STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115504	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandy Springs Center for Nursing and Healing LLC	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interviews, and policy review, the facility failed to ensure the kitchen was clean, staff washed hands and wore gloves appropriately between task changes, staff wore a beard cover when wearing a beard, and temperatures were recorded for the refrigerator and freezer. These failures had the potential to affect 144 residents who consumed food prepared by the kitchen.Findings include:Review of the facility policy titled, Preventing Foodborne Illness- Employee Hygiene and Sanitary Practice with an issue date of April 2024, Policy: Nutrition Services staff shall follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness. Gloves are single use items and must be discarded after completing the task for which they were used. The use of disposable gloves does not substitute for proper handwashing. Hairnets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils, and linens.Review of the facility policy titled, Refrigerator and Freezer with an issue date of April 2024 revealed, Policy: This facility will ensure safe refrigerator and freezer maintenance, temperature, and sanitation and will observe food expiration guidelines. Guidelines: 1. Acceptable temperatures should be 41degrees Fahrenheit or lower for refrigerators and freezers should keep frozen foods solid. 2. Monthly tracking sheets for all refrigerators and freezers will be posted to record temperatures.1. Observation of the kitchen on 04/16/2026 at 12:17 PM, Dietary Aide (DA)2 entered the kitchen and went to the box of gloves and put them on without washing hands. DA3 was standing near the serving table and was not wearing a beard cover. Observations on 04/16/2026 at 1:06 PM, DA2 and DA3 were observed to enter back into the kitchen and both went to the box of gloves and picked out gloves. DA2 and DA3 were observed to pick up wrapped utensils and place them on trays. DA2 also started wiping the bottom of the cart with paper towels. DA2 was observed to take off the gloves and reach into another box, retrieve some gloves, and put them on without washing hands. During an interview on 04/16/2026 at 1:31 PM, DA2 and DA3 were both asked about washing their hands when entering the kitchen. They both stated they should have washed their hands when they came in. DA2 was asked about changing his gloves after wiping the bottom of the cart. DA2 stated he should have washed his hands before getting the new gloves.2. During observations on 04/16/2025 at 1:35 PM, review of the logs hanging on the wall next to the refrigerator and freezer revealed no temperatures documented on the evening of 04/14/2026, no temperatures recorded for 04/15/2026 and no temperature recorded for the morning of 04/16/26. During an interview on 04/16/2026 at 1:35 PM, the Registered Dietician (RD) was asked if there should be temperatures recorded for the missing times on the days of 4/14/2026, 4/15/2026 and 4/16/2026. The RD stated, yes, there should be temperatures recorded.During an interview on 04/16/2026 at 145 PM, the Dietary Manager (DM) was asked about the temperatures. The DM stated, yes, there should be temperatures. The DM was also asked about DA2 and DA3 should have washed their hands each time they returned to the kitchen. The DM said yes. The DM was asked if it was appropriate for the staff to wipe something and then just change gloves. The DM stated no they should wash hands when changing gloves.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and facility policy review, the facility failed to ensure appropriate infection control practices were implemented with the onset of a COVID outbreak. The facility failed to ensure the dental hygienist used infection control interventions to ensure the dental cart moving from room to room was cleaned and a Certified Nursing Assistant (CNA) using the same box of wipes room to room, not following infection control practice. As a result of this deficient practice, all facility residents had the potential for illness from a COVID exposure since the facility was already in outbreak on the [NAME] unit. The facility census was 144 residents.Findings include: Review of the undated facility policy titled, Linen Operations and Management, revealed, .Clean linen should be transported on carts designated for clean linen only. The policy did not address how clean linen should be transported once it is removed from the cart to take it to a resident room. Review of the facility policy titled, Infection Prevention and Control Program, dated April 2025 revealed, . This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines. 10. Equipment Protocol (a) All reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with our current procedures governing the cleaning and sterilization of soiled or contaminated equipment.