

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115504	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Sandy Springs Center for Nursing and Healing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 S Johnson Ferry Road Atlanta, GA 30319	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47794</p> <p>Based on record review and staff interviews, the facility failed to complete Preadmission Screening/Resident Review Assessment I and II (PASARR) for two of three sampled residents; Resident (R) 74 and R31 for serious mental disorders or intellectual disabilities and related conditions.</p> <p>Findings include:</p> <p>A facility policy titled, Resident Assessment - Coordination with PASARR Program date reviewed/revised 12/2022, This facility coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs. 1. All applicants to this facility will be screened for serious mental disorders or intellectual disabilities and related conditions in accordance with the State's Medicaid rules for screening. a. PASARR Level I - initial pre-screening that is completed prior to admission . ii. Positive Level I Screen - necessitates a PASARR Level II evaluation prior to admission.</p> <p>1. Review of the Admission Record (AR) revealed that R74 was admitted to the facility on [DATE] with diagnoses of, but not limited to, dementia, psychotic disturbance, mood disturbance, anxiety, major depressive disorder, psychosis, and anxiety disorder.</p> <p>Review of Quarterly Minimum Data Set (MDS) dated [DATE] revealed R74 had a Brief Interview for Mental Status (BIMS) score of 00, which indicated the resident had severe cognitive impairment. The MDS indicated the resident required extensive assistance with most activities of daily living (ADLs).</p> <p>Review of R74's PASARR I dated 3/10/2021 negative diagnosis for Alzheimer's disease, Parkinson's disease, bipolar disorder, schizophrenia, or dementia. All fields were blank on the form.</p> <p>Review of R74's DMA-6 revealed it was certified by doctor on 3/3/2021 with a diagnosis of failure to thrive requiring nursing facility care.</p> <p>Review of R74's psychotropic medication administration disclosure dated 5/13/2024 received verbal consent from Resident Representative (RP).</p> <p>Interview on 3/18/2025 at 12:28 PM with Social Services Director (SSD) he stated he would check with medical records to see if they facility has a properly completed PASARR on file for R74.</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
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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 3/18/2025 at 4:25 PM with the SSD stated the facility did not complete a PASARR on R74 when she was admitted in 2021. The SDD reported that he sent the home office a PASARR request, but the system rejected the request because of its' age. They will have to complete a new PASARR to correct R74's chart. The SSD stated he will audit the system for other residents PASARR that may have been missed. They are planning on hiring a new Medical Records staff member.</p> <p>Review of R74's initial PASARR I dated 3/18/2025 with diagnosis for dementia, Alzheimer's disease, somatoform disorder, and anxiety disorder.</p> <p>49472</p> <p>2. Resident 31 was admitted to the facility on [DATE] and was noted as having diagnoses of major depressive disorder, social phobia, anxiety disorder, unspecified, unspecified psychosis not due to a substance or known physiological condition, adjustment disorder with mixed disturbance of emotions and conduct, obsessive-compulsive disorder, unspecified, bipolar disorder, unspecified, paranoid personality disorder.</p> <p>Review of the medical diagnoses of R31 showed that resident had a diagnosis of bipolar disorder and paranoid personality disorder with an onset date of 10/24/2022 for both diagnoses.</p> <p>Review of the facility records showed a PASARR I for R31. A request was made for PASARR level II, but none was provided.</p> <p>During an interview on 4/10/2025 at 12:01 pm with the Social Service Director (SSD) who stated that after reviewing R31 PASSAR, he noted that there were some diagnoses that were not included at the time of admission. SSD stated that he put in a request for an evaluation for R31. Also, SSD stated that he had the physician to complete a new Disability and Medical Assessment (DMA)-6.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49687</p> <p>Based on staff interview, record review, a review of the facility policy titled Comprehensive Care Plans, the facility identifies weight loss for two residents (R) (R20 and R59) of four residents reviewed for nutrition out of 36 sampled residents.