

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115508	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2026
NAME OF PROVIDER OR SUPPLIER Cherokee Center for Nursing and Healing LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Hospital Circle NW Canton, GA 30114	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of the facility policies titled, Safe Water Temperatures, and Safe and Homelike Environment, the facility failed to ensure one of two units maintained safe water temperatures for one resident room (room [ROOM NUMBER]) and one Communal Restroom (CR) on the B Hall. In addition, the facility failed to ensure a safe, clean, and comfortable home-like environment for six of 44 occupied rooms, including Rooms 211, 121, 201, 207, 214, and 221. This deficient practice had the potential to affect resident comfort and safety. Findings include: 1. Review of the policy titled, Safe Water Temperatures implemented March 2025, documented under section, Policy Explanation and Compliance Guidelines: .3. Water temperatures will be set to a temperature of no more than 110 degrees F {degrees Fahrenheit}, or the state's allowable maximum water temperature. 4. Maintenance staff will check water heater temperature controls and the temperatures of tap water in all hot water circuits weekly and as needed. 5. Documentation of testing will be maintained for 3 years and kept in the maintenance office. Observation on 06/03/2026 at 4:21 PM revealed that the water felt exceedingly warm to touch in room [ROOM NUMBER] and the adjacent CR on the B Hall. The Maintenance Director (MD) confirmed this finding; utilizing a facility thermometer, he recorded a temperature of 121.6 degrees F in room [ROOM NUMBER] and 121.2 degrees F in the adjacent CR. The water supply to these two areas was immediately turned off. Interview on 06/03/2026 at 4:56 PM with the MD revealed that maintaining safe water temperatures was a challenge due to the demands of the system and the age of the building. He stated he and his assistant checked temperatures weekly due to the wide variations of temperatures coming from four mixing valves. He stated they documented and logged the temperatures after they made adjustments to obtain a reading below 110 degrees F. He stated when they recorded their temperatures in their logbook, they didn't make notations regarding those adjustments. He further stated that due to the building's age, its two-story layout, and a variety of different pipe types leading to the hot water supply tanks, managing the four mixing valves was a challenge. He stated he and his assistant communicate via two-way radio to coordinate manual adjustments to achieve safe water temperatures. He stated it could be a lengthy process depending on the use of water at the time of temperature checks. Interview on 06/03/2026 at 4:57 PM with the Administrator confirmed her knowledge of the findings. She stated that she was aware that resident exposure to high water temperatures could cause possible adverse outcomes such as blisters and burns to the skin. She stated that there have been no incidents or accidents related to excessive water temperatures. (continued on next page)		

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 06/03/2026 at 6:15 PM with the MD and review of facility records revealed immediate action steps taken by the facility. The affected areas were taken out of order upon identification of the water temperature concern. Maintenance initiated immediate troubleshooting to determine the cause of the temperature variance. The water system was drained and reset as part of corrective measures. Skin assessments were completed for all residents in the affected areas. Water temperatures were below 110 degrees F, prior to surveyor departure on 06/03/2026. Environmental rounds and record review on 06/04/2026 at 8:30 AM revealed room [ROOM NUMBER] and the CR remained out of order until the mixing valve was replaced. Temperatures monitored in all other areas of the building ranged between 97.3 degrees F and 102.3 degrees F. Review of hourly water temperature logs revealed they were monitored and documented hourly since identification of the concern. 2. Review of the policy titled, Safe and Homelike Environment implemented April 2025, documented under section, Policy Explanation and Compliance Guidelines: 1. The facility will create and maintain, to the extent possible, a homelike environment that de-emphasizes the institutional character of the setting. 3. Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment. Initial screening observation on 06/02/2026 at 9:25 AM, and observation on 06/03/2026 at 8:03 AM revealed room [ROOM NUMBER] had a window air conditioner with a dirty front grille harboring gray fuzzy particulate matter. Initial screening observation on 06/02/2026 at 9:40 AM, 9:52 AM, and 06/03/2026 at 8:09 AM, 8:15 AM revealed, room [ROOM NUMBER] and 201 exhibited privacy curtains that were soiled and dirty with brown, gray, and red stains. Initial screening observation on 06/02/2026 at 10:05 AM, and 06/03/2026 at 8:20 AM revealed room [ROOM NUMBER] exhibited dirty damaged baseboards with food particles and sticky substances splattered and unattached from the wall. Further observation revealed damaged peeling paint and chipped sheetrock on the side of the bed wall. Initial screening observation on 06/02/2026 at 10:14 AM, and 06/03/2026 at 8:30 AM revealed room [ROOM NUMBER] exhibited damage on the wall behind the bed's headboard including peeling paint and chipped sheetrock. Initial screening observation on 06/02/2026 at 10:30 AM, and 06/03/2026 at 8:45 AM revealed, room [ROOM NUMBER] exhibited a broken foot board detached from the bed frame located next to a clothes cabinet and behind the resident's entrance door. Environmental walking rounds on 06/04/2026 at 1:20 PM, with MD and Housekeeping Supervisor (HS) confirmed the dirty window air condition unit, damaged walls and baseboards, and the bed's footboard. The MD mentioned he was not aware of the concerns identified. He further stated he did not know unless the nursing staff like a Certified Nursing Assistant (CNA) and/or Nurse reported to him through their electronic system for repairs. The MD stated they had a cleaning log for the air condition units and it was not time to clean them yet according to their cleaning cycle. The MD stated he did not have a rounding schedule to provide for the rooms of concern. The HS stated he was not aware of the concerns with the privacy curtains because he had just cleaned and hung them up in those rooms. The HS stated his staff were responsible and required to properly sweep and mop the (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	floors in every room and had his staff take care of the concerns and issues immediately. Interview on 06/04/2026 at 2:13 PM with the Regional Property Manager confirmed he met with his MD to discuss, and they were working on and correcting all the concerns identified. He stated his expectation was for environmental issues to be taken care of as soon as possible. The Administrator provided policies and cleaning schedules for air condition units.		