(c) Reusable items potentially contaminated with infectious materials shall be placed in an impervious clear plastic bag. Label bag as Contaminated and place in the soiled utility room for pickup and processing. Review of the facility policy titled COVID Prevention, Response, and Reporting, reviewed August 2025, revealed It is the policy of this facility to ensure that appropriate interventions are implemented to prevent the spread of COVID-19 and promptly respond to any suspected or confirmed COVID-I9 infections. The Infection Preventionist will assess facility risk associated with COVID-19 through surveillance activities of COVID-19 infection in the community and illnesses present in the facility. The facility will provide guidance about recommended actions for residents and visitors. Source control is recommended more broadly in the following circumstances: By residing or working on a unit or area of the facility experiencing a SARS-CoV-2 or other outbreak of respiratory infection; universal use of source control could be discontinued as a mitigation measure once the outbreak is over. Responding to a newly identified SARS-CoV-2 infected HCP (health care professional) or resident: . A single new case of SARS-CoV-2 infection in any HCP or resident should be evaluated to determine if others in the facility could have been exposed . The approach to an outbreak investigation could involve either contact tracing or a broad-based approach; however, a broad-based approach- (e.g. unit 'floor' or other specific area(s) of the facility approach is preferred if all potential contact cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission. Perform testing for all residents and HCP identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status. The Infection Preventionist, or designee, will monitor and track COVID-19 related information to include, but not limited to: a. The number of residents and staff who exhibit signs and symptoms of COVID-19. b. The number of residents and staff who have suspected or confirmed COVID-I9 and date of confirmation. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	c. Staff and resident vaccination status. d. Employee compliance with hand hygiene. e. Employee compliance with standard and transmission-based precautions. f. Employee compliance with cleaning and disinfection policies and procedures. 1. Observation upon entrance into the building on 04/13/2026 at 8:30 AM, the check-in desk posted a sign indicating COVID outbreak and no hand sanitizer at the front desk where visitors signed in. During an interview on 04/13/2026 at 8:40 AM, prior to the entrance conference, the Assistant Administrator confirmed COVID was in the building with two new positive cases and uncertain about wearing N95 masks or surgical masks, saying N95 masks were in the process of being provided to the staff currently due to two new positive cases. During an interview on 04/13/2026 at 8:48 AM, the Director of Nursing (DON) did not know the policy for masking during a COVID outbreak. During the entrance interview on 04/13/2026 at 8:55 AM, the Assistant Administrator explained the Infection Control Preventionist (IP) was off work for the week with a family emergency and the DON would be covering for the IP in her absence. The DON explained there were three positive COVID and eight new cases just identified 04/12/2026. During an interview on 04/13/2026 at 2:33 PM, the DON provided a list of positive residents, when tested, and the results. The first resident tested positive 03/30/2026 and on 04/07/2026, four more residents tested positive and another one on 04/09/2026. The next test was done on 04/12/2026 which resulted in five more, for a total of 11 positive, 10 currently in the facility in isolation. During an interview on 04/14/2026 at 8:45 AM, the Administrator provided documentation of the line testing for the positive residents for the affected [NAME] unit. Testing results for all residents on the [NAME] unit were not provided and only the day nursing staff tested for the [NAME] unit were provided. No testing information was provided for housekeeping staff or physical therapy staff who regularly enter resident rooms on [NAME] unit. An observation on 04/14/2026 at 11:40 AM, Registered Nurse (RN)1 was sitting at the nursing station in the [NAME] unit hallway, mask dangling off one ear and Licensed Practical Nurse (LPN) 4 was standing at the medication cart in the [NAME] unit hallway, near the nursing station, with no mask. During the interview on 04/14/2026 at 11:40 AM, RN1 confirmed that LPN4 did not need to wear a mask in the hallway, only when entering an isolation room with airborne precautions. During an interview on 04/16/2026 at 9:42 AM, LPN5, Unit Manager, explained staff were to take a COVID test if they had any symptoms. A list of staff members was provided to document if a staff member did self-test for COVID, then the results were to be marked on the sheet. During the outbreak for COVID, staff were to wear masks in the hallway. During an interview on 04/16/2026 at 1:00 PM, the DON (acting IP) confirmed the COVID outbreak was not clearly documented when COVID testing was done, results of the frequent testing, tracking all (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	involved staff during the outbreak and information about who and where to wear masks in the facility was not well communicated to the staff or staff monitored for compliance. During an interview on 04/14/2026 at 4:33 PM, the Assistant Administrator confirmed there should be consistent and aligned direction from management and the IP for the personal protective equipment (PPE) to be worn by staff in the facility during a COVID outbreak. There should be accurate documentation of the testing for COVID done for both residents and staff to ensure anyone with a possible positive COVID test, no symptoms, was not exposed to other staff and residents in the facility. 