

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Delmar Gardens of Gwinnett		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Club 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)
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38997</p> <p>Based on staff interviews, record review, and review of the facility's policy titled, Pre-Admission Screening and Resident Review (PASARR) Program the facility failed to ensure a Level II PASARR was conducted for one of two sampled residents (R) (R21) reviewed for PASARR. Specifically, the facility failed to refer R21 to the appropriate state-designated authority for a Level II evaluation following a mental illness diagnosis.</p> <p>Findings include:</p> <p>Review of the undated facility's policy titled, Pre-Admission Screening and Resident Review (PASARR) Program revealed It is the policy of the facility to assure that all residents admitted to the facility receive a Pre-Admission Screening and Resident Review, in accordance with State and Federal Regulations. 3. Preadmission Screening for individuals with a mental disorder. The facility will not admit any new residents with a. Mental disorder, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission: i. That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility.</p> <p>Review of the Resident Face Sheet for R21 revealed she was readmitted to the facility on [DATE] and a diagnosis that included but not limited to generalized anxiety disorder and depression.</p> <p>Review of R21's Annual Minimum Data Set (MDS) dated [DATE] revealed Section A- Identification Information, the question was asked, had the resident been evaluated by Level II PASRR and determined to have a serious mental illness, and/or Mental Retardation or related condition? No, was checked; Section C-Cognitive Patterns, a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact; Section D-Mood, no mood exhibited; Section N-Medications, received antidepressants and antipsychotics; and Psychotropic drug use triggered as an area of concern on the Care Area Assessment Summary (CAAS).</p> <p>Review of R21's care plan initiated on 2/28/2024 revealed that R21 is at risk for adverse consequences related to receiving antipsychotic and antidepressant; Intervention to be implemented included monitor resident's behavior and response to medication.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Delmar Gardens of Gwinnett		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Club 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)
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Pre-Admission Screening/Resident Review (PASRR) Level I assessment dated [DATE] (Form: DMA-613): Review Request revealed no mental illness was selected for R21.</p> <p>An interview on 4/15/2024 at 6:15 pm with the Social Service Director (SSD) stated the resident's Level I was to be completed prior to admission by the hospital. She stated the previous admission director completed the Level I application for R21. The SSD stated the application for R21 did not trigger a Level II. The SSD confirmed that the diagnosis anxiety and depression was not selected on the application. The SSD stated there was no process in place to review Level I to ensure accuracy.</p> <p>An interview on 4/16/2024 at 10:20 am with the Administrator and the current Admission Director. The facility was unable to give an answer regarding who reviews Level I for accuracy to ensure that a Level II is not required.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Delmar Gardens of Gwinnett		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Club 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38988</p> <p>Based on record review, staff interviews, and review of the facility's policy titled Care Plan Conference, Interdisciplinary, the facility failed to follow the individualized care plan for monitoring for side effects of anticoagulant drug use for two residents (R) (R27 and R31). The sample size was 25.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Care Plan Conference, Interdisciplinary revised 5/2021 indicated the STANDARD is an Interdisciplinary Care Planning Conference identifies resident needs and establishes obtainable goals. An appropriate plan of action is designed to ensure optimal levels of activity and independence for all residents. The purpose is the resident care plan is conducted according to the procedures established. Number 5. Care plan is completed in the RAI section of the electronic health record. Procedure Number 10. The care plan coordinator or the appropriate discipline updates the resident care plan and the resident profile at each Interdisciplinary Conference.</p> <p>1. Review of the clinical record for R27 revealed she was admitted to the facility on [DATE]. Diagnoses include deep vein thromboses (DVT) right popliteal vein and atrial fibrillation (A-fib).</p> <p>Review of the most recent quarterly Minimum Data Set (MDS) assessment for dated 3/4/2024 for R27 revealed Section C-Cognitive Patterns, a Brief Interview Mental Status (BIMS) score of 11 which indicated moderate cognitive impairment; Section N-Medications, indicated R27 received anticoagulant medication during seven days of the look back period.