

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115515	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER Ross Memorial Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1780 Old Highway 41 Kennesaw, GA 30152	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>Based on interviews, record review, and review of the facility policies titled, Notification of Change and Resident's Right Regarding Treatment and Advanced Directive, the facility failed to obtain consent/permission from the responsible party (RP) to change insurance provider for one of 51 sampled residents (R) (R7). Findings include: Review of facility's policy titled Notification of Change dated November 2022 and revised August 2024, indicated under Policy: The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification. Under Additional considerations. Review of facility's policy titled Resident's right regarding treatment and advanced directive dated March 2022 and revised October 2024 indicated under Policy Explanation and Compliance Guidelines: .5. The facility will identify or arrange for an appropriate a representative for the resident to serve as primary decision maker if the resident is assessed as unable to make relative health care decisions. 6. The facility would define and clarify medical issues and present them to the residents or legal representatives as appropriate. Review of electronic medical record (EMR) revealed that there were no documented conversations between staff and the RP for R7 regarding a change to Medicare. Review of R7's EMR revealed that there was a copy of the guardianship order uploaded to the record. Interview on 7/17/2025 with the Business Office Manager (BOM) revealed that she was familiar with the situation regarding R7 insurance enrollment with Medicare and admitted that his legal guardian was not notified. She revealed that the admission assistant made the change without notifying or obtaining permission from R7's legal guardian/RP.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>(continued on next page)</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff and resident interviews, record review, and review of the facility's policies titled Abuse, Neglect, Exploitation and Fall Prevention, the facility failed to ensure that injuries of unknown source were reported timely to the State Survey Agency (SSA) for one sampled resident (R) (R41). Findings include: Review of the facility policy titled Abuse, Neglect, and Exploitation with an implementation date of 6/1/2021 and a reviewed/revised date of 10/1/2023 documented under Policy: It is the policy of the facility to provide protection for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Under Definitions: Serious Bodily Injury means an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; requiring medical intervention such as surgery, hospitalization, or physical rehabilitation; or an injury resulting from criminal sexual abuse. Under Policy Explanation and Compliance Guidelines: 1. The facility will develop and implement written policies and procedures that: . c. Include training for new and existing staff on activities that constitute abuse, neglect, exploitation, and misappropriation of resident property, reporting procedures, and dementia management and resident abuse prevention. Under VII. Reporting/Response, A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. Review of the facility policy titled Fall Prevention Program with an implementation date of October 2022 documented under Definitions: A fall is an event in which an individual unintentionally comes to rest on the ground, floor, or other level, but not as a result of an overwhelming external force (e.g., resident pushes another resident). The event may be witnessed, reported, or presumed when a resident is found on the floor or ground, and can occur anywhere. A near miss which is also considered a fall, is when a resident would have fallen if someone else had not caught the resident from doing so. Review of the electronic medical record (EMR) revealed R41 was admitted to the facility with pertinent diagnoses including but not limited to hip fracture, anemia, coronary artery disease (CAD), hypertension, diabetes mellitus, anxiety disorder, and depression. Review of R41's annual Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicates R41 is cognitively intact. Section GG, functional status, revealed R41 revealed he benefits from the use of a walker and wheelchair and required substantial/maximal assistance for toileting hygiene, putting on/taking off footwear and lower body dressing. R41 requires partial/moderate assistance with shower/bath and upper body dressing. R41 requires setup/clean up assistance with eating and oral hygiene. Review of R41's care plan dated 6/10/2025 indicated a problem of ADL self-care performance deficit r/t (related to) decreased mobility. Goals included but not limited to R41 will improve current level of function in through the next review date. Interventions included but not limited to Encourage R41 to use bell to call for assistance, PERSONAL HYGIENE: R41 requires staff assistance with personal hygiene, TOILET USE: R41 requires staff assistance with toileting, TRANSFER: R41 requires staff assistance with transferrin [sic]. R41 has a focus of R41 is at risk for falls r/t Hx (history) of falls. Goal includes R41 will not sustain serious injury through the next review date. Intervention includes Assist with transfers as needed. Review of the Physician's Orders for R41 included but not limited to: Order dated 6/2/2025 to Assess resident for pain every shift for Pain Order dated 7/3/2025 for OT (occupational therapy) clarification order: OT to tx (treat) 3-5 times a week for 6 weeks to address functional transfers, dynamic standing balance, UE (upper extremity) strengthening and ADL (activities of daily living) performance Order dated 7/3/2025 for PT (physical therapy) Clarification Order: PT 3-5 x (times) week x 6 weeks to include ther ex (therapeutic exercises), ther act (activities), neuro re-ed (neurological re-education), gait training, group therapy one time only for 6 Weeks Observation and interview on 7/15/2025 at 10:19 am with R41 revealed he had a roommate who sometimes fell asleep on the toilet for up to an hour or an hour and a half wait. R41 revealed when he complained to the facility, they accommodated him by bringing in a portable commode which was directly in front of his bed, at the foot of the bed, under the television. R41 further revealed he recently received a new hip and was unable to get to the toilet but was not supposed to get out of bed</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>Based on observation, resident and staff interviews, record review, and review of the facility policy titled, Care Planning-Resident Participation, the facility failed to implement the care plan for one of 51 sampled residents (R) (R26) related to oxygen (O2) administration and Bi-pap (bilevel positive airway pressure device). Specifically, the resident returned from the hospital with new orders for O2 which were not addressed in the new five-day care plan. Findings include:Review of the facility policy titled Care Planning-Resident Participation with a revised date of March 2023 revealed under Policy Explanation and Compliance Guidelines: .6. The care planning process will include an assessment of the resident's strengths and needs and will incorporate the resident's personal and cultural preferences in developing goals of care. Review of the electronic medical record (EMR) revealed R26 returned from the hospital on 7/9/2025 with new physician orders including Oxygen at 2 liters (liters per minute-LPM) per nasal cannula (NC) continuous. Review of the EMR revealed R26 had been admitted to the hospital with a diagnosis including but not limited to pneumonia. Observation on 7/15/2025 at 9:00 am revealed R26 had O2 on via NC and a Bi-pap machine at bedside.Interview with resident R26 on 7/16/2025 at 9:45 am revealed that he used his Bi-pap machine every night and his O2 administration was new from the hospital.Interview on 7/16/2025 at 11:11 am with the MDS (Minimum Data Set) Coordinator revealed that upon performing R26's five-day MDS assessment and care plan she confirmed she had neglected to include the respiratory components for the resident on his existing care plan. She stated that she would immediately prepare a modification.</p>		