2. During an observation on 04/13/2026 at 9:45 AM, Certified Nursing Assistant (CNA) 1 took a package of wipes out of room [ROOM NUMBER] to room [ROOM NUMBER] on the East wing. During an observation on 04/13/2026 at 9:50 AM, CNA1 was observed carrying clean unbagged linen to room [ROOM NUMBER] while holding it against her uniform. During an observation on 04/13/2026 at 10:13 AM, CNA1 took the same package of wipes from room [ROOM NUMBER] to room [ROOM NUMBER] on the East wing. During an interview on 04/13/2026 at 10:13 AM, CNA1 stated she should not take wipes from one room to another, but she only had one package of wipes for the unit. She stated she did not know how she was supposed to transport clean linen. She stated she was not taught to transport it in a bag and or not hold it up against her clothing. During an observation on 04/13/2026 at 10:25 AM, the Dental Hygienist (DH) took her entire dental cart into room [ROOM NUMBER]. During an observation on 04/13/2026 at 10:29 AM, the DH took her entire dental cart with all supplies into room [ROOM NUMBER]. It contained a bottle of mouth wash, individually wrapped toothbrushes, Cavi wipes, toothpaste, cleaning tools in plastic bins, paper dental drapes, and hand sanitizer. During an interview on 04/13/2026 at 10:31 AM, the DH stated she took her cart into every room including isolation rooms. She stated she could not leave it unattended due to having cleaning tools in her plastic bins. She stated most of the items were single use items. During an interview on 04/13/2026 at 11:59 AM, the Administrator stated the facility had plenty of wipes and staff should not take one package from room to room. He also stated clean linens should be transported in a bag and not held against an employee's clothing. The Administrator stated the dental cart should not be taken into all rooms with all supplies. He stated at the very least it could be covered, or the hygienist could only take in the supplies she needed for each resident. The Administrator stated the entire cart should not go into any resident room and especially not into an isolation room.

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on resident family and staff interviews, record review, and facility policy review, the facility failed to ensure the risks, benefits and alternatives involved in the use of psychotropic medications were communicated to the resident/resident representative for one of five residents (Resident (R)1) reviewed for unnecessary medications. This deficient practice had the potential for the resident/resident representative not being informed of treatments being administered by the facility.Findings include:Review of the facility's policy titled, Use of Psychotropic Medication, reviewed March 2025, revealed, Prior to initiating or increasing a psychotropic medication, the resident, family, and/or resident representative must be informed of the benefits, risks, and alternatives for the medication, including any black box warnings for antipsychotic medications, in advance of such initiation or increase.Review of R1's admission Record located in the electronic medical record (EMR) under the Profile tab, revealed an admission date of 04/25/2024 and a readmission date of 02/10/2026 with medical diagnoses that included anxiety disorder and bipolar disorder. Review of R1's comprehensive Minimum Data Set (MDS) located in the EMR under the MDS tab with an Assessment Reference Date (ARD) of 02/25/2026, revealed a Brief Interview for Mental Status (BIMS) score unable to be determined due to severely cognitive impairment.Review of R1's Orders tab in the EMR, documented physician orders for aripiprazole, Oral Tablet 10 MG (milligram) Give 1 tablet via G-Tube (gastrostomy tube) in the morning for Manic Behavior, buspirone HCl Oral Tablet 5 MG Give 1 tablet via G-Tube two times a day for Anxiety, and Paxil Oral Tablet 10 MG Give 1 tablet via PEG-Tube (percutaneous endoscopic gastrostomy tube) in the morning.Review of R1's Misc tab in the EMR lacked documentation of information about the benefits, risks, and alternatives for the prescribed medications aripiprazole-an antipsychotic, buspirone-antianxiety, and paroxetine-antianxiety psychotropic medications communicated to the resident/resident representative.During a phone interview on 04/16/2026 at 3:50 PM, Family Member (FM)1 confirmed not being informed by the facility or physician about the change in medications since readmission.During an interview on 04/16/2026 at 12:35 PM, the Quality Coordinator confirmed the facility did not inform the family about the benefits vs risk or alternatives for the psychotropic medications and should have provided the information to the resident representative.During an interview on 04/16/2026 at 4:33 PM, the Assistant Administrator confirmed the expectation that residents receiving psychotropic medications need to be informed about the benefits, risks, and possible alternative interventions prior to being administered the psychotropic medications.