</p> <p>Findings include:</p> <p>In a review of the facility's policy titled, Comprehensive Care Plans, revised on 9/12/2022, revealed that, 1. The care planning process will include an assessment of the resident's strengths and needs and will incorporate the resident's personal and cultural preference in developing goals of care. The policy also stated that All care assessment areas (CAAs) triggered by the MDS will be considered in developing the plan of care. Other factors identified by the interdisciplinary team, or in accordance with the resident's preferences, will be address in the plan of care.</p> <p>1. In a review of R20's Electronic Medical Record (EMR) revealed an original admitted [DATE], with multiple diagnosis of but not limited to periprosthetic fracture around other internal prosthetic joint, personal history of other mental and behavioral disorders, sequela, dementia, psychotic disturbance, mood disturbance, cognitive communication deficit, depression and anemia. R20 has a Brief Interview for Mental Status (BIMS) of 01; indicating that R20 was severely cognitively impaired.</p> <p>R20's Dietary Progress note dated 1/29/2025 at 1:15 PM revealed R20's food consumption was 51-100% and resident is eating independently or with limited assistance. Current weight is 1347.2 # Ht is 68 and BMI is 20.9 nl range and IBW 64 kg or141# Will recommend 120 ml 2.0 Supplement and supplemental foods with each meal tray for snacks.</p> <p>Review of R20's nutritional assessment dated [DATE] revealed that R20's food consumption was 26-100% and resident is eating independently or with some supervision. Current weight is 127.3# this is a decrease MDS: -5.0% change over 30 day(s) [Comparison Weight 2/6/2025, 139 Lbs, -8.6% , -12 Lbs]; -7.5% change [Comparison Weight 12/20/2024, 138.0 Lbs, -7.8% , -10.7 Lbs]; Ht: 68: BMI is 19.4. IBW is 140 # or 64 KG. Will recommend 2.0 supplement TID to address weight management. Have already implemented some supplemental foods with meal trays.</p> <p>Review of R20's quarterly Minimum Data Set (MDS); Section K Swallowing/Nutritional Status, dated 3/21/2025 revealed R20 was coded for weight loss of 5% or more in the last month.</p> <p>In a review of R20's care plan, last revised on 3/22/2025 did not include R20's weight loss.</p> <p>During an interview on 4/7/2025 at 12:23 pm, MDS Director revealed that the facility would notify family for the weight loss and then the care plan should be updated which is usually done by the Registered Dietician (RD). The MDS Director confirmed R20's weight loss was coded in the MDS; however, it did not get care planned.</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. In a review of R59s 's Electronic Medical Record (EMR) revealed an original admitted [DATE], with multiple diagnosis of but not limited to Malignant neoplasm of unspecified part of unspecified bronchus or lung, Anemia, Hypotension, Muscle weakness and chronic kidney disease, stage V. R59 has a Brief Interview for Mental Status (BIMS) of 13; indicating that R59 was cognitively intact.</p> <p>In a review of R59's five day Minimum Data Set (MDS); Section K Swallowing/Nutritional Status, dated 2/2/2025 revealed R59 was coded for weight loss of 5% or more in the last month.</p> <p>In a review of R59's care plan, last revised on 2/14/2025 did not include R59's refusal to eat meals or R59's being at risk for weight loss.</p> <p>Review of R59's progress note dated 3/7/2025 at 9:24 am revealed R59 frequently refuses to eat and will refuse medications. Resident has been educated on multiple occasions regarding importance of her medication regimen</p> <p>In an interview on 4/8/25 at 1:32 PM, the MDS Director, Yes you are correct, I see it coded in the five-day MDS for weight loss but it's not in the care plan, so it is a care plan issue. The MDS Director also stated Is it a dual effort with the IDT to ensure it get to the care plan.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49479</p> <p>Based on interviews, record review, and review of the facility's policy titled Medication Administration, the facility failed to administer scheduled medications within 60 minutes before or after the scheduled medication time for one Resident (R) 151 of nine sampled residents reviewed for medication administration.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Medication Administration date reviewed/ revised January 2023 revealed, Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. The facility's policy explanation and guidelines revealed .17. Sign MAR (Medication Administration Record) after administered .