

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115521	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER A.G. Rhodes Home, Inc - Cobb		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and resident and staff interviews, the facility failed to update resident (R) care plans when significant events occurred for one of 27 sampled residents (R) (R84). Specifically, the facility failed to update/revise the care plan after instances of communication did not work for R84. Findings include: Review of the electronic medical record (EMR) revealed resident (R)84 was admitted to the facility with pertinent diagnoses including but not limited to deaf nonspeaking, not elsewhere classified, contracture, left hand, stroke. Review of R84's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 06, which indicates R84 had severe cognitive impairment. Section GG, functional status, revealed R84 required extensive assistance for activities of daily living (ADLs) with one or more-person assistance. Impairment on one side of upper/lower extremities, benefits from the use of a wheelchair. Self Care: setup/clean up assistance with eating and oral hygiene, dependent with toileting and shower/bathing, partial/moderate assistance with upper body dressing, putting on and taking off footwear, and personal hygiene and substantial maximal assistance with lower body dressing. Mobility: Dependent in all areas with the exception of lying to sitting on side of bed and sit to lying (partial/moderate assistance). Review of R84's care plan dated 11/13/2025 indicated a problem of R84 at risk for impaired communication r/t Hearing impairment due to deaf mutism and impaired cognition, STM/LTM impairment. I usually make my needs known & usually understand-utilize communication/dry erase board(s), hand gestures, and/or sign language interpreter services to enhance my communication with others. Goals included but not limited to R84 will be able to communicate effectively with others through communication with dry erase board(s), hand gestures, and/or sign language interpreter services to enhance my communication with others. Interventions included but not limited to Explain procedures, before beginning care R84 encouraging non-verbal means of communication as evidenced by (specify: writing, communication board, signs/gestures, staff to anticipate and meet all needs. Interview on 12/9/2025 at 11:12 am with R84 revealed the staff did not know sign language and he did not have a communication book/board. R84 further revealed staff did not use any form of a communication book/board with him. Observation on 12/9/2025 at 11:12 am with R84 revealed there were no staff members who acknowledged or spoke to him while participating in different activities, specifically horticulture. Observation on 12/11/2025 at 11:33 am revealed R84 in their room looking at television and observation of R84's room revealed no communication book/board. Observation on 12/11/2025 at 12:15 pm revealed R84 waiting for lunch in the dining room on floor 1 in the Village where no staff communicated with him regarding preferences. He was given a paper clothing protector to wear. Interview on 12/11/2025 at 1:38 pm with Certified Nursing Assistant (CNA) GG revealed she tried to communicate with R84 by using hand signals, motions and pointing through interpretive signaling but had not received any training on how to formally communicate with him. She further revealed she did not use books/boards to communicate with him. Interview on 12/11/2025 at 1:55 pm with Licensed Practical Nurse (LPN) FF revealed she would communicate with R84 via a pain scale and would communicate with him via gestures and sign (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 115521	Facility ID: 115521
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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	language and would use basic signs however, she did not know sign language and had not received any training from the facility. LPN FF further revealed she thought there was a communication book for him. Interview on 2/11/2025 at 2:18 pm with the Unit Manager (UM) EE for the Village revealed the facility had tried using communication boards with R84 but he would get frustrated with the board because the specific or itemized items were not on the board. He had specific communication such as hand gestures with the staff. He would read if staff wrote it down for him. He could write down items but due to his stroke, it was a bit difficult for him. MDS staff will update the care plan for new interventions. Either MDS staff or the Social Worker will do an evaluation for communication. The facility started working on their own interpretation system because R84 could read lips but he could not see if staff had on a mask. UM EE revealed staff did not receive in-services for his communication styles. Interview on 12/11/2025 at 3:37 pm with the Social Services Director revealed she did not do communication assessments but was around when R84 was receiving communication assessments but had not had any as of late. She revealed speech therapy would complete any type of communication assessments he may need. She further revealed R84 did have a TTY device (teletypewriter for the deaf) in the past however, the Social Worker at the time was not able to get it to work correctly. The Social Services Director revealed R84's family assisted with getting a new