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and facility policy review, the facility failed to ensure written information regarding the right to formulate and advanced directive, change an advanced directive, or the right to accept and/or refuse medical and surgical treatment was provided to one of two residents (Resident (R) 10) or their resident representative (RR) for advanced directives out of a total sample of 33 residents. This failure had the potential for resident wishes regarding care not to be honored. Findings include:Review of the facility policy titled, . Advanced Directives-Residents' Rights Regarding Treatment, dated October 2025, revealed, It is the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical and surgical treatment and to formulate an advanced directive. (2.) The facility will provide the resident or resident representative [with] information, in a manner that is easy to understand, about the right to refuse medical or surgical treatment and to formulate an advanced directive.Review of R10's admission Record, located under the Profile tab of the electronic medical record (EMR), revealed R10 admitted to the facility on [DATE] with diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, unspecified dementia, unspecified protein calorie malnutrition, and major depressive disorder. Review of R10's quarterly Minimum Data Set (MDS), with and assessment reference date (ARD) of 04/02/2026 and located under the MDS tab of the EMR, revealed R10 had a Brief Interview for Mental Status (BIMS) score of three out of 15, indicating she had severely impaired cognition. During an interview and record review on 04/15/2026 at 9:38 AM, the Social Service Director (SSD) confirmed R10's EMR did not contain evidence that written information was provided to the resident and or the RR regarding advanced directives and the right to accept and/or refuse medical and surgical treatment. The SSD verified an admission packet, which contained information regarding advanced directives, was not in R10's EMR. During an interview and record review on 04/15/2026 at 11:30 AM, the Admissions Coordinator confirmed R10's EMR did not reveal the resident and/or the RR received written information regarding the right to formulate an advanced directive or the right to accept or refuse medical and surgical treatment. She stated she would contact the RR to have a new admission packet completed that would include the written information regarding advanced directives. The Admissions Coordinator verified R10's EMR did not contain an admission packet with the required information regarding advanced directives.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, resident and staff interviews, and facility policy review, the facility failed to provide written documentation of a hospital transfer to four of five residents (Resident (R) 27, R5, R12 and R4), and to their representative reviewed out of a total sample of 33 residents. The facility also failed to create a recapitulation (summary) of the resident's stay at the facility, a final summary of the resident's status, and reconciliation of all pre- and post-discharge medications and notification of the Ombudsman of the resident's discharge for one of five residents reviewed (R)158. This failure placed the resident and/or the resident's representative at risk for lack of awareness of rights, including the right to appeal the transfer.Findings include: Review of the facility policy titled, Bed Hold Prior to Transfer, dated March 2025 revealed, It is the policy of this facility to provide written information to the resident and/or the resident representative regarding bed hold practices both well in advance, and at the time of, a transfer for hospitalization or therapeutic leave. Review of the facility policy titled, Transfer and Discharge (including AMA) [against medical advice], dated March 2025 revealed, The facility's transfer/discharge notice will be provided to the resident and resident's representative in a language and manner in which they can understand. The notice will include all of the following at the time it is provided (a) the specific reason and basis for transfer or discharge. (b) the effective date of transfer or discharge. (c) The specific location (such as name of the new provider or description and/or address if the location is a residence) to which the resident is to be transferred or discharged . (d) An explanation of the right to appeal the transfer or discharge to the state. (e) The name, address (mailing and email) and telephone number of the State entity which receives such appeal hearing requests. (f) Information on how to obtain an appeal form. (g) Information on obtaining assistance in completing and submitting the appeal hearing requests. (h) The name, address (mailing and email), and telephone number of the representative of the Office of the State Long-Term Care Ombudsman. (i) For nursing facility residents with intellectual and developmental disabilities (or related disabilities), or with mental illness (or related disabilities), the notice will include the name, mailing and e-mail addresses and phone number of the state agency responsible for the protection and advocacy of these populations.Emergency Transfers to Acute Care. (g)Provide a notice of transfer and the facility's bed hold policy to the resident and representative as indicated. 