</p> <p>Review of R27's April 2024 Physicians Orders (PO) revealed an order dated 2/22/2024 for Coumadin (a medication used to treat and prevent blood clots) three mg (milligrams) one tablet once per day on the 3:00 pm - 11:00 pm shift.</p> <p>Review of the care plan initiated on 9/18/2023 documented that resident is at risk for abnormal bleeding/bruising related to use of anticoagulant use. Approaches to care include administer anticoagulant (coumadin) as ordered, monitor for adverse effects, labs as ordered and report abnormal labs to physician, monitor resident for signs and symptoms of abnormal bruising or bleeding, observe stools for dark, tarry, or bright red blood.</p> <p>2. Review of the clinical record for R31 revealed she was admitted to the facility on [DATE]. Diagnoses include atrial fibrillation (A-fib) and anxiety.</p> <p>Residents most recent quarterly MDS assessment dated [DATE] for R31 revealed Section C-Cognitive Patterns, a BIMS score of 15 which indicated no cognitive impairment; Section N-Medications revealed resident received anticoagulant medication during seven days of the look back period.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Delmar Gardens of Gwinnett		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Club 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R31's April 2024 Physicians Orders (PO) for R31 revealed an order dated 12/22/2023 for Eliquis (a medication used to treat and prevent blood clots and prevent strokes in patients with atrial fibrillation) five mg (milligrams) two times per day from 7:15 am - 11:15 am and 3:15 pm - 6:45 pm.</p> <p>Review of the care plan initiated on 6/26/2023 documented that resident is at risk for abnormal bleeding/bruising related to use of anticoagulant (Eliquis). Approaches to care include administer anticoagulant as per physician's order, labs as ordered and report abnormal labs to physician, monitor resident for signs and symptoms of abnormal bruising or bleeding, observe stools for dark, tarry, or bright red blood.</p> <p>Interview on 4/15/2024 at 6:00 pm, Minimum Data Set (MDS) Nurse stated she gets information for the assessments from her observations, Physician Orders, Progress Notes, Nurses Notes, lab results, and interviews with staff. She stated the care plans are generated from what she codes in the MDS assessment. She stated that she was responsible for ensuring the assessments are accurate and care plans are developed to reflect the residents current status.</p> <p>Interview on 4/16/2024 at 3:20 pm, Director of Nursing (DON) stated was her expectation that residents who are prescribed anticoagulant medications, should have a care plan for monitoring for side effects of the medication and abnormal bruising and bleeding. During further interview, she stated all staff are to follow the residents care plan for all aspects of care, including monitoring for side effects of anticoagulant med use.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Delmar Gardens of Gwinnett		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Club 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)		
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38997</p> <p>Based on staff and resident interviews, record review, review of the facility's policy titled Treatment/Devices to Maintain Hearing/Vision and review of the facility's document titled Job Description Director of Social Service, the facility failed to provide three out of five sampled residents (R) (R21, R30, and R7) reviewed for adequate assistance and support from social service with receiving vision care. In addition, R21 was hard of hearing and had not been provided assistance by an audiologist. The failure to adequately address the residents' concern has the potential to affect their quality of life.</p> <p>Findings include:</p> <p>Review of the facility policy titled Treatment/Devices to Maintain Hearing/Vision dated April, 2024 indicated: It is the policy of the facility to ensure it identifies and provides needed care and services that are resident centered, in accordance with the resident's preferences, goals for care and professional standards of practice that will meet each resident's physical, mental, and psychosocial needs. Procedure: 1. The facility will ensure that the residents receive proper treatment and assistive devices to maintain vision and hearing abilities. 6. The facility utilizes outside service providers for vision services. 7. If a resident does not have a preferred provider, a provider will be offered for in house.</p> <p>Review of the undated facility's document titled Job Description Director of Social Services revealed: Purpose- To plan, organize, develop, and direct the overall operation of the Social Services Department in accordance with current federal, state, and local standards, guidelines and regulations, our established policies and procedures, and as may be directed by the Administrator, to assure that the medically related emotional and social needs of the resident are met/maintained on an individual basis.</p> <p>1. Review of the Resident Face Sheet for R21 revealed she was readmitted to the facility on [DATE] and a diagnosis of, but not limited to macular degeneration.