

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49140</p> <p>Based on observations, resident and staff interviews, record review, and review of the facility's policy titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating the facility failed to report an allegation of sexual abuse for two of four residents (R10 and R108) reviewed for abuse.</p> <p>Findings included:</p> <p>A review of the facility policy titled Abuse, Neglect, Exploitation and Misappropriation Reporting and Investigating with revised date of September 2022, all reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported.</p> <p>If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: the state licensing/certification agency responsible for surveying/licensing the facility; the local/state ombudsman; the resident's representative; adult protective services (where state law provides jurisdiction in long-term care); law enforcement officials; the resident's attending physician; and the facility medical director. Immediately is defined as: within two hours of an allegation involving abuse or result in serious bodily injury; or within 24 hours of an allegation that does not involve abuse or result in serious bodily injury.</p> <p>A review of the Electronic Medical Record (EMR) revealed that R98 was admitted to this facility on 7/1/2017 with diagnoses of seizure disorder, cerebral vascular accident (CVA), chronic obstructive pulmonary disease (COPD), cognitive communication deficit, hemiplegia, vascular dementia with behavioral disturbance, and mood disorder.</p> <p>A review of the most recent quarterly Minimum Data Set (MDS) assessment dated [DATE] documented that R98 presented with a Brief Interview for Mental Status (BIMS) score of four, indicating severe cognitive impairment.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the care plan dated 9/14/2024 indicated R98 has impaired cognitive function related to non-Alzheimer's vascular dementia; a mood problem related to a diagnosis of mood disorder due to known physiological condition with mixed features; and limited physical mobility related to right side hemiplegia.</p> <p>During a review of the nursing progress note dated 8/5/2024 at 2:39 pm documented by Licensed Practical Nurse (LPN) FF revealed that R98 was found rubbing on another resident. The other resident was not identified but noted that she was screaming 'stop'. The nurse further documented that R98 was pulled away from the female resident and told to leave her alone. R98 then went back over to the unidentified female and was pulling her shirt up. The female resident was screaming again, and the nurse separated them by standing in the middle of them with her medication cart. R98 sat there and didn't bother the female resident anymore.</p> <p>During a review of nursing progress note on R98 dated 8/20/2024 at 2:43 pm LPN CC documented that R98 was observed grabbing R10's breast and R10 hit R98 in the face after he grabbed her. Both residents were redirected, and the Social Services Director (SSD) was notified.</p> <p>During an interview via telephone on 10/23/2024 at 11:00 am, LPN FF stated that the incident on 8/5/2024 was in front of the nurse's station. There was a woman at the nurse's station, and R98 came up from behind her. She stated that she did not remember who the woman was and that she did not notify anyone in administration of the incident, but she did pass it in on during report when her shift ended.</p> <p>During an interview on 10/23/2024 at 2:15 pm with the Director of Nursing (DON), she confirmed she is aware of the two-hour window to report any abuse to the state agency. She stated the Abuse Coordinator for the facility is the Administrator and she or the Administrator are both responsible for submitting any abuse allegations.</p> <p>During an interview on 10/23/2024 at 2:45 pm with the Administrator confirmed that she is the abuse coordinator and that that they encourage timely reporting of abuse or misappropriation. We have two hours to report allegations of abuse. She stated that she reports incidents to the DON for investigation. She confirmed that she was aware of the incident documented in R98's medical chart on 8/5/2024 regarding an alleged sexual abuse. She confirmed that this was not reported. She further confirmed that she was aware of the incident on 8/20/2024 documented in R98's medical chart of an allegation of sexual abuse against R10. She was aware of this incident, and she recalled submitting the Facility Reported Incident (FRI) report, conducting the investigation with the then DON, and submitting the 5-day follow up report. She recalled attending a behavioral management meeting on 8/27/2024 wherein the incident was discussed and confirmed that the sexual abuse allegation initial report was sent seven days after the 8/20/2024 incident.</p> <p>During an interview on 10/24/2024 at 11:16 am, R108 stated that she recalled the incident with R98 touching her on 8/5/2024. She stated that she remembered being touched and that she did not like it. She stated that R98 touched her over her blouse once. She said that R98 has not touched her since that incident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49138</p> <p>Based on observations, resident and staff interviews, record review, and review of the facility's policy titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating the facility failed to complete a thorough investigation of abuse for three of four residents (R) (R98, R96, and R3) investigated for abuse.</p> <p>Findings included:</p> <p>A review of the facility policy entitled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating states, dated September 2022, revealed that all reports of resident abuse, neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported.</p> <p>1. A review of the Electronic Medical Record (EMR) revealed that R98 was admitted to this facility on 7/1/2017 with diagnoses of cognitive communication deficit, hemiplegia, vascular dementia with behavioral disturbance, and mood disorder.