</p> <p>Review of the Electronic Medical Record (EMR) revealed R151 was admitted into the facility with multiple diagnoses that included but not limited to sepsis cystitis without hematuria, urinary tract infection, systemic inflammatory response of non-infectious origin, depression, cognitive communication, and dysphagia.</p> <p>Review of R151's Annual Minimum Data Set (MDS) assessment dated [DATE] revealed, Section C (Cognitive Pattern) a Brief Interview for Mental Status (BIMS) of 15, which indicated the resident was cognitively intact. The MDS also indicated R151 was frequently incontinent of bowel and bladder and was dependent on nursing staff for personal hygiene.</p> <p>Review of 151's Physician's Orders revealed:</p> <ol style="list-style-type: none"> 1. Aspirin Enteric Coated Delayed Release 81 milligram (mg): give one tablet at 8:00 pm every day. 2. Atorvastatin Calcium 30 mg: give one tablet at 8:00 pm every Monday, Wednesday, and Friday. 3. Ropinirole Hydrogen Chloride (HCl) 0.25 mg: give two tablets at 9:00 pm every day. 4. Zinc-Magnesium Aspart-Vit-B6 10-150-3.83 mg: give two tablets at 8:00 pm every day. 5. Osteo Bi-Flex Triple Strength oral tablet: give one tablet twice a day at 8:00 am and 8:00 pm every day. 6. Metamucil Fiber chewable tablets: give three times a day at 9:00 am, 1:00 pm, and 9:00 pm every day. <p>Review of 151's Medication Administration Audit Report documented the following:</p> <p>Scheduled date - 2/16/2024; 8:00 pm-9:00 pm - administration time 1:41 am.</p> <p>Scheduled date - 2/17/2024; 8:00 pm-9:00 pm - administration time 12:03 am.</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Scheduled date - 2/20/2024; 8:00 pm -9:00 pm - administration time 2:03 am.</p> <p>Scheduled date - 2/22/2024; 8:00 pm-9:00 pm - administration time 1:02 am.</p> <p>Scheduled date - 3/11/2024; 8:00 pm-9:00 pm - administration time 3:54 am.</p> <p>Scheduled date - 3/12/2024; 8:00 pm-9:00 pm - administration time 5:17 am.</p> <p>Scheduled date - 3/15/2024; 8:00 pm-9:00 pm - administration time 1:32 am.</p> <p>Scheduled date - 3/17/2024; 8:00 pm-9:00 pm - administration time 3:43 am.</p> <p>Scheduled date - 3/19/2024; 8:00 pm-9:00 pm - administration time 12:22 am.</p> <p>Scheduled date - 4/8/2024; 8:00 pm-9:00 pm - administration time 1:23 am.</p> <p>Scheduled date - 4/12/2024; 8:00 pm-9:00 pm - administration time 2:29 am.</p> <p>During an interview on 4/9/2025 at 3:43 pm the Director of Nursing (DON) was unable to provide an explanation of why the medications were administered late.</p> <p>A record review of the facility's Grievance Log revealed several complaints of residents who had received their medications late.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49479</p> <p>Based on record review and interviews, the facility failed to provide Activities of Daily Living (ADL) care for two of 17 sampled residents (R) (R4 and R A).</p> <p>Findings include:</p> <p>1. R4 was admitted into the facility on [DATE] with diagnoses of, but not limited to immunodeficiency conditions, end stage renal disease, dementia, and unilateral primary osteoarthritis of right knee.</p> <p>Record review of R4's care plan revealed R4 was incontinent of bowel and bladder and required extensive to total assistance with Activities of Daily Living (ADLs). The care plan also stated R4 would receive peri-care with each incontinent episode.</p> <p>R4's Quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive impairment. The MDS also revealed R4 required extensive to total assistance with ADLs.</p> <p>A record review of R4's Point of Care (POC) which was completed by the Certified Nursing Assistants (CNAs) revealed:</p> <p>R4's POC documentation for January 2025 revealed on 1/1/2025, 1/4/2025, 1/5/2025, 1/6/2025, 1/9/2025, 1/10/2025, 1/19/2025, 1/20/2025, 1/23/2025, 1/24/2025, 1/25/2025, 1/27/2025, and 1/31/2025 for January 2025 were left blank.</p> <p>R4's POC documentation for February 2025 revealed on 2/1/2025, 2/2/2025, 2/9/2025, 2/11/2025, 2/12/2025, 2/18/2025, 2/22/2025, and 2/28/2025 for February 2025 were left blank.</p> <p>R4's POC documentation for March 2025 revealed on 3/1/2025, 3/6/2025, 3/12/2025, 3/14/2025, 3/17/2025, 3/18/2025, 3/21/2025, 3/22/2025, and 3/23/2025 for March 2025 were left blank.</p> <p>Review of the Grievance Reports dated 6/6/2023, 6/23/2023, 9/16/2023, 2/13/2024, and 5/13/2024 complained of R4 not receiving showers and being urine soaked on those dates.