1. Review of R27's admission Record, located under the Profile tab in the electronic medical record (EMR), revealed R27 originally admitted on [DATE] with diagnoses including atherosclerotic heart disease, unsteadiness on feet, retention of urine, manic episode, anemia, and pulmonary embolism without acute cor pulmonale. Review of R27's discharge return anticipated Minimum Data Set (MDS), with an assessment reference date (ARD) of 01/08/2026 and located under the MDS tab of the EMR, revealed R27 had a Brief Interview for Mental Status (BIMS) score of nine out of 15, indicating moderately impaired cognition. Review of R27's Progress Note, dated 02/16/2026 at 4:28 PM and located under the Progress Notes tab of the EMR, revealed R27 was sent to the hospital for severe toe pain and a concern for osteomyelitis. Review of R27's EMR under the MISC, tab did not reveal evidence that the resident or his representative received written information regarding the transfer/discharge or a bed hold notice. (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Review of R5's admission Record, located under the Profile tab in the EMR, revealed R5 admitted on [DATE] with diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, cerebral infarction, chronic obstructive pulmonary disease (COPD), and chronic systolic (congestive) heart failure. Review of R5's quarterly MDS, with an ARD of 02/08/2026 and located under the MDS tab of the EMR, revealed R5 had a BIMS score of 10 out of 15, indicating moderately impaired cognition. Review of R5's Progress Note, dated 03/19/2026 at 11:10 PM and located under the Progress Notes tab in the EMR, revealed R5 called 911 and stated he was hurting and wanted to go to the hospital. Review of R5's MISC, tab of the EMR did not reveal evidence of the resident or the representative receiving a written transfer/discharge notice or bed hold notice. 3. Review of the admission Record, located under the Profile tab in the EMR revealed R12 admitted to the facility on [DATE] with diagnoses including. Review of R12's quarterly MDS, assessment with an ARD of 01/08/2026 and located under the MDS tab of the EMR revealed a BIMS score of 14 out of 15, indicating intact cognition. Review of R12's Progress Note, dated 02/19/2026 at 10:12 AM and located under the Progress Notes tab of the EMR, revealed R12 was sent to the hospital for respiratory distress. Review of R12's MISC, tab of the EMR did not reveal evidence of the resident or the representative receiving a written transfer/discharge notice or bed hold notice. During an interview on 04/15/2026 at 9:22 AM, R12 stated she had not received a bed hold notice or transfer/discharge notice. 4. Review of R4's admission Record, located under the Profile tab in the EMR revealed R4 was admitted on [DATE] with diagnoses including history of falling, chronic (systolic) congestive heart failure, personal history of pulmonary embolism, anxiety disorder, depression, and mood disorder due to known physiological condition. Review of R4's quarterly MDS, with an ARD of 01/30/2026 and located under the MDS tab in the EMR, revealed R4 had a BIMS score of 15 of 15, indicating he was cognitively intact. Review of the Progress Note, dated 04/09/2026 at 7:46 PM and located under the Progress Note tab of the EMR, revealed R4 was sent to the hospital for right side abdominal pain. Review of R4's MISC, tab of the EMR did not reveal evidence of the resident or the representative receiving a written transfer/discharge notice or bed hold notice. During an interview and record review on 04/14/2026 at 3:57 PM, the Director of Nursing (DON) stated the facility had not been providing bed hold notifications or transfer/discharge notices with the residents or providing one to the resident representative when a resident was sent to the hospital. He stated the facility sent an einteract (electronic version) transfer summary with the resident to the hospital. 5. Review the EMR under the Census tab, revealed R158 was admitted on [DATE]. Under the Diagnoses tab, the EMR documented R158 diagnoses including congestive heart failure, panic disorder, and kidney failure. In the EMR, under the Progress notes tab, the clinical note indicated R158 was discharged from the facility on 02/12/2026 against medical advice (AMA). R156 was not available for interview. Review of the EMR, under the Progress Notes tab, and dated 02/12/2026, revealed R156 departed the (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	facility with their belongings, but lacked information regarding the disposition of R156's medications. An interview with the facility's Corporate Compliance Officer on 04/16/2026 at 11:00 AM revealed it was the facility policy to discharge residents with their medications or document the medications destruction if the medications were not taken by the resident upon discharge.

