STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115422	A. Building B. Wing	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Roswell Center for Nursing and Healing LLC	1109 Green Street Roswell, GA 30075

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. (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

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, resident and staff interviews, and facility policy review, the facility failed to ensure residents who were dependent on staff for activities of daily living (ADLs) received showers as scheduled and requested for one of three residents (Resident (R) 2) reviewed for ADLs out of 30 sample residents. This failure placed the residents at risk of a diminished quality of life.Findings include: Review of the facility's policy Activities of Daily Living (ADLs) dated January 2024, The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following activities of daily living: 1. Bathing .The facility will provide a maintenance and restorative program to assist the resident in achieving and maintaining the highest practicable outcome based on the comprehensive assessment .A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene .The facility will maintain individual objectives of the care plan and periodic review and evaluation.Review of R2's Face Sheet, located in the resident's EMR under the Face Sheet tab revealed the resident was admitted to the facility on [DATE] with diagnoses that included but not limited to hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, acquired absence of right leg below knee, acquired absence of left leg above knee, polyneuropathy, and chronic pain.Review of R2's five day Minimum Data Set (MDS) located in the MDS tab in the EMR with an Assessment Reference Date (ARD) of 6/5/2025, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated no cognitive impairment. According to the MDS R2 had limitation in range of motion to upper extremities on both sides. He required substantial/maximal assistance for showering/bathing. Review of R2's Care Plan in the EMR under the Care Plan tab, initiated 2/27/2024 and revised 12/12/2025, revealed R2 had a self-care deficit related to experiencing difficulty in performing tasks of daily living such as dressing, bathing, toileting .as evidenced by neuromuscular impairment. Interventions included to assist with bathing as needed.Record review of R2's April 2025 Documentation Survey Report, under the EMR Tasks tab, revealed the resident was to receive bed bath/shower every Monday and Thursday on the 3:00 PM through 11:00 PM shift. Documentation revealed the resident was not documented for bed bath nor shower on 4/15/2025, 4/18/2025, 4/22/2025, or 4/25/25 (where documentation was reserved for ADL charting). The resident was documented as refused on 4/29/2025 at 10:59 PM, without any documentation to indicate when the resident was offered a shower, why they refused, or if they were offered an alternate time. The resident did not receive showers on four of five opportunities, not including the documented refusal.Record review of R2's May 2025 Documentation Survey Report, under the EMR Tasks tab, revealed the resident was to receive bed bath/shower every Monday and Thursday on the 3:00 PM through 11 PM shift. Documentation revealed the resident was not documented for bed bath nor shower on 5/26/2025 (where documentation was reserved for ADL charting). The resident was documented as NA or Not Applicable on 5/2/2025,5/9/2025, and 5/19/2025. There was documentation to indicate why the resident was not provided with a bed bath/shower on NA days. The resident did not receive showers on four of eight opportunities.Record review of R2's June 2025 Documentation Survey Report, under the EMR Tasks tab, revealed the resident was to receive bed bath/shower every Monday and Thursday on the 3:00 PM through 11 PM shift. Documentation revealed the resident was not documented for bed bath nor shower on 6/9/2025, 6/16/2025, and 6/23/2025 (where documentation was reserved for ADL charting). The resident was documented as NA or Not Applicable on 6/12/2025 and 6/26/2025. There was documentation to indicate why the resident was not provided with a bed bath/shower on NA days. The resident did not receive showers on five of eight opportunities.During an interview on 7/2/2025 at 1:45 PM, R2 stated that the facility staff did not provide him with the showers that he was supposed to receive. He stated that the staff told him that they were short-staffed. He stated he believed the reason must be because of the lack of staff or that the staff just did not want to come back in and offer him his showers. R2 said that he had gone two weeks without showers on more than one occasion. He stated it was still a current problem, and that he did not refuse showers if they were offered to him. R2 stated that he was supposed to receive them twice a week on Mondays and Thursdays, but that did not always happen.During an interview on 7/2/2025 at 3:30 PM, Certified Nursing Aide (CNA) 1 stated that she believed residents were supposed to get three showers a week, but confirmed she was not sure. CNA1 said that the aides were assigned certain