</p> <p>A telephone interview on 3/26/2025 at 9:27 am with the Family of R4 revealed there had been numerous times when R4 was found soaked in urine. They stated the main concern had been the inconsistent daily care of R4. They stated sometimes R4 would be cleaned and other times R4 would be soaked in urine. R4's clothing was washed by the family and on numerous occasions the clothing had been soaked in urine.</p> <p>Interview on 3/31/2025 at 12:35 pm with the Assistant Director of Nursing (ADON) revealed no knowledge of why blanks in the POC and no documentation had been entered. ADON stated there should not have been any blanks in the POC documentation because it meant the only assumption was that it was not done.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>49687</p> <p>2. Review of R A's Electronic Medical Record (EMR) revealed an original admitted [DATE] and a discharge date of [DATE]. R A was admitted with multiple diagnosis of but not limited to periprosthetic fracture around other internal prosthetic joint, personal history of other mental and behavioral disorders, sequela, dementia, psychotic disturbance, mood disturbance, cognitive communication deficit, depression and anemia. R A has a BIMS score of 01; indicating that R A was severely cognitively impaired.</p> <p>Interview on 3/24/2025 at 9:05 am, a Resident Sitter SS stated the R A was completely wet that morning upon arrival. Resident Sitter RR urged the team to come to the facility at night because that is when the staff leaves resident wet and soiled for hours.</p> <p>Reviewed R A POC documentation regarding peri-care for January 2025 through March 2025 revealed the following</p> <p>The POC documentation for January 2025 revealed that R A did not receive peri care on the following dates and shift:</p> <p>1/21/2025--day shift</p> <p>1/27/2025--day shift</p> <p>1/31/2025--night shift</p> <p>The POC documentation for February 2025 revealed that R A did not receive peri care on the following dates and shift:</p> <p>2/7/2025--night shift</p> <p>2/8/2025--evening shift</p> <p>2/13/2025--day shift</p> <p>2/14/2025--day shift</p> <p>2/16/2025--night shift</p> <p>2/18/2025--day shift</p> <p>2/19/2025--day and night shifts</p> <p>2/22/2025--day shift</p> <p>2/28/2025--night shift</p> <p>The POC documentation for March 2025 revealed that R A did not receive peri care on the following dates and shift:</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3/1/2025--night shift</p> <p>3/2/2025--night shift</p> <p>3/4/2025--day shift</p> <p>3/6/2025--night shift</p> <p>3/19/2025--night shift</p> <p>Interview on 4/9/2025 at 3:43 pm, the Director of Nursing (DON) revealed if peri-care was not given, it should have been marked Not Applicable (N/A). The DON continued that there were various reasons why the POC would be left blank, but all were unacceptable.</p> <p>During an interview on 4/10/2025 at 10:05 am, Certified Nursing Assistant (CNA) BB revealed that staff cannot go home without charting. CNA BB continued they won't let you out of the door until charting is complete. CNA BB also revealed that as soon as I give incontinent care, I try to put it in the POC or at least before I go home.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47794</p> <p>Based on record review and staff interviews, the facility failed to ensure Vancomycin (antibiotic medication) was administered as ordered for one of six sampled residents. Resident (R) 399 missed three daily doses of intravenous (IV) Vancomycin prescribed for surgically closed wound infection of front left trochanter (left hip).</p> <p>Findings include:</p> <p>Review of the Admission Record revealed R399 was admitted to the facility on [DATE] with diagnoses of, but not limited to, Alzheimer's disease, dementia, contracture of right and left knees, adult failure to thrive, muscle weakness, gastrostomy (PEG-tube), PICC-line, surgically closed wound infection of front left trochanter (left hip).</p> <p>Review of Quarterly Minimum Data Set (MDS) dated [DATE], revealed R399 had a brief interview for mental status (BIMS) score of 00, which indicated the resident had severe cognitive impairment. The MDS indicated the resident required extensive assistance with most activities of daily living (ADLs).</p> <p>Review of Physician Order revealed, Start Date: 3/6/2025: Administration time: 6:00 am: Order Summary: Vancomycin HCl Intravenous Solution 1000 milligrams (mg) /200 milliliters (ml) (Vancomycin HCl) Use 1 gram intravenously in the morning for closed wound infection.