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Based on resident and staff interviews, record review, and facility policy review, the facility failed to ensure a baseline care plan was completed/ shared with the resident for one of one resident (Resident (R) 95) reviewed for baseline care plan. As a result of this deficient practice the residents may not have received care and services needed.Findings include:Review of the facility's policy titled, Baseline Care Plan reviewed/revised October 2025, revealed The facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the residents that meet professional standards of quality care. The baseline care plan will: . Be developed within 48 hours of a resident's admission. Include the minimum healthcare information necessary to properly care for a resident including but not limited to . Initial goals based on admission orders.Review of R95's admission Record located in the electronic medical record (EMR) under the Profile tab, revealed an admission date of 03/31/2026 with medical diagnoses that included spinal stenosis, lumbar region with neurogenic claudication and Post surgical care.Review of R95's comprehensive Minimum Data Set (MDS) located in the EMR under the MDS tab with an Assessment Reference Date (ARD) of 04/08/2026, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R95 was cognitively intact.Review of R95's Assessments tab in the EMR the assessment titled Baseline Care Plan was incomplete, the first section titled general information was begun and the following four sections not completed, including Functional Status, Health Conditions, Dietary-Therapy-Social Services, and Care plan summary-signatures.During an interview on 04/14/2026 at 11:30 AM, R95 verbalized she did not know what the plan of care was to be, what care to expect and no one had spoken to her about what to expect.During an interview on 04/16/2026 at 9:31 AM, the Licensed Practical Nurse, (LPN) 5 Unit Manager, confirmed each new resident was to have a baseline care plan completed within 48 hours of admission. A written form was to be printed out and given to the resident. LPN5 reviewed R95 EMR and confirmed the baseline care plan was not completed within 48 hours.During an interview on 04/16/2026 at 4:33 PM, the Assistant Administrator confirmed the expectation was for the staff to complete the baseline care plan within 48 hours of admission and to share the plan with the residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115504	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandy Springs Center for Nursing and Healing LLC	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on staff interviews, record review, and review of facility policy, the facility failed to ensure the physician's orders were followed by failing to do a urinary analysis with culture and sensitivity (UA, C&S), a two part test to diagnose a urinary tract infection, for one of one (Resident (R)26) resident reviewed for laboratory orders. This deficient practice had the potential to allow residents to go with undiagnosed ailments when tests were not completed as ordered.Findings include:A facility policy titled Documentation in Medical Record revised November 2023 revealed, Policy: Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate and timely documentation.Review of R26's undated admission Record located under the Profile tab in the electronic medical record (EMR) revealed an admission date of 03/03/2026 with diagnosis of traumatic subdural hemorrhage with loss of consciousness, malignant neoplasm of prostate, and diabetes mellitus.Review of R26's admission Minimum Data Set (MDS) assessment located under the MDS tab in the EMR with a Assessment Reference Date (ARD) of 03/06/2026 that revealed a brief interview for mental status (BIMS) with a unmeasured score indicating severe cognitive capabilities, with impairment of lower extremities on both sides and incontinent of both bladder and bowel. Review of R26's 03/13/2026, Care Plan located under the Care Plan tab in the EMR revealed the resident was totally dependent on staff for toileting and required two staff with a mechanical lift for transfers.Review of R26's Progress Notes located under Progress Notes tab in the EMR revealed on 03/23/2026 the Certified Nurse Practitioner (CNP) wrote the Certified Nursing Assistant reports a .urine has a strong odor.Review of R26's physician orders located under the