

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115473	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Traditions Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2816 Evans Mill Road Lithonia, GA 30058	

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 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20706</p> <p>Based on observation, record review, resident and staff interviews, the facility failed to offer one of 13 sampled residents (R) (R2) the choice for showers and to facilitate scheduled shower times that would accommodate the needs of the resident. This failure had the potential to affect the resident's comfort, body image and increase the risk for infections.</p> <p>Findings include:</p> <p>Review of R2's face sheet revealed she admitted with the following diagnoses that included bilateral amputee, end stage renal disease on hemodialysis.</p> <p>Review R2's Admission Minimum Data Set (MDS) dated [DATE] revealed Section C-Cognitive Pattern, a Brief Interview of Mental Status (BIMS) score of 13 which indicated she was cognitively intact; Section F-Preferences for Customary Routine and Activities indicated it was somewhat important to her to choose what clothes to wear and choose between a tub bath, shower, bed bath or sponge bath. Section GG-Functional Abilities and Goals revealed she was dependent on ADL care needs; Section H-Bladder and Bowel indicated no toileting program, frequent urinary and bowel incontinence.</p> <p>Review of the facility's shower sheets revealed that R2's shower days were scheduled for Mondays and Thursdays. Further review of the facility provided shower sheets dated 3/25/2024 revealed she received a bed bath; on 3/28/2024 she refused shower, and on 4/1/2024 refused shower times three and a bed bath was given; R2 stated she was tired after being dialyzed. No other shower sheets were provided.</p> <p>Interview on 3/25/2024 at 3:36 pm with Dialysis Social Worker (DSW) NNN revealed R2 was scheduled dialysis on Monday, Wednesday, and Saturdays. DSW NNN revealed that she was at the clinic once a week and in January and it was reported to her that the resident arrived for treatment in the same clothing, she had on from the previous Friday to the following Monday session. DSW NNN reported, R2 smelled like feces and her hair appeared matted and greasy at that visit. DSW NNN reported that the resident told her she had only one shower since she had been admitted to the facility.</p> <p>Observation and Interview on 3/25/2024 at 4:35vpm revealed R2 returned from dialysis and staff was providing her a bed bath. R2 revealed it was her shower day, but staff did not offer her a shower and she was unsure why. She verified that she only had one shower since she had been admitted in November 2023 and had been given bed/sponge baths instead.</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: 115473	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Traditions Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2816 Evans Mill Road Lithonia, GA 30058	
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 3/25/2024 at 4:35pm with CNA AAA, who was providing R2 a bed bath revealed that she was not sure if the resident should be getting a shower instead of bed bath. CNA AAA reported she did not offer R2 a shower and had not ever given her a shower. R2 revealed that she was not aware that she could have a shower but would like to have a shower. R2 reported she was never offered a shower since she had been at the facility. CNA AAA who was at R2's bedside then proceeded to offer the resident a shower.</p> <p>Interview on 3/26/2024 at 12:02 pm with CNA AAA revealed that R2 had never been given a shower and did not recall offering her shower until yesterday although resident had been on the shower schedule for Monday and Wednesday. CNA AAA reported she had not offered her a shower and gave her sponge baths because she thought the resident would not like showers because of her foot and legs not being there. CNA AAA revealed she agreed that the resident should still be offered a shower.</p> <p>Interview on 3/26/2024 at 12:15 pm with CNA ZZ, revealed that she had been assigned to R2 often but had not offered R2 a shower.</p> <p>Interview on 4/2/2024 at 2:40 pm with R2 revealed that she finally got a shower recently and stated that it felt so good to have the water running on me. She revealed that she wasn't aware that she could have a shower.</p> <p>Interview on 4/2/2024 at 5:45 pm with the Director of Nursing (DON) revealed that R2 was care planned for showers on Wednesday and Saturday evenings. DON confirmed that R2 was not on the Daily Showers list although care planned for showers twice per week. DON was not sure why the resident had not been given a shower and confirmed there was no documentation of refusals or that resident had been given a shower. She further revealed that the resident shower days were on her dialysis days which did not accommodate the residents' needs.</p> <p>Cross Reference F656</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115473	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Traditions Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2816 Evans Mill Road Lithonia, GA 30058	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>20706</p> <p>Based on interviews, record review and review of the facility's policies Skilled Nursing Services Grievance/Concern Guidelines for Patients and Missing Items, the facility failed to appropriately resolve grievances and provide a reasonable expected time frame for completing the review of the grievances related to lost personal items for three of 13 sampled residents (R) (R1, R2, and R8).