STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115397	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woods at Sparta of Journey Llc, The	60 Providence Street Sparta, GA 31087

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 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 observation, staff interviews, and review of the facility's policy titled Food Safety Requirements, the facility failed to ensure sanitary conditions in the kitchen. This deficient practice had the potential to place the 37 residents who received food or nutrition from the kitchen at increased risk of foodborne illness. Findings include:Review of the facility's policy titled Food Safety Requirements, reviewed 7/2025, revealed the Definition section included, Contamination means the unintended presence of potentially harmful substances, including, but not limited to, microorganisms, chemicals, or physical objects.Observation on 12/9/2025 at 9:30 am with the Dietary Manager (DM) in the kitchen revealed one window-unit air conditioner (AC) located above a countertop with a dish rack containing silverware and another containing cups. Observation revealed the AC unit had a buildup of grey, fuzzy substance and black, flaky substance on the vents. The AC unit was turned on and blowing across the racks of dishes. The DM confirmed the findings. Observation on 12/9/2025 at 12:50 pm with the DM in the kitchen revealed the AC above the racks of dishware continued to have a black, flaky substance in the vents. The DM confirmed the findings.Observation on 12/11/2025 at 11:05 am with the DM in the kitchen revealed that the AC unit located above the racks of dishes had been cleaned. The DM stated that maintenance had cleaned the unit and would make cleaning the unit part of the routine maintenance.

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
	115397	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woods at Sparta of Journey Llc, The	60 Providence Street Sparta, GA 31087

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities Based on staff interview and record review, the facility failed to ensure that one resident (R) (R35) with a qualifying diagnosis, from a sample of 28 residents, was referred to the appropriate state-designated authority for Level II PASRR (Preadmission Screening and Resident Review). This deficient practice had the potential to place R35 at risk of not having her mental and psychological care needs met. Findings include:Review of the admission Record for R35 revealed diagnoses including, but not limited to, major depressive disorder, dated 10/15/2018, anxiety disorder, dated 10/15/2018, and Post Traumatic Stress Disorder (PTSD), dated 8/22/2024. Further review revealed no diagnosis of dementia or Alzheimer's disease. Review of the Annual Minimum Data Set (MDS) assessment for R35, dated 8/7/2025, revealed that Section A (Identification Information) documented that the resident was not currently considered by the state-level II PASRR process to have a serious mental illness and/or intellectual disability or a related condition. Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 13 (indicating little to no cognitive impairment). Section I (Active Diagnoses) documented that the resident had diagnoses, including, but not limited to, anxiety, depression, and PTSD. Review of the Quarterly MDS assessment for R35, dated 11/13/2025, revealed that Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 15 (indicating little to no cognitive impairment). Section I (Active Diagnoses) documented that the resident had diagnoses, including, but not limited to, anxiety, depression, and PTSD. Review of the physician's orders for R35 revealed an order dated 1/10/2025 for Zoloft oral tablet 50 milligrams (mg) 0.5 tablet by mouth one time a day related to PTSD. Review of the clinical record for R35 revealed no PASRR Level II. In an interview on 12/10/2025 at 2:45 pm, the Social Services Director (SSD) confirmed that R35 had diagnoses including PTSD, depression, and anxiety, and did not have a submission for a PASRR Level II. The SSD stated that R35 had qualifying diagnoses for a PASRR Level II submission and should have had one.