STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115521	A. Building B. Wing	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A.G. Rhodes Home, Inc - Cobb	900 Wylie Road Marietta, GA 30067

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47947 Based on observations, record review, and staff interviews, the facility failed to keep potentially hazardous materials in a secured area. Specifically, the janitorial room on one of three floors (third floor) was unlocked and taped open, and treatment solution was left in the room on the nightstand of one resident (R) (R309) in room [ROOM NUMBER] of 24 rooms on the third floor where 23 residents with severe cognitive impairment resided. The deficient practice had the potential for residents residing on the third floor to come in contact with hazardous chemicals and waste. The facility census was 105 residents. Findings include: Review of the electronic medical record (EMR) for R309 revealed diagnoses including but not limited to unspecified dementia, unspecified severity, without behavioral disturbances, psychotic disturbance, mood disturbance, and anxiety, heart failure, unspecified, personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits, altered mental status, unspecified. Review of the quarterly Minimum Data Set (MDS) for R309 dated 5/21/2024 revealed a Brief Interview for Mental Status (BIMS) score of 5, indicating severe cognitive decline. Section GG-Functional Abilities and Goals revealed resident requires maximum assistance for most activities and is dependent on staff for all activities of daily living (ADL). During a tour of the facility on 7/23/2024 at 11:20 am revealed an unlocked door to the janitorial room on the third floor. Further observation revealed that the door strike plate had masking tape over it to prevent the door from locking. Two cleaning carts were found with various cleaning products, inside the unlocked janitorial room. Further observation revealed that waste containers on both carts were full of environmental waste. During an interview on 7/23/2024 at 11:25 am, the Environmental Services Director said that she did not have a key for this room since this unit opened in June 2024. She stated that the Maintenance Director had only one set of keys. She confirmed that the janitor room could be an accident hazard for dementia residents. (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 7/23/2024 at 11:30 am in room [ROOM NUMBER], R309's room, revealed that a container with Dakin wound care solution was on the top of the nightstand, next to the resident's bed. Dakin solution, also called Dakin fluid or [NAME]-Dakin fluid, is a dilute sodium hypochlorite solution commonly known as bleach. During an interview on 7/23/2024 at 11:35 am, Licensed Practical Nurse (LPN) CC confirmed that the Dakin solution was left in the resident's room. She stated that the solution should not be stored at R309's bedside.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579 Based on observations, staff interview, record review, and review of the facility policy titled, Oxygen Concentrator, the facility failed to properly care for the oxygen concentrator (machine that produces oxygen from room air) of one of eight residents (R) (R77) that use oxygen. Specifically, oxygen concengtrator filters were not cleaned timely. Findings included: Review of the facility policy titled Oxygen Concentrator with a revision date of 6/23/2023 revealed that the Purpose of the policy is to establish responsibilities for the care and use of oxygen concentrators. The definition of an oxygen concentrator as defined by the policy, is a medical device that extracts oxygen from room air by filtering out or separating the nitrogen from the oxygen, by passing through a filter. Review of the compliance guidelines, . 5. Care of the concentrator: a. Clean filters as needed or directed by the supplier. Review of the electronic medical record (EMR) for R77 revealed that she was admitted to the facility with diagnoses that included but are not limited to acute and chronic respiratory failure, malignant neoplasm of upper lobe, left bronchus or lung, and acute and chronic respiratory failure with hypoxia. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] for R77 revealed under Section O-Special Treatments, Programs, and Procedures revealed that she used oxygen while a patient in the hospital and as a resident. Review of the care plan for R77 revealed that she was at risk for acute respiratory distress related to a diagnosis of chronic obstructive pulmonary disease (COPD), asthma, pulmonary embolism, and obstructive sleep apnea. An intervention for this risk is to administer oxygen as ordered. Review of the physician orders for R77 revealed that she is to receive oxygen at two (2) liters per minute (LPM) via nasal cannula (NC) for her respiratory failure diagnosis. An observation on 7/25/2024 at 11:35 am revealed R77 was wearing oxygen at two LPM via NC. The oxygen concentrator filter was covered with a white, fuzzy substance. Observation on 7/25/2024 at 2:15 pm, revealed that R77 was wearing oxygen at two LPM via NC. The Oxygen concentrator filter was covered with a white-gray, fuzzy substance. An interview on 7/25/2024 at 2:20 pm with Licensed Practical Nurse (LPN)/Unit Manager BB revealed that someone came in on Fridays and changed all oxygen tubing, nebulizer masks, and cleaned concentrator filters. In an interview on 7/25/2024 at 2:28 pm, LPN/Unit Manager BB verified that the oxygen concentrator filter was covered with a white-gray, fuzzy substance.