</p> <p>Review of medication administration record (MAR) revealed R399 had missed doses on 3/10/2025, 3/14/2025 (No documentation), and 3/17/2025. No note that the physician was notified or labs drawn.</p> <p>In an interview on 4/9/2025 at 3:57 pm with the facility Director of Nursing (DON) she stated her expectation for a medication that is not given would be that there is an explanation for why it was not given in the MAR/Nursing Progress Notes and notification for the provider.</p> <p>In an interview with LPN KK on 4/10/2025 at 11:37 am regarding medication administration expectations and documentation she stated, Give medications at the right time and chart and monitor the residents. Usually, when I give an injection, and I would document as soon as I can. I would document right away; I would not wait until the end of the shift to document medication administration. If I didn't have an IV medication, I would call the pharmacy to see where it was, and phone the physician when it came and asked if the medication could be given at that time. If the medication came late, I would put in a one-time order and document it and give the medication.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49687</p> <p>Based on staff interviews, record review, and a review of the facility policy titled Weight Monitoring, the facility failed to perform weekly weights after significant weight loss and failed to implement a dietician recommendation for one resident (R) 20 of four residents reviewed for nutrition.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Weight Monitoring, it was revealed that 5. Weight monitoring schedule will be developed upon admission for all residents: . b. newly admitted residents- monitor weight weekly for four weeks C. Resident with weight loss- monitor weight weekly d. if clinically indicated- monitor weight daily e. All others- monitor weight monthly.</p> <p>Review of R20's Electronic Medical Record (EMR) revealed an original admitted [DATE] and a discharge date of [DATE]. R20 was admitted with multiple diagnosis of but not limited to periprosthetic fracture around other internal prosthetic joint, personal history of other mental and behavioral disorders, sequela, dementia, psychotic disturbance, mood disturbance, cognitive communication deficit, depression and anemia. R20 has a Brief Interview for Mental Status (BIMS) of 01; indicating that R20 was severely cognitively impaired.</p> <p>Review of R20's Quarterly Minimum Data Set (MDS); Section K Swallowing/Nutritional Status, dated 3/21/2025, revealed R20 was coded for weight loss of 5% or more in the last month.</p> <p>Review of R20's EMR revealed the following documented weights:</p> <p>12/20/2024 at 9:50 am =138.0 pounds</p> <p>12/20/2024 at 1:06 pm = 141.4 pounds</p> <p>1/1/2025 at 8:15 am = 142.0 pounds</p> <p>1/3/2025 at 9:11 am = 144.7 pounds</p> <p>1/17/2025 at 10:41 am = 137.2 pounds</p> <p>2/6/2025 at 8:34 am =139.1 pounds</p> <p>3/10/2025 15:03 =127.3 pounds</p> <p>There are no other recorded weight entries for R20. The significant weight loss of occurred between the following dates: 1/3/2025 to 1/17/2025 at a 5.2% weight loss in less than a month and between 2/6/2025 to 3/10/2025 at an 8.48 % weight loss in one month.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115504	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Sandy Springs Center for Nursing and Healing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 S Johnson Ferry Road Atlanta, GA 30319	
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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R20's Nutritional assessment dated [DATE] revealed that R20's food consumption was 26-100% and resident is eating independently or with some supervision. Current weight is 127.3# this is a decrease MDS: -5.0% change over 30 day(s). It was also revealed in the Nutritional Assessment that R20 will be recommended to receive 2.0 supplement TID to address weight management. Have already implemented some supplemental foods with meal trays.</p> <p>Review of R20's Medication Administration Record for January 2025 and February 2025, it was revealed that a Physician's for 2.0 Supplement 120 milliliters at bedtime for weight loss with a start date of 1/29/2025 and an end date of 2/15/2025.</p> <p>A physician's order for the '2.0 supplement TID to address weight management' per the Nutritional Assessment was not found.