Orders tab located in the EMR revealed an order, dated 03/24/2026, for a UA, C&S (may straight cath [catheter]. Review of R26's lab results located under the Results tab in the EMR revealed no results for the UA, C&S.During an interview on 04/16/2026 at 9:02 AM, the Director of Regulatory Compliance (DRC) was asked if he could locate the results of the UA, C&S. The DRC stated that the Director of Nursing (DON) and another nurse went to try and do the UA, C&S and do a straight catheter to get the sample. The wife would not let the nurses get the sample. The DON offered to place a Foley instead, but the wife would not allow the sample to be drawn. There was no documentation and communication to the CNP and the order was not discontinued.During an interview on 04/16/2026 at 9:46 AM, the CNP was asked about the UA order. The CNP stated the results were looked for every day after the order was written. The CNP stated there should have been some communication from the staff so something else could be done. Intravenous fluid was given so there was additional hydration.During an interview on 04/16/2026 at 10:45 AM, the Director of Nursing (DON) was asked about the order and results. The DON stated the wife would not allow the sample to be obtained. The DON stated that Registered Nurse (RN)2 was asked to try and get the sample, but the wife said no. The DON stated documentation should have been put in the chart and communicated with the CNP.During an interview on 04/16/2026 at 11:38 AM, RN1 stated the family did not want a straight cath done to do the UA, C&S. RN1 stated that he assumed the UA, C&S would be done at another time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115504	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandy Springs Center for Nursing and Healing LLC	1500 S Johnson Ferry Road Atlanta, GA 30319

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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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on staff interviews, record review, and facility policy review, the facility failed to ensure the March 2026 recommendations from the pharmacist were communicated to the resident's physician and results of the communication documented in the resident's medical record for one of five residents (Resident (R)1) reviewed for unnecessary medications. This deficient practice had the potential for the recommendations needing action by the physician were not addressed affecting needed resident care.Findings include:Review of the facility's policy titled, Medication Regimen Review, reviewed August 2023, revealed The pharmacist shall communicate any irregularities to the facility in the following ways: Verbal communication to the attending physician, Director of Nursing, and/or staff of any urgent needs. Written communication to the attending physician, the facility's Medical Director, and the Director of Nursing.Review of R1's admission Record located in the electronic medical record (EMR) under the Profile tab, revealed an admission date of 04/25/2024 and a readmission date of 02/10/2026 with medical diagnoses that included anxiety disorder and bipolar disorder. Review of R1's comprehensive Minimum Data Set (MDS) located in the EMR under the MDS tab with an Assessment Reference Date (ARD) of 02/25/2026, revealed a Brief Interview for Mental Status (BIMS) score unable to be determined due to severe cognitive impairment.Review of the pharmacy recommendations for March 2026 revealed recommendations from the pharmacist review included Discharge summary recommends metformin 500 milligrams (mg) twice daily but this medication is not active on the Medication Administration Record (MAR), discharge summary recommends metoprolol tartrate 25mg twice daily but this medication is not active on the MAR, discharge summary recommends prasugrel 10mg daily but this medication is not active on the MAR. The recommendations were emailed to the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) and were not followed up.During an interview on 04/16/2026 at 3:56 PM, the Director of Regulatory Compliance (DRC) confirmed the pharmacy recommendations for R1 for March 2026 were not communicated to the physician. During an interview on 04/16/2026 at 4:33 PM, the Assistant Administrator confirmed the expectation was the pharmacy recommendations were to be communicated to the physician for a response to the recommendations.