TTY device for him to use however, the building's internet was very spotty, and the TTY device would not work. No other interventions had been put in place. Interview on 12/11/2025 at 4:17 pm with the MDS Director revealed she was responsible for updating the care plan for communication for R84. She stated she would get her information from staff and/or the clinical meetings in order to update. The MDS Director further stated she heard the interventions were not working from Social Services on 12/10/2025 but could not remember if she updated the care plan at that time. The care plan should be updated immediately and there was not another assessment completed if the intervention was not working. Interview on 12/11/2025 at 5:48 pm with the Administrator revealed if anything needed to be updated, everything was discussed and we made sure that everything was updated timely. The resident preferences should be taken into consideration when updating the care plan. She further revealed that since the State Agency was in the building, it may not have updated like it should have, but that was normal practice. The Administrator revealed that by not updating and revising the care plan, this could negatively affect residents however, it was not normal practice, but they did listen to the resident's preferences and made sure they did list their corrections.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 review of the facility's policy titled, Routine Cleaning and Disinfection and Infection Prevention and Control Program Policy, the facility failed to ensure that there was a clean and comfortable environment to prevent transmission of infection as evidenced by unbagged and unlabeled urinals in four of 19 resident bathrooms on the third floor of the Legacy building. This deficient practice had the potential to place residents at risk for infection. Findings include: Review of the facility policy titled Routine Cleaning and Disinfection revised date of February 2025, revealed under Policy: To ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible. Review of the facility policy titled Infection Prevention and Control Program Policy revised date of July 10, 2023 revealed under Policy: This community 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. An observation 12/9/2025 at 11:01 am of the shared bathroom for rooms [ROOM NUMBERS] revealed an uncovered urinal was secured on the handrail. This bathroom adjoined two private rooms assigned to females. An observation 12/10/2025 at 12:34 pm of rooms [ROOM NUMBERS] revealed an uncovered and unlabeled urinal hanging from the handrail in adjoining bathroom shared by two female residents. An observation 12/11/2025 at 2:07 pm of resident rooms [ROOM NUMBERS] revealed a urinal on the handrail that was uncovered and not labeled. Both rooms [ROOM NUMBERS] were assigned to female residents. During an environmental tour on 12/11/2025 at 3:05 pm an observation and interview with the Administrator and Maintenance Director revealed the Administrator confirmed and verified urinals in shared bathrooms of rooms [ROOM NUMBERS] were indeed without labels and not bagged. She stated her expectation was for urinals to be bagged and labeled with residents' names. During an interview on 12/11/2025 at 3:45 pm with the Director of Education and Infection Prevention revealed urinals/bedpans/washbasins in shared restrooms should be bagged and labeled with the elder's name. She stated the Certified Nursing Assistants (CNAs) and charge nurses were responsible to make sure these items were bagged and labeled in shared elder restrooms. She stated the possible outcome of this practice would be if a new staff were not familiar with the elder, they may use another elder's waste collection container. 2. Observations on 12/9/2025 at 10:45 am revealed, personal care items, specifically urinals, not labeled or bagged in shared bathrooms for rooms [ROOM NUMBERS](shared bathroom), 352 and 353 (shared bathroom), room [ROOM NUMBER] and room [ROOM NUMBER]. Observations on 12/10/2025 at 12:00 pm revealed personal care items, specifically urinals, not (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	labeled or bagged in shared bathrooms for rooms [ROOM NUMBERS](shared bathroom), 352 and 353 (shared bathroom), room [ROOM NUMBER] and room [ROOM NUMBER]. Observations on 12/11/2025 at 11:33 am revealed personal care items, specifically urinals, not labeled or bagged in shared bathrooms for rooms [ROOM NUMBERS](shared bathroom), 352 and 353 (shared bathroom), room [ROOM NUMBER] and room [ROOM NUMBER]. Interview and observation, via walking rounds, on 12/11/2025 at 3:07 pm with the Administrator and Maintenance Supervisor revealed urinals in shared bathrooms between rooms [ROOM NUMBERS], 352 and 353, and 354 and 355. They both confirmed and verified that personal care items, specifically urinals, in each bathroom were not labeled or bagged. The Administrator revealed her expectation was for urinals to be bagged and labeled. Interview with the Director of education and infection prevention on 12/11/2025 at 4:25 pm revealed urinals/bedpans/washbasins in shared restrooms should be bagged and labeled with the elder's name. The CNA's and Charge Nurses would be responsible to make sure these items were bagged and labeled in shared elder restrooms. A possible outcome could be if new staff were not familiar with the elder, they may use another elder's bedpan.		