</p> <p>During an interview on 4/01/2025 at 12:08 PM, the Restorative Aide (RA) JJ revealed that new residents, they get weighed the for 3 consecutive days in a row to get a baseline weight and then weekly for the first 4 weeks. If the resident stays longer than a month, they get weight monthly. The RA JJ continued that she prints out the resident census and goes around the facility to take the residents weights, records it on the list dates it and gives it to the recorder. The RA JJ stated the data is entered by the previous Staff Development Coordinator (SDC) but now the data is entered by the Assistant Director of Nursing (ADON). The RA JJ stated the new admissions have a different list, so she knows to take them weekly that way. The RA JJ continues that if a resident loses weight, then that resident is put on a supplement and weighs them once a week.</p> <p>During an interview on 4/1/2025 at 3:45 pm, the Consultant Registered Dietician (CRD) confirmed that residents that have significant weight loss should be weighed weekly. The CRD also stated that ideally the weight will be completed by Wednesdays to discuss weights in the weekly risk meeting or quality of life meetings. The CRD continued that they would pull the weight report that day and go through and mark everybody the CRD have concerns about and try to mark them before it's a significant weight loss. The CRD also stated that getting weight timely had been a pain point that had been discussed in the past.</p> <p>During an interview on 4/1/2025 at 3:55 pm, the Consultant Registered Dietician (CRD) confirmed that R20s had significant weight loss. The CRD also confirmed recommending 2.0 supplement TID in addition to supplemental meals like additional protein like eggs during breakfast. When asked about the TID supplement for the weight loss that R20 had after the 3/10/2025 weight, the CRD stated an order wasn't put in place because it was an oversight on her part to inform the physician about R20's weight loss.</p> <p>Interview on 4/8/2025 at 11:47 am, the ADON revealed that she noticed that weekly weights are not being done after a resident had weight loss but also it seemed infrequent for the first four weeks for newly admitted residents.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49472</p> <p>Based on observations, policy reviews and staff interviews, the facility failed to ensure that the kitchen was maintained in a sanitary manner. Specifically, the facility failed to maintain hot food items on the steam table above 135 degrees to prevent food borne illness, failed to ensure staff entering the kitchen wore a hairnet properly, and failed to ensure the dish machine had a final rinse temperature at or above 180 degrees for proper sanitization. The deficient practices had the potential to adversely affect 146 of 146 residents receiving an oral diet.</p> <p>Findings include:</p> <p>During the initial tour of the kitchen on 3/10/2025 at 9:49 am, it was observed that the kitchen did not have a foot-pedal trash can.</p> <p>During a subsequent visit on 3/27/2025 at 9:48 am the kitchen did not have a foot-pedal trash can. When staff washed and dried their hands with paper towels, staff was observed adjusting the lid of the trash container to place paper in the trash can.</p> <p>During an interview on 3/27/2025 at 10:21 am with Dietary Aide (DA) WW who stated that the staff in the kitchen did not have access to a trash can with a foot pedal.</p> <p>During an observation on 3/27/2025 at 10:15 am of the high temp dishwasher showed that the gauges on the dishwasher were not moving and stayed stationary. The wash showed 152 degrees Fahrenheit (F) and the rinse was 160 degrees F. The gauges were observed for approximately seven minutes.</p> <p>During a subsequent observation on 3/27/2025 at 10:49 am showed that the manufacture's suggestion was if the water was not reaching the minimum temperature for the wash of 140 degrees F and rinse cycle to be a minimum of 120 degrees F, then a sanitation agent for the wash cycle should be used.</p> <p>During an observation on 3/31/2025 at 11:15 am, an observation was made in the kitchen during tray preparation and temperatures were as follows:</p> <p>Pork Tenderloin -158 degrees F</p> <p>Greens -189 degrees F</p> <p>Beans-186 degrees F</p> <p>Chopped Turkey-157 degrees F</p> <p>Pureed [NAME] Beans-131 degrees F</p> <p>Pureed Beans-145 degrees F</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Regional Consultant had the staff remove the pureed green beans to place in preheated oven to get temperature up.</p> <p>During an observation on 3/31/2025 at 11:15 am, the Regional Consultant was observed to not have all of her hair placed under her hairnet. Also, the Dietary Manager (DM) was observed to have acrylic nails approximately two inches in link with navy blue polish with silver glitter.