</p> <p>Review R21's Annual Minimum Data Set (MDS) dated [DATE] revealed Section B- Hearing, speech, Vision: indicated hearing was adequate with no hearing aid, vision adequate, sees fine detail, including regular print in newspaper and books and corrective lenses (contacts, glasses, or magnifying glass) used. Section C-Cognitive Patterns: a Brief Interview of Mental Status (BIMS) score was assessed as fifteen which indicated the resident was cognitively intact.</p> <p>Review of R21's care plan dated 2/28/2024 indicated there was no documented vision or hearing care plan.</p> <p>An interview on 4/13/2024 at 10:54 am with R21 stated she had not had an eye examine in two years. R21 stated she would like to have her eyes checked. She revealed she had macular degeneration and was almost blind. R21 also stated that she could not hear.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Delmar Gardens of Gwinnett		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Club 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)		
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of the Resident Face Sheet for R30 revealed he was admitted to the facility on [DATE] and had a diagnosis of, but not limited to diabetes mellitus.</p> <p>Review of R21's Annual MDS dated [DATE] revealed Section B- Hearing, speech, Vision: indicated vision was adequate, sees fine detail, including regular print in newspaper and books and corrective lenses (contacts, glasses, or magnifying glass) used; Section C-Cognitive Patterns: BIMS was assessed as 15 which indicated the resident was cognitively intact.</p> <p>Review of R21's care plan dated 4/9/2024 revealed that R30 had a potential for complications related to diabetes mellitus; Intervention to be implemented included monitor for headaches and light headedness.</p> <p>An interview on 4/13/2024 at 10:23 am with R30 stated he wore eyeglasses. R30 stated he had not seen an optometrist in two years. The resident voiced concern about his eyes because he was a diabetic. He also stated it was difficult to go out for an appointment because he only had one daughter that could take him out on appointments. The resident stated he had seen the podiatrist and dentist in the facility. The resident stated he had never been offered to see an optometrist in the facility.</p> <p>3. Review of the Resident Face Sheet for R7 revealed she was admitted to the facility on [DATE] with a readmitted [DATE] and a diagnosis of, but not limited to diabetes mellitus.</p> <p>Review of the R7's Quarterly MDS dated [DATE] revealed Section B- Hearing, speech, Vision: indicated vision was adequate, sees fine detail, including regular print in newspaper and books and no corrective lenses (contacts, glasses, or magnifying glass) used; Section C- BIMS score was assessed as 12, which indicated the resident was moderately impaired.</p> <p>Review of R7's care plan dated 10/20/2023 revealed R7 was at risk for deterioration in her activity of daily living related to diabetes mellitus; Intervention to be implemented included glucometer as ordered by the physician.</p> <p>An observation and interview on 4/13/2024 at 11:05 am with R7 stated she wore glasses. She stated she was a diabetic and should have their vision checked. The resident stated she had not had her vision checked in a while.</p> <p>An interview on 4/13/2024 at 10:45 am with the Social Service Director (SSD) stated the facility provides podiatry and dental service. She stated the facility does not have an optometrist that visits the facility.</p> <p>An interview on 4/15/2024 at 10:55 am with the SSD and Administrator, the SSD stated was the practice of the facility that residents use an outside service for vision. She stated she was not aware that vision services could be provided in the facility. The Administrator stated she accepts that she did not have the knowledge regarding providing vision service in the facility. She stated she will verify to see if the facility has a contract with vision services.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Delmar Gardens of Gwinnett		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Club 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)		
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 4/15/2024 at 11:00 am with the MDS Coordinator stated she was responsible for completing Section B (Hearing, speech, Vision) of the MDS. She stated the resident's vision was assessed by asking the resident to read her name tag in addition to an interview with the resident to assess if the resident wears glasses or has any problems with reading the newspaper etc. She stated if a resident voiced a complaint with vision, she would notify the Director of Nursing and the physician.</p> <p>An interview on 4/15/2024 at 1:30 pm with the Administrator stated the facility had been meeting the residents' needs. She stated the facility will investigate having a contract for in-house vision service. The Administrator stated she spoke with the sister facility and was provided with Name Eye Care. The Administrator stated the facility would reach out to the company to secure a contract for in-house vision care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Delmar Gardens of Gwinnett		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Club 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)		