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579 Based on observations, staff interviews, and record review, the facility failed to properly keep a complete record of the controlled drug shift audit, as evidenced by missing signatures on audit sheets for eight of twelve medication carts. This had the potential to cause residents to go without prescribed medications. The facility census was 105. Findings included: On 7/24/2024 starting at 8:32 am, a medication administration observation was conducted. The observation included a Licensed Practical Nurse (LPN) or a Certified Medication Aide (CMA) on each of the five floors. On 7/24/2024 at 9:40 am, on the Starvine medication cart, it was observed that there was one shift nurse's signature missing on the controlled drug shift audit sheet for 7/21/2024, on the 11:00 pm to 7:00 am shift. On 7/24/2024 at 9:45 am, on the Trilluim medication cart, it was observed that there were 15 signatures missing from the Controlled Drug Shift Audit sheet, between the dates of 7/1/2024 through 7/14/2024. On 7/24/2024, 2024 at 9:55 am, on the Dogwood medication cart, it was observed that there were 11 signatures missing from the Controlled Drug Shift Audit sheet, between the dates of 7/1/2024 through 7/24/2024. On 7/24/2024 at 10:07 am, on the [NAME] medication cart, it was observed that there were 29 signatures missing from the Controlled Drug Shift Audit sheet, between the dates of 7/1/2024 through 7/21/2024. On 7/24/2024 at 10:13 am, on the [NAME] medication cart, it was observed that there were 17 signatures missing from the Controlled Drug Shift Audit sheet, between the dates of 7/1/2024 through 7/14/2024. On 7/24/2024 at 10:17 am, on the Magnolia medication cart, it was observed that there were six signatures missing from the Controlled Drug Shift Audit sheet, between the dates 7/1/2024 through 7/23/2024. On 7/24/2024 at 10:25 am, in the Legacy building (the old part of the facility), it was observed that there were 19 missing signatures on the Pink wing, between the dates of 7/1/2024 and 7/7/2024, and one signature missing from the Controlled Drug Shift Audit sheet for the [NAME] hall on 7/22/2024. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 7/24/2024 at 10:39 am, LPN AA verified that there were holes (missing signatures) on the narcotic count sheets. She also stated that CMA's could not give insulin from a vial, breathing treatments, or any narcotics, so the missing signatures would be the nurses not signing that the count was correct. During an interview on 7/24/2024 at 10:55 am, it was verified by the Director of Nursing (DON) that there were missing signatures on the Controlled Drug Shift Audit sheets. She stated that to her it looked like a staffing issue, but it could also be that nurses got sidetracked and didn't sign the count sheets.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49673 Based on observations, staff interviews, and review of the facility policy titled, Food and Supply Storage, the facility failed to discard frozen/refrigerated food items by expiration date, failed to label and date items in two of three reach in refrigerator units, and failed to maintain proper sanitary conditions by ensuring kitchen staff wore hairnets and beard guards while preparing food for residents. The deficient practice had the potential to affect 99 residents who received an oral diet from the kitchen. The facility census was 105 residents. Findings Include: Review of facility policy titled Food and Supply Storage date revised [DATE] under Procedures revealed: Cover, label, and date unused portions and open packages. Complete all sections on a 'company name' orange label or use 'company names' labeling system. Products are good through the close of business on the date noted on the label. Date and rotate items; first in, first out (FIFO). Discard food past the use-by or expiration date. Review of section Safety and Sanitation section Hair Restraints/Beard Guard revealed: Hair nets must be worn by all who are in the kitchen production areas. As an alternative, team members may wear an approved 'company name' hat. Beards are not recommended for any team member who handles food, however if a team member has a beard/facial hair ,d+[DATE] [one quarter inch] growth or more than a beard guard must be worn while handling food. Observations during the initial kitchen tour on [DATE] at 9:18 am revealed lunch selection was in honor of elder choice month and the residents voted to have barbeque. [NAME] DD was observed chopping barbeque ribs and preparing side food items without wearing a hairnet and a beard restraint. In addition, the following frozen food items were observed and confirmed expired: A one-gallon bag of salted pork, pork sausage, ground pork, pork chops, beef meat, chicken, tuna, tuna casserole, seafood cake, egg rolls, bowtie noodles, spinach, beef [NAME], noodles, and three one gallon bags of corn. There was a four count, one-gallon bag of expired pie crust dated [DATE], and 19 half pints of chocolate milk cartons. Observation on [DATE] at 9:33 am of the second-floor country kitchen on the Memory unit revealed several pound cakes slices, two peanut butter sandwiches and one meat and cheese sandwich, and pudding without dates and labels. A one-gallon liquid pitcher with yellow liquid labeled lemonade, with an expired date was noted. The third-floor reach in refrigerator revealed no cover or label on one cup of oranges and pineapple. Interview on [DATE] at 10:18 am with the Kitchen Director (KD) confirmed that everyone was responsible for checking expiration dates and that consisted of the cook, food service aide, and herself. The KD confirmed and discarded all frozen expired food items revealed during the tour. Interview on [DATE] at 9:50 am with the District Manager (DM) and Kitchen Director (KD) confirmed cleaning and inventory was conducted twice a week, Tuesday and Thursday, when food trucks delivered. The KD confirmed it was everyone's responsibility to label, store, and discard, except for utility workers. The DM confirmed it was the KD's responsibility to check twice a week. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview on [DATE] at 10:30 am with morning [NAME] DD confirmed he cooked and washed his pots and pans. [NAME] DD confirmed that he received in-service on labeling and storage. He explained if you opened it, you were supposed to label and store it correctly but sometimes we get in a rush, but the Director gets on us. [NAME] DD confirmed it has been a while since he completed in-service on hairnets and beard restraints.