</p> <p>During an observation on 4/8/2025 at 2:52 pm, the DM was observed with acrylic nails approximately two inches in link with navy blue polish with silver glitter.</p> <p>A review of the undated policy entitled, Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices showed that in reference to hair nets, hair nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils and linens.</p> <p>Further review of the policy stated that in reference to fingernails, fingernails shall be kept clean and trimmed. No fake nails, nail polish.</p> <p>A review of the manufacture's suggestion for the high-temperature dishwasher wash cycle is to wash at a minimum of 159 degrees F and the rinse cycle to be a minimum of 180 degrees F; using with chemical sanitation solution to be a minimum for wash, 140 degrees F and rinse to be a minimum of 120 degrees F. The thermometer used by maintenance staff showed 141 degrees F. When this was pointed out to the Maintenance Director, he stated that he would have to investigate it.</p> <p>During an interview on 4/8/2025 at 10:20 am, DA EE, stated that she works as a Cook/Aid and she has washed the dishes in the kitchen. It's a little gauge up there and we look at the wash cycle and the rinse cycle. The maintenance man came in after you and fixed it. They had an issue before this survey. We only use it with the three- compartment sink with the stripping. We go get the maintenance when we do not know if the washer is reaching the temperature.</p> <p>DA EE stated that in reference to food temperatures, you take the temp when you put it at the line and before serving. The holding temp is 155. If it's not at the minimum temperature we put it back in the oven. DA EE further stated that in reference to hair nets and nails, you have to make sure your hair is secure in the hair net, and policy states no fake nails or artificial nail, no long nails - they must be cut.</p> <p>During an interview on 4/8/2025 at 2:52 pm, the DM stated that she was working in the role of a cook that day. DM also stated that she did not know what the policy stated in reference to wearing acrylic nails and would have to get back with writer.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 4/9/2025 at 3:17 pm, Consultant Registered Dietician (CRD) stated that in reference to the dishwasher gauges and sanitation level not registering where it needed to, she had not received a report that the dishwasher was not working correctly, except the gauge to the one against the wall. CRD stated that she would expect the staff to report that there was an issue and get the machine repaired as soon as possible, even if that meant that the dietary staff had to hand wash and dry the dishes until the dishwasher was repaired. CRD stated that in reference to the cold food, CRD stated that it was her expectation that staff would take the temperature of the food as it is taken out of the oven and temp the food again before it is served. CRD stated that in reference to DM wearing acrylic nails and Regional Consultant, if the cook or dietary aids are preparing or setting up the food, they should not have those nails. The staff should always wear their hair net covering their hair completely.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47794</p> <p>Based on observations, interviews, and record review, the facility failed to ensure Personal Protective Equipment (PPE) was available for three residents (R) R47, R104, and R399 on Enhanced Barrier Precautions (EBP), failed to ensure Alcohol Based Hand Rub (ABHR) dispensers were functioning, and failed to maintain infection control during peri care for Resident (R) 4, of eight residents reviewed for infection control precautions.</p> <p>Findings include:</p> <p>A facility policy titled, Infection Surveillance revised 5/2023 indicated, A system of infection surveillance serves as a core activity of the facilities infection prevention and control program. Its purpose is to identify infections and to monitor adherence to recommended infection prevention and control practices in order to reduce infections and prevent the spread of infections.</p> <p>1. Record review of the Admission Record revealed that R47 was admitted to the facility on [DATE] with diagnoses of, but not limited to, dementia, bladder cancer, iron deficiency, hypertension, depression, neuropathy.