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38988</p> <p>Based on observation, record review, staff interviews, and review of facility's policy titled Coumadin Therapy/Dosing Protocol, the facility failed to document monitoring and side effects of anticoagulant use for two of five sampled residents (R) (R27, R31) reviewed for unnecessary medications.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Coumadin Therapy/Dosing Protocol revised 6/2021 defined Coumadin as an anti-coagulant that prevents thrombophlebitis. Coumadin is used to treat deep vein thrombosis, myocardial infarction, pulmonary emboli, heart valve disease and atrial arrhythmia. Consideration of Coumadin Administration: Only licensed nurses will pass all coumadin doses. Procedure: Number 3. Nurses should chart all pertinent information related to Coumadin administration, physician orders and signs and symptoms of hemorrhagic adverse effects as they relate to each resident receiving Coumadin therapy.</p> <p>1. Review of the clinical record revealed R27 was admitted to the facility on [DATE] with diagnoses including deep vein thromboses (DVT) right popliteal vein, acute pulmonary edema, congestive heart failure (CHF), hypertension (HTN), chronic kidney disease (stage 4), diabetes, atrial fibrillation (A-fib), and depression.</p> <p>Review of R27's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Section C-Cognitive Patterns, a Brief Interview Mental Status (BIMS) was coded as 11, which indicated moderate cognitive impairment. Section N-Medications revealed R27 received anticoagulant medication during the seven days of the look back period.</p> <p>Review of the April 2024 Physicians Orders (PO) for R27 revealed an order dated 2/22/2024 for Coumadin (a medication used to treat and prevent blood clots) three mg (milligrams) one tablet once per day on the 3:00 pm - 11:00 pm shift. Further review of the April PO revealed there was no order to monitor resident for anti-coagulant use until 4/16/2024, after questioning by the survey team.</p> <p>Review of R27's medication administration record (MAR) for the month of April 2024, revealed no evidence that anti-coagulant monitoring was documented for the period of April 1 through April 16 for signs or symptoms or side effects of Coumadin therapy.</p> <p>2. Review of the clinical record revealed R31 was admitted to the facility on [DATE] with diagnoses including atrial fibrillation (A-fib), congestive heart failure (CHF), hypertension (HTN), chronic kidney disease (stage 4), anxiety, and depression.</p> <p>Review of R31's quarterly MDS assessment dated [DATE] revealed Section C-Cognitive Patterns, BIMS was coded as 15, which indicated no cognitive impairment. Section N-Medications revealed R31 received anticoagulant medication during the seven days of the look back period.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Delmar Gardens of Gwinnett		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Club 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)		
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the April 2024 Physicians Orders (PO) for R31 revealed an order dated 12/22/2023 for Eliquis (a medication used to treat and prevent blood clots and prevent strokes in patients with atrial fibrillation) five mg (milligrams) two times per day from 7:15 am - 11:15 am liberated time frame and 3:15 pm - 6:45 pm liberated time frame. Further review of the April PO revealed there was no order to monitor residents for anti-coagulant use.</p> <p>Review of R31's MAR for the month of April 2024, revealed no evidence that anti-coagulant monitoring was documented for the period of April 1 through April 16 for signs or symptoms or side effects of Eliquis use.</p> <p>Interview on 4/14/2024 at 1:08 pm, Licensed Practical Nurse (LPN) MM stated she provides support to the Certified Medication Tech's (CMT's) administering the medications they are not allowed to administer, such as controlled substances. She stated that the medication techs should be monitoring the residents' behaviors and monitoring for side effects of anticoagulants, and documenting that they have completed the monitoring.</p> <p>Interview on 4/14/2024 at 2:13 pm, Certified Nursing Assistant (CNA)/Certified Medication Aide (CMA) LL stated that she was not aware that she was supposed to be monitoring residents on blood thinners for side effects of bleeding or bruising. She stated it was not on the medication record, so she was not aware that she should be doing that.</p> <p>Interview on 4/16/2024 at 12:32 pm, LPN NN, stated that she monitors residents for behaviors and documents on the MAR if they exhibit any behaviors. She stated she was not monitoring residents for signs or symptoms of bleeding, and because it was not on the MAR, she was not thinking that was something she needed to do.</p> <p>Interview on 4/16/2024 at 12:40 pm, Minimum Data Set (MDS) Nurse, stated that the nurse who enters the order for the anticoagulants, should check a box for that order that would go to a template for monitoring anticoagulant medications, which then would auto-populate to the MAR.