, baking powder, tri-color pasta/ spaghetti noodles, tortilla chips, and bread. Also, food items in the freezer included biscuits, mixed vegetables, pancakes, breakfast sausage, and pork chops were not in the original box nor labeled with food item name, open, or use by date. It was noted in the refrigerator that puree canned fruit, chocolate pudding, yellow mustard, and chicken base were expired and eggs were not in a box nor dated. The DM verified open food containers in dry storage, refrigerators, and freezer were not properly labeled with food item name, open date, or use by date, and expired foods. He stated that his expectations of the kitchen staff were to check all food items daily and a negative outcome would be that residents could get sick.During an interview on 06/18/2026 at 4:45 PM with the Administrator revealed his expectations of the kitchen staff were to follow the policies and a negative outcome could be contamination of food and residents could get a food borne illness.