</p> <p>Observation and interview on 3/11/2025 at 10:24 am of R47 revealed posting outside of room instructing EBP required for close contact with resident. There was no PPE visibly available for resident care. ABHR dispenser not working in resident's room. R47 was unaware of where to find PPE in his room. He stated, You will have to ask the nurse.</p> <p>2. Record review of the Admission Record revealed that R104 was admitted to the facility on [DATE] with diagnoses of, but not limited to, displaced open fracture type II of greater trochanter of left femur, bone necrosis, immunodeficiency, subarachnoid hemorrhage, diabetes type 2, Alzheimer's disease, dementia, atrial fibrillation, chronic kidney disease, hyperlipidemia, osteoarthritis of hip.</p> <p>Observation and interview on 3/11/2025 at 10:24 am of R104 revealed posting outside of room instructing EBP required for close contact with resident. There was no PPE visibly available for resident care. ABHR dispenser not working in resident's room. Resident bed bound and nonverbal.</p> <p>3. Record review of the Admission Record revealed that R399 was admitted to the facility on [DATE] with diagnoses of, but not limited to, Alzheimer's disease, dementia, contracture of right and left knees, adult failure to thrive, muscle weakness, gastrostomy (PEG-tube), PICC-line, surgically closed wound infection of front left trochanter (left hip).</p> <p>Observation and interview on 3/10/2025 at 10:30 am of R399 revealed a posting outside of room instructing EBP required for close contact with resident. There was no PPE visibly available for resident care.</p> <p>During observation and interview on 3/13/2025 at 4:58 am, CNA VV stated she was unaware that R104 and R47 required Enhanced Barrier Precautions. The surveyor pointed to the EBP signs posted on the wall by the residents' door. The CNA stated she did not don PPE when giving care to the two residents overnight. She stated the nurse only has access to the storeroom where the PPE station is stored.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During observation and interview on 3/13/2025 at 5:03 AM, LPN UU stated she was just the night nurse. She was unaware that R104 and R47 required Enhanced Barrier Precautions. Admitting she had not donned PPE while caring for the two residents overnight. We have PPE in the storeroom. She went to the storeroom and put the PPE station in the hall between the resident's rooms.</p> <p>In a tour and interview with the facility Director of Nursing (DON) on 3/13/2025 at 6:47 am, she stated PPE was located in residents' wardrobe or closets mixed with residents clothing. DON was informed that staff were rendering care to R104, R47, and R399, no gowns were donned by the nurses or CNA and ABHR dispensers in above rooms were not functioning.</p> <p>4. In a tour and interview on 3/27/2025 at 1:11 pm with facility contracted Regional Housekeeping/Laundry Director XX replaced ABHR in rooms 304, 307, 309, and 323 due to improperly functioning dispensers. He stated he ordered new foam action dispensers for facility to replace current dispensers.</p> <p>In an interview on 3/31/2025 at 12:35 pm with the facility Assistant Director of Nursing/Infection Preventionist (ADON/IPC) she stated that housekeeping is responsible for managing ABHR dispensers and the staff should have donned gowns when providing care with residents with EBP protocols.</p> <p>49479</p> <p>5. R4 was admitted into the facility on [DATE] with diagnoses of, but not limited to immunodeficiency conditions, end stage renal disease, dementia, and unilateral primary osteoarthritis of right knee.</p> <p>Review of R4's care plan revealed R4 was incontinent of bowel and bladder and required extensive to total assistance with Activities of Daily Living (ADLs). The care plan also stated R4 would receive peri-care with each incontinent episode.</p> <p>R4's Quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 11, moderate cognitive impairment. The MDS also revealed R4 required extensive to total assistance with ADLs.</p> <p>Observation of incontinent care on 4/8/2025 at 11:45 am for R4 performed by Certified Nursing Assistants (CNAs) JJ and assisted by CNA BB revealed the infection control protocol for incontinent care had not been followed. CNA JJ used a disposable wipe and cleansed the R4's perineal area from back to front four times. CNA JJ also used a one clean washcloth and cleansed the R4's buttock from back to front three times.</p> <p>An interview on 4/9/2025 at 3:43 pm with the Director of Nursing (DON) revealed when peri-care was performed the nursing staff should always cleanse from front to back.</p>		