</p> <p>Interview on 4/16/2024 at 3:20 pm, Director of Nursing (DON) stated that residents who are prescribed any type of anticoagulant medication should be monitored every shift for signs and symptoms of bleeding. She stated the nurse who transcribes the medication order into the system is responsible for putting in the monitoring order. During further interview, she revealed that the nurses and the CMT's should be monitored before administering the anticoagulants and document on the MAR the monitoring was done. The DON confirmed that R27 and R31 did not have anticoagulant monitoring on the Physician Order or the MAR.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Delmar Gardens of Gwinnett		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Club 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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38988</p> <p>Based on observations, interviews and review of the facility's policies titled Expiration Dating of Medications and Medications with Shortened Expiration Dates, and review of the Pharmacy Nurse Consultant report, the facility failed to ensure medications were dated appropriately when opened to determine the discard date. In addition, the facility failed to discard expired medical supplies prior to expiration dates in one of three medication carts. The sample size was 25.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Expiration Dating of Medications with effective date April 1, 2016, Procedure:</p> <p>F. Ophthalmic medications will be discarded sixty days after initial dose. The medication will be noted with the date the med was initially opened.</p> <p>G. Nasal medications dispensed by the pharmacy will be discarded sixty days after initial dose. The medication will be noted with the date the med was initially opened.</p> <p>I. Injectable medications dispensed by the pharmacy will be discarded thirty days after initial dose. The medication will be noted with the date the med was initially opened.</p> <p>Review of an undated document provided by the facility titled Medications with Shortened Expiration Dates revealed brand names of medications and notes specific to discard dates for Symbicort inhaler-discard when the counter reads 0 or 90 days after removal from the protective foil and Novolog insulin product expires 28 days after first use.</p> <p>Review of the Pharmacy Nurse Consultant report, dated 4/5/2024, revealed that the medication carts had multiple medications including inhalers, nasal sprays, and insulin vials/pens, which were not labeled with an open date, so staff would know when the medications would need to be discarded.</p> <p>Observation on 4/14/2024 at 8:35 am during medication administration with Certified Medication Aide (CMA) LL, on Cart AB, revealed one opened Symbicort inhaler for R31, with no open or discard date on it; one 0.5-ounce bottle of artificial tears with no open or discard date on it.</p> <p>Interview on 4/14/2024 at 8:40 am, CMA LL stated that she dates all the medications when she opens them, and stated she did not know who had opened the Symbicort inhaler or the artificial tears for R31. She stated she does not pay attention to the dates on the bottles and did not notice that the Symbicort and artificial tears did not have an open date on them.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Delmar Gardens of Gwinnett		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Club 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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 4/16/2024 at 8:06 am of medication storage room with the Director of Nursing (DON) and Infection Preventionist, revealed a clean and organized storage room. Medication shelves organized. On a separate storage shelf revealed five 30-ounce bottles of [name] oral supplements with expiration date of 4/13/2024. The DON discarded the bottles, leaving the shelves empty of the oral supplement.</p> <p>Interview on 4/16/2024 at 8:10 am with DON, stated the Central Supply clerk was out on leave and she had been keeping the supply stock in her absence. She stated she missed the expiration date on the oral supplements. She stated she would check all the bottles of the supplement on the med carts, to ensure they were not expired. During further interview, she stated she would go buy some bottles of the oral supplement, so they would have some before the order came in.</p> <p>Observation on 4/16/2024 at 9:10 am, medication cart check Cart AB with CMA JJ, revealed one vial of Levemir insulin without an open or discard date on it; one 10-ounce single use bottle of Magnesium Citrate with a broken seal; one 0.54-ounce bottle of fluticasone propionate without an open or discard date on it.</p> <p>Interview on 4/16/2024 at 9:10 am, CMA JJ stated that she knows each bottle of medication needs to be dated when opened, and stated she always dates the bottles when she opens them. She stated that she refers to the list inside the medication book on each cart as a list of medications and when they should be discarded.</p> <p>Observation on 4/16/2024 at 9:37 am, medication cart check Cart EF with Licensed Practical Nurse (LPN) NN, revealed one two-ounce bottle of olopatadine eye drops, with an open date of 3/8/2024. Manufacturer instructions revealed product was to be discarded 30 days after opening. In the locked narcotic box was one Kardex of hydrocodone tablets for a resident that had been discharged from the facility.