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and facility policy review, the facility failed to ensure that medications delivered by pharmacy were properly secured. This deficient practice had the potential to cause medication diversion, medication administration errors, and adverse effects. Findings include: Review of the facility's policy titled, Medication Storage dated 12/2022 revealed, It is the policy of this facility to ensure a medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. Additionally, under section, Policy Explanation and Compliance Guidelines, it revealed, 1. General Guidelines: a. All drugs and biologicals will be stored in locked compartments (i.e. medication carts, cabinets, drawers, refrigerators, medication rooms). b. Only authorized personnel will have access to the keys to locked compartments.During an observation on the secured unit on 7/1/2025 at 6:33 AM, an unopened box of lidocaine patches and a purple pharmacy bag containing medication patches and blister packs of pills inside of it were sitting on desk at nurse's station unattended medication cart. An unknown male resident was walking up to the nurse's station when surveyors observed the unsecured medications. Approximately a minute later, Licensed Practical Nurse (LPN) 2 arrived at the nurse's station. LPN2 confirmed the medications were left unsecured and unattended. During a walk-through of the facility on 7/1/2025 from 6:30 AM - 6:53 AM, three unknown partial pills were found on the floor in the hallway on the secured unit, two additional unknown pills were found on the floor in the hallway of the adjacent unit. Two more pills were found on the floor in the hallway on a unit on the second floor. Both night shift staff and day shift staff were present due to a change of shift at 7:00 AM. Different staff members were picking the pills up off the floor stating they weren't supposed to be on the floor and not knowing where they came from or who they were for. Review of the following resident medications were found unlocked at the desk at nurse's station unattended medication cart:Review of R24's Face Sheet, located in the Resident tab of the electronic medical record (EMR) revealed R24 was admitted to the facility on [DATE] with diagnoses that included but was not limited to Alzheimer's disease, late onset and dementia. Review of R24's EMR titled quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/14/2025 revealed a Brief Interview for Mental Status (BIMS) score of six out of 15, which indicated the resident had severe cognitive impairment. Review of R24's EMR titled Physician Orders located under the Resident tab and dated 11/23/2022 indicated [R24] Exelon transdermal patch 24 hour 13.3 MG/24 HR for Alzheimer's . apply to intact skin for 24 hours, rotating site, and allow 14 days before reapplying to same sight.Review of R25's Face Sheet, located in the Resident tab of the electronic EMR revealed R25 was admitted to the facility with diagnoses that included but not limited to neurocognitive disorder with Lewy bodies and dementia with psychotic disturbance.Review of R25's EMR titled annual MDS with an ARD of 5/15/2025, revealed a BIMS score of five out of 15, which indicated the resident had severe cognitive impairment. Review of R25's EMR titled Physician Orders located under the Resident tab and dated 4/30/2025 indicated [R25] Buspar 5 MG Tablet for anxiety .give every 12 hours.'Review of R26's Face Sheet, located in the Resident tab of the electronic EMR revealed R26 was admitted to the facility with diagnoses that included but not limited to Alzheimer's disease, late onset and dementia with psychotic disturbance. Review of R26's EMR titled quarterly MDS with an ARD of 5/16/2025, revealed a BIMS score of three out of 15, which indicated the resident had severe cognitive impairment. Review of R26's EMR titled Physician Orders located under the Resident tab and dated 5/4/2025 indicated [R26] Buspar 5 MG Tablet for anxiety . give every 12 hours.Review of R27's Face Sheet, located in the Resident tab of the electronic EMR revealed R27 was admitted to the facility with diagnoses that included but not limited to Alzheimer's disease, early onset and dementia with behavioral disturbance. Review of R27's EMR titled quarterly MDS with an ARD of 6/16/2025, revealed a BIMS score of ten out of 15, which indicated the resident had moderate cognitive impairment. Review of R27's EMR titled Physician Orders located under the Resident tab and dated 5/15/2025 indicated [R27 Lovastatin 20 MG tablet for high cholesterol .give at bedtimeReview of R28's Face Sheet, located in the Resident tab of the electronic EMR revealed R28 was admitted to the facility with diagnoses that included but not limited to vascular dementia moderate, with psychotic disturbance and alcohol abuse with alcohol-induced psychotic disorder.Review of R28's EMR titled quarterly MDS with an ARD of 6/14/2025, revealed a BIMS score of ten out of 15, which indicated the resident had moderate