</p> <p>Findings include:</p> <p>Review of facility's policy titled, Skilled Nursing Services Grievance/Concern Guidelines for Patients dated 12/29/2023, under the Policy Statement revealed, It is also the intent of the center to support each patient's right to voice concerns and to assure that after receiving a concern/grievance, we will actively seek a resolution and keep the patient (or representative) apprised of our progress toward resolution . Under the section titled, Guidelines revealed, Patients will be provided with reasonable expected time frames for completion. If the concern is not resolved within three business days, the administrator /designee should give a written response to the complainant.</p> <p>Review of the facility's policy titled, Missing Items dated 12/29/2023 under the section Guideline revealed, A complaint of missing items will be investigated through an established procedure. Under the section titled, Additional Instructions revealed, Department staff should actively search for the missing item as soon as it is identified as missing .Within 24 hours or the next business day, if the item is not located the Social/Patient Services Director (or designee) will meet or talk with the person making the complaint to get any further applicable information. The Social/Patient Services Director should be responsible for adding items that have been lost or reported stolen to the tracking system. Results of the investigation should be documented in the investigation portion of the tracking system.</p> <p>1. Review of facilities grievance logs one year from March 2023 to March 2024 revealed only one grievance form from R1's family, who had multiple complaints and allegations.</p> <p>Interview on 3/21/2024 at 2:33 pm with R1's family revealed that resident had multiple clothing items that went missing and were never found, or reimbursed back in April 2023 when the facility did her laundry.</p> <p>Interview on 3/25/2024 at 6:00 pm with Social Service Specialist HH regarding grievances revealed she was not sure why only one grievance dated 12/19/2023 was documented for R1 (which was not related to lost items) that the family reported back in April 2023.</p> <p>Interview on 4/2/2024 at 4:00 pm with R1 family revealed that the family had bought more clothes for the resident and that the family would try to lock them up in her room because they did not trust that the facility would keep them safe.</p> <p>2. Review of a grievance dated 2/7/2024 filed by R2 for missing dresses, jogging outfits, t-shirt, and a black jacket revealed there was no evidence that a follow up was completed by the social service department until 3/25/2024 during the survey investigation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115473	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Traditions Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2816 Evans Mill Road Lithonia, GA 30058	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Review of facility grievance logs revealed a grievance dated 9/28/2022 filed by R8 for missing a large amount of her clothes including half of all her dresses. There was no resolution of these missing items was documented as being resolved.</p> <p>Interview on 3/25/2024 at 12:45 pm with Administrator revealed they did not have a policy or guidelines for laundry services for the residents. She also revealed that the laundry supervisor's last day was March 2024 and that she was actively looking for a new supervisor. She acknowledged that their lost and found process needed improvement. She stated that they needed to work on it and put a better process in place based on timeliness.</p> <p>Interview 3/25/2024 at 1:00 pm with Laundry Staff LLL revealed there was a backup of linen and towels for residents on all halls. She also revealed resident laundry was picked up two times in the mornings and two times in the evening. She reported that when morning laundry was completed, they would return the laundry that afternoon and the evening laundry would be returned the next day. She reported if an item was lost or did not have a label on it, it would be placed on the lost and found rack if no one claimed them. She stated the unclaimed lost and found was kept for an unknown period in a container in the conference room, however she was not sure what happened to them after that.</p> <p>Interview on 3/25/2024 at 1:50 pm with the Administrator revealed that grievances are reported to the social service department and within two to three business days the expectations were to get back with the family for residents who had lost items such as clothing. The Administrator reported the labeling should be done by the family. She reported if the items were not labeled and got lost, they would put them in the lost and found.</p> <p>Interview on 3/25/2024 at 2:40 pm with Social Service Specialist HH revealed that the process for grievances was once a grievance is filed, it would be sent to the proper department about the lost items to investigate the grievance. Social Service Specialist HH stated after the investigation, a follow-up should be done within 14 days.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115473	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Traditions Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2816 Evans Mill Road Lithonia, GA 30058	