</p> <p>Interview on 4/16/2024 at 9:41 am, LPN NN stated that she dates the bottles of medications when she opens them. She stated when medications are discontinued or when residents are discharged from the facility, the medications are removed from the cart and given to the DON to destroy, per the facility policy.</p> <p>Interview on 4/16/2024 at 11:22 am, the DON stated the pharmacy consultant nurse comes to facility quarterly to do cart audits and she provides a report on what the audits reveal. She stated that the consultant has provided in-services to staff for expired medications and no open dates on medications. During further interview, she stated it is her expectation that everything in the med carts be labelled by the nurse who opens the meds.</p> <p>Phone interview on 4/16/2024 at 1:30 pm, Pharmacy Nurse Consultant OO stated she visits the facility approximately every eight to 10 weeks. She stated she checks each of the three medication carts for cleanliness and checks all the medications and narcotics in each cart. She stated that the facility has had several reviews in the past that had expired medications and meds that were not being labeled when opened. She stated she discards the medications that were not labeled and instructs the facility to re-order those meds. She stated she provides the facility with a written report for the facility to provide in-service training related to continued identified concerns.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Delmar Gardens of Gwinnett		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Club 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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45811</p> <p>Based on observations, interviews, record review, and review of the facility's policies titled, Food Storage Dry/Refrigerated/Frozen and Labeling/Dating Foods (Date Marking), the facility failed to ensure opened food items were properly dated and labeled in the cooler, freezer, and dry food pantry. In addition, the facility failed to ensure the oven and ice machines were clean, all dietary staff were wearing appropriate hair covering, and the recipe for pureed food was followed. This deficient practice had the potential to affect 58 of 58 residents who received an oral diet from the kitchen.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Food Storage Dry/Refrigerated/Frozen, 2014 Edition, under Procedure: 1. General storage guidelines to be followed: revealed, All food items will be labeled Discard food that has passed the expiration date and discard food that has been prepared in the facility after seven days of storing under proper refrigeration.</p> <p>Review of the facility's policy titled Labeling/Dating Foods (Date Marking) 2014 Edition, under Procedure: 1. Date marking for dry storage food items revealed, Unopened cases of dry food items will be dated with the date the case was received into the facility first in-first out method of rotation .Expiration dates on commercially prepared dry storage food items will be followed.</p> <p>During an interview and tour of the kitchen on [DATE] at 8:30 am with the Chef, food was observed in the dry pantry, refrigerator, and freezer. The following deficiencies were noted: one bag of slider buns with no open date; one bag of lentils with no open date, one bag of spinach with no open date, one bag of okra with no open date, and one bag of corn flakes with no open date in the (satellite kitchen); The oven flat top was observed to be dirty with old grease and food in the oven; the ice machine filters and the area around the opening was dirty.</p> <p>During an interview on [DATE] at 9:00 am with Utility Worker EE was not wearing hairnet and this was brought to the attention of the Chef. The Chef asked the Utility Worker EE why he did not have on a hairnet and the Utility Worker stated he lost his hat that he usually wear and then proceeded to put on a hairnet.</p> <p>During an observation on [DATE] at 9:50 am of pureed food with the Chef revealed, greens were pureed and the thickening that goes into the dish was not measured. He confirmed he did not measure out the thickener.</p> <p>During an interview on [DATE] at 11:00 am with Lead Dining Server FF, stated she would look at the date on food container. She stated, usually she only got food that had been opened out of the refrigerator or pantry. She stated if there was no date on the container, the food would not be used.</p> <p>During an Interview on [DATE] at 11:12 am with Cook HH stated, food should be labeled and dated; and if it was not dated, he would toss it out.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Delmar Gardens of Gwinnett		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Club 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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 11:20 am with the Chef revealed he received the food items when they were delivered off the truck. He stated he would make sure there were no dented cans and would put the date received on the container. The Chef was asked what happened with food that had the [NAME] code on it and no expiration date, and stated he thought the code was the date.