

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Crossings at East Lake of Journey Llc, The		STREET ADDRESS, CITY, STATE, ZIP CODE 304 Fifth Avenue Decatur, GA 30030	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49673</p> <p>Based on observations, staff and resident interviews, and the review of the facility policy titled, Pest Control Program, the facility failed to maintain an effective pest control program in five of eight resident rooms (Rm102,103,403,407,506).</p> <p>Findings include:</p> <p>Review of the facility policy titled, Pest Control Program revised date 2/16/2024, under Policy: It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents. Under Policy Explanation and Compliance Guidelines: number 4. Facility will utilize a variety of methods in controlling certain seasonal pests, i.e. flies. These will involve indoor and outdoor methods that are deemed appropriate by the outside pest service and state and federal regulations.</p> <p>An interview on 3/7/2025 at 12:13 pm with Resident (R) R2 confirmed she sees roaches every day and she tries to kill them, but they are faster than her. R2 revealed that she must shake her clothes when she removes them from the dresser drawers. Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed R2 had a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident had little to no cognitive impairment.</p> <p>Review of a undated Quality Assurance and Performance Improvement (QAPI) meeting notes, revealed under the Agenda Items section Grievance: Resident Council Minutes revealed no trend identified for pest control- (Company Name).</p> <p>Review of the facility's Pest Sighting Logs dated from 8/2021 to 3/2025 revealed a report of 207 pest sightings of ants, gnats, roaches, and spiders. Specifically, there were five reported ants and roaches sighting from 3/1/2025-3/6/2025.</p> <p>Review of the Community Weekly Operational Report dated 1/10/2025 to 3/6/2025 for Physical Plant/Environment revealed for the weeks of 1/10/2025 and 1/15/2025, under Compass Care Highlights for pest control issues in rooms (101, 403, 405, 504) Expressed to (exterminating company). However, no other address for Physical Plant/Environment pest control was mentioned for the weeks following.</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: 115482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Crossings at East Lake of Journey Llc, The		STREET ADDRESS, CITY, STATE, ZIP CODE 304 Fifth Avenue Decatur, GA 30030	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Pest Control Technician Service Inspection report# 1122099 dated 12/18/2024 and #1129073 dated 1/8/2025, revealed in tech comments: There are multiple places that could benefit from sanitation, like nurses' desk, dresser inside patient rooms, and patient restroom. There are multiple rooms that need cleaning in order to help get the roach activity under control. Review of Pest Control Technician Service Inspection report# 1136037 dated 2/5/2025, revealed in tech comments that 103,403 has major issues inside dressers and sink area. The unit also has sanitation issues.</p> <p>Observations on 3/7/2025 at 11:37 am revealed in room [ROOM NUMBER] several small and medium-sized roaches crawling on the floor, climbing on the wall, and the sink counter.</p> <p>Observation walking rounds were conducted on 3/7/2025 starting at 2:00 pm to 2:21 pm in Rm102,103,403, 407, and 506 with the Housekeeper Director, Administrator, and the [NAME] President (VP) of Clinical Service for the environmental, sanitation, and pest control sightings. It was confirmed that in all five (5) of the rooms, there were sightings of live and dead small to medium-sized brownish/black roaches in resident dresser drawers, cabinets, sink counters, floors, and on the walls. An additional observation with the Administrator confirmation revealed in room [ROOM NUMBER] a spider in the resident cabinet near the sink counter.</p> <p>Interview on 3/7/2025 at 11:47 am Housekeeper AA revealed she was informed twice this week by a couple of residents of a sighting of roaches in their rooms. Housekeeper AA shared that when she is informed of a pest sighting, she enters the room number and concern in the pest book at the nurse station.</p> <p>Interview on 3/7/2025 at 4:15 pm with the Administrator (the Regional [NAME] President present for support) revealed he is aware of the infestation issue. So, to address concerns, the facility completes daily rounds that are conducted with the charge nurse, and when pest technicians come to provide treatment, he is accommodated. The administrator shared that the Community Weekly Operational report is not all-encompassing to address each room, but the report does address direct concerns.</p> <p>Interview on 3/7/2025 at 4:52 pm with the Pest Control Technician CC revealed the facility does have a roach issue, and it is due to the sanitation of the facility. The Technician explained that when conducting treatments, he observed food at the nurses' station and inside the resident's dresser drawer. The Technician confirmed, based on his observation, that the dresser drawer has never been cleaned; he sprayed the treatment, but the roaches came back due to the dresser drawer not being cleaned or moved. Technician CC shared that the treatment is effective for 90 days leaving a residue, however the issue will not go away until the sanitation is fully addressed.</p>		