

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115422	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2026
NAME OF PROVIDER OR SUPPLIER  Roswell Center for Nursing and Healing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, staff interviews, and review of facility policy titled Instructions, the facility failed to ensure the Packaged Terminal Air Conditioner (PTAC) unit filters were maintained free of dust and debris in two rooms (rooms [ROOM NUMBERS]) of twenty-six resident rooms observed on the Sapphire Hallway. This deficient practice had the potential to affect air quality and resident comfort in those rooms. Findings include: Review of the facility's policy titled, Instructions revealed the following: Remove air filter and inspect for cleanliness. If filter is dirty, either wash or replace depending on type of filter. If clean, reinstall filter. and At a minimum, air filters are to be replaced or thoroughly cleaned depending on type of filter every three months. Observations conducted on 3/22/2026 at 2:16 PM, 3/24/2026 at 10:28 AM, and 3/25/2026 at 12:31 PM in room [ROOM NUMBER] revealed the PTAC unit filter contained visible grey, fuzzy debris accumulation. The condition remained unchanged across all three observations. Observations conducted on 3/22/2026 at 2:45 PM, 3/24/2026 at 9:59 AM, and 3/25/2026 at 12:32 PM in room [ROOM NUMBER] revealed the PTAC unit filter contained visible grey, fuzzy debris accumulation. The condition remained unchanged across all three observations. An interview and observation conducted on 3/25/2026 at 1:17 PM with the Maintenance Director (MD) revealed that he is responsible for cleaning and checking the filters monthly. He stated that, due to ongoing construction, they continue to conduct monthly checks and randomly inspect areas where work is being performed. MD stated it is the responsibility of the maintenance department to ensure filters are clean and functioning properly. MD further stated that expectations include conducting spot checks of the PTAC units. An observation of room [ROOM NUMBER] conducted on 3/25/2026 at 1:31 PM, in the presence of the MD, revealed dust accumulation on the PTAC unit filter. The MD did not dispute the finding. An interview conducted on 3/25/2026 at 3:38 PM with the Administrator stated that it is the responsibility of the maintenance department to clean the PTAC filters, which are supposed to be cleaned monthly. She stated her expectations are for preventative maintenance to be completed monthly and as needed. She stated that a potential negative outcome is the impact on residents' health and well-being.</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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