</p> <p>During an interview on [DATE] at 5:50 pm with the Administrator, she stated there should be systems in place and the staff should be educated in labelling. She stated, if staff were unsure about this process, they should speak with their supervisor.</p> <p>During an observation on [DATE] at 10:10 am of the Dietary Manager revealed the [Name] representative was present with the [NAME] Calendar and providing information on how to read the codes using the [NAME] Calendar to the Dietary Manager and the Chef.</p> <p>During a tour of the pantry on [DATE] at 10:20 am the following foods had the [NAME] code on the container; neither the Dietary Manager nor the Chef knew how to read the following codes and could not tell if the food had expired for the following items: three containers of Catalina, three bottles of dressing, three jars of cherries, seven canned tomatoes, one can of sloppy joe sauce, four boxes of [Name] rice, three containers of coleslaw and six containers of [Name] sauce that was determined by looking at the [NAME] Calendar this product had expired.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Delmar Gardens of Gwinnett		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Club 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)
<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>45811</p> <p>Based on observations, staff interviews, and record review, the facility failed to ensure one of two dumpsters had a plug in place and the surrounding area around the dumpster was free of trash and debris. This deficient practice had the potential to affect all residents. The census was 58 residents.</p> <p>Findings include:</p> <p>During an observation of the dumpster on 4/14/2024 at 10:15 am with the Dietary Manager (DM) revealed, the dumpster on the right side had the appropriate plug. However, the dumpster on the left was unplugged and did not have a cap on it. There was trash observed on the ground in the back of the dumpster including soiled diapers. The DM began to pick the trash up at this time and put it in the dumpster.</p> <p>During an interview on 4/15/2024 at 5:50 pm the Administrator revealed she expect staff to have a system in place to take care of problems. This process should be taken to the Quality Assurance (QA) meeting.</p> <p>During an observation of the dumpsters on 4/16/2024 at 10:00 am the Maintenance Director (MD) revealed the dumpsters would be changed out that day. (MD) verified the dumpster on the left side was unplugged and did not have a cap on it; he stated the opening was sealed and the drain was inside the dumpster.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Delmar Gardens of Gwinnett		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 Club 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)		
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>45811</p> <p>Based on observations, staff interviews, and record review, the facility failed to ensure the flat top oven was working. Specifically, the facility failed to ensure the oven door would close efficiently to prepare cooked meals. This deficient practice had the potential to affect 58 of 58 residents who received an oral diet from the kitchen.</p> <p>Findings include:</p> <p>Record review of the Nursing Home Maintenance work orders from 2/14/2024 through 4/13/2024 revealed there was no order to repair the oven located in the kitchen.</p> <p>During an interview and tour of the kitchen on 4/13/2024 at 8:30 am with the Chef, the flat top stove oven was observed not clean with old grease and food particles in the oven. There was a towel pushed between the top of the door and stove which was used to keep the door closed. An interview with the Chef revealed the door was broken and that they would remove the towel when the oven was used. The Chef stated he had discussed the oven door with the Maintenance Director (MD).</p> <p>During an interview on 4/15/2024 at 11:00 am with the MD, revealed he fixed the broken oven and that there was a latch on the side of the door that allows the door to close. MD stated staff should complete a maintenance work order to get broken equipment repaired. MD stated work orders were kept at the front desk and he did not receive a written request to fix the oven.</p> <p>During an interview on 4/15/2024 at 5:50 pm with the Administrator revealed she expect staff to have a system in place to take care of problems and that this process should be taken to the Quality Assurance (QA) meeting.</p> <p>During an interview on 4/15/2024 at 11:10 am with Cook GG revealed, he used the flat top stove to cook. He reported the stove had been broken for a couple of weeks.</p> <p>During an interview on 4/15/2024 at 11:15 am with Cook HH revealed, the flat top stove had been broken for a couple of weeks. Cook HH stated while it was broken it was used for storage for example, the thickener was put in it and sometimes they put rags in there.</p> <p>During an interview on 4/16/2024 at 10:30 am with the Chef revealed, he did not fill out a work order for the flat top stove oven door that was broken but verbally told the Maintenance Director.</p>		