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>20706</p> <p>Based on staff and resident interviews, record review and review of the facility's policy titled, Activity of Daily living (ADL) Plan of Care, the facility failed to develop a person-centered care plan for one of 13 sampled residents (R) (R2) related to bath/shower preferences.</p> <p>Findings Include:</p> <p>Review of facility policy for ADL Plan of Care dated 12/29/2023 Intent statement revealed, Develop and communicate patient needs for assistance with an ADLs.</p> <p>Record review of R2's face sheet revealed diagnoses that included bilateral amputee, end stage renal disease on hemodialysis.</p> <p>Review of the Admission Minimum Data Set (MDS) for R2's dated 12/4/2023 revealed Section C-Cognitive Pattern, a Brief Interview of Mental Status (BIMS) score of 13 which indicated she was cognitively intact; Section F-Preferences for Customary Routine and Activities indicated it was somewhat important to her to choose what clothes to wear and choose between a tub bath, shower, bed bath or sponge bath. Section GG-Functional Abilities and Goals revealed she was dependent on ADL care needs.</p> <p>Review of facility's ADL Care Plans revealed that the CNA documented the resident's needs on the ADL care plan; however, the ADL care failed to include R2's shower and bathing preferences.</p> <p>Review of R2's care plans dated 3/13/2024 revealed there were no care area/problem, goals or interventions related to showers and bathing preferences.</p> <p>Observation and Interview on 3/25/2024 at 4:35pm revealed R2 returned from dialysis and staff was providing her a bed bath. R2 revealed it was her shower day, but staff did not offer her a shower and she was unsure why. She verified that she only had one shower since she had been admitted in November 2023 and had been given bed/sponge baths instead.</p> <p>Interview on 3/25/2024 at 11:16 pm with the Director of Nursing (DON) revealed that ADL care needs are documented on the resident's ADL care plans.</p> <p>Interview on 3/25/2024 at 4:35 pm with CNA AAA, who was providing R2 a bed bath revealed that she was not sure if the resident should be getting a shower instead of bed bath. CNA AAA reported she did not offer R2 a shower and had not ever given her a shower. R2 revealed that she was not aware that she could have a shower but would like to have a shower. R2 reported she was never offered a shower since she had been at the facility.</p> <p>Interview on 4/2/2024 at 5:45 pm with the DON revealed that R2 was care planned for showers on Wednesday and Saturday evenings. DON confirmed that R2 was not on the Daily Showers list although care planned for showers twice per week.</p> <p>Cross Reference F561</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115473	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Traditions Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2816 Evans Mill Road Lithonia, GA 30058	
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 - Few</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20706</p> <p>Based on observations, interviews, and record review, the facility failed to have operating mechanical lifts readily available for use to provide care for one of 13 sampled residents (R) (R13) reviewed.</p> <p>Findings include:</p> <p>Review of R13's Annual Minimum Data Set, dated dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of nine which indicated moderate cognitive impairment, and dependent for all Activities of Daily Living (ADL) needs with use of a mechanical lift; diagnoses included but not limited to arthritis, Alzheimer's Disease, Cerebrovascular Accident, dementia and hemiplegia or hemiparesis.</p> <p>Observation on 3/20/2024 at 9:40 am revealed multiple items on both sides of hallways on all five halls consisting of mechanical lifts not in use at that time with most of them not plugged into the power socket to keep them charged and readily available for use.</p> <p>Observation and Interview on 3/27/2024 at 12:30 pm on hallway B revealed one mechanical lift near R13's room, who was sitting in his wheelchair in his room and called out to the surveyor asking to be put back in his bed. Interview with R13 revealed his butt was hurting him, and he needed to lay down. He stated he had been waiting long enough to watch a show. This surveyor informed Certified Nurse Assistant CNA (BBB) that R13 needed help. CNA BBB responded that the resident would need a mechanical lift and the one near his room was not charged for use and therefore resident would need to wait. She also revealed that there were 13 working mechanical lifts.</p> <p>Interview on 3/27/2024 at 3:45 pm with the Director of Nursing (DON) revealed that there was an issue with the mechanical lifts, but the issue should be resolved because the facility bought new mechanical lifts and they had approval to purchase two more mechanical lifts. She further revealed that an in service was completed and that if a resident needed use of a mechanical lift, staff should get another working lift to assist the resident. DON further revealed that all mechanical lifts should always be charged for immediate use.</p>		