</p> <p>A review of the most recent quarterly Minimum Data Set (MDS) assessment dated [DATE] documented that R98 presented with a Brief Interview for Mental Status (BIMS) score of four, indicating severe cognitive impairment.</p> <p>A review of the care plan dated 9/14/2024 indicated R98 has impaired cognitive function related to non-Alzheimer's vascular dementia; a mood problem related to a diagnosis of mood disorder due to a known physiological condition with mixed features.</p> <p>During a review of the nursing progress note dated 8/5/2024 at 2:39 pm documented by a Licensed Practical Nurse (LPN) FF revealed that R98 was found rubbing on another resident. The other resident was not identified (later identified as R108) but noted that she was screaming 'stop'. The nurse further documented that R98 was pulled away from the female resident and told to leave her alone. R98 then went back over to the unidentified female and pulled her shirt up. The female resident was screaming again, and the nurse separated them by standing in the middle of them with her medication cart.</p> <p>During a review of the nursing progress note on R98 dated 8/20/2024 at 2:43 pm, LPN CC documented that R98 was observed grabbing R10's breast and R10 hit R98 in the face after he grabbed her. Both residents were redirected, and the Social Services Director (SSD) was notified.</p> <p>During an interview on 10/23/2024 at 2:15 pm with the Director of Nursing (DON), she stated the Abuse Coordinator for the facility is the Administrator and she or the Administrator are both responsible for investigating abuse allegations.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/23/2024 at 2:45 pm, the Administrator confirmed that she is the abuse coordinator, but she reports incidents to the DON for investigation. She confirmed that she was aware of the incident documented in R98's medical chart on 8/5/2024 and 8/20/2024 regarding alleged sexual abuse. She confirmed that she conducted the investigation with the then DON. She confirmed that they did not complete interviews of cognitive residents or skin assessments of noncognitive residents to identify if there were other victims. There were no written statements presented, or other investigation documentation provided when requested to show that a thorough investigation had been completed.</p> <p>During an interview on 10/24/2024 at 11:16 am, R108 stated that she recalled the incident with R98 touching her on 8/5/2024. She stated that she remembered being touched and that she did not like it. She stated that R98 touched her over her blouse once. She said that R98 had not touched her since that incident.</p> <p>2. A review of the EMR revealed R96 was admitted on [DATE] and readmitted on [DATE].</p> <p>A review of the most current MDS assessment dated [DATE] revealed that R96 presented with a BIMS score of nine, indicating moderate cognitive impairment.</p> <p>A review of the facility report revealed that there was a sexual abuse allegation for R96. The facility presented one written statement from staff, reporting out to the state/ police, and viewing video footage. There were no other staff-written statements, no statements from the residents, no interviews with other cognitively intact residents, and no skin assessments of cognitively impaired residents in the investigation documents provided by the facility.</p> <p>During an interview on 10/23/2024 at 2:15 pm, the DON confirmed that the Abuse Coordinator for the facility is the Administrator and she or the Administrator are both responsible for completing the investigation. She stated that the investigation process takes place and involves the social worker, all unit managers, herself, and the assistant director of nursing. She confirmed they interview residents with a high BIMS score as part of their investigation and will review the cameras. She stated that if the investigation is not resolved, then the investigation is handed off to the administrator.</p> <p>3. A review of the EMR revealed that R3 was admitted to the facility on [DATE] with a diagnosis of mild neurocognitive disorder due to a known physiological condition with behavioral disturbance, and dementia.</p> <p>A review of the most recent quarterly MDS dated [DATE] documented that R3 had a BIMS score of 13 indicating the residents had intact cognition. Further record review revealed he had no behavior.</p> <p>A review of the care plan dated 10/4/2023 documented that R3 had the potential to be verbally and physically aggressive related to mild neurocognitive disorder due to a known physiological condition with behavioral disturbance, agitation, and dementia.</p> <p>A review of a facility report dated 7/19/2024 revealed that R3 reported to the Certified Nursing Assistant (CNA) that he hit his roommate (R138) on the knees with a cane. R3 stated that his roommate was saying he wanted to have sex with him.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/23/2024 at 1:53 pm, R3 confirmed he did hit his previous roommate (R138) with his cane after making several sexual comments to him.</p> <p>A review of the facility investigation revealed there was only one witness statement recorded related to this incident between R3 and R138. There was no further documentation related to the investigation.</p> <p>49140</p> <p>50374</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	
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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49138</p> <p>Based on record review and staff interview, the facility failed to ensure that Minimum Data Set (MDS) assessments were completed quarterly for two residents (R) (R33) and (R405) of 58 sampled residents.</p> <p>Findings included:</p> <p>A review of the Electronic Medical Records (EMR) revealed that R33 was admitted on [DATE]. There was no updated MDS assessment in the resident clinical record.</p> <p>A review of the EMR revealed that R405 was admitted on [DATE]. There was no updated MDS assessment in the resident clinical record.</p> <p>During an interview on 10/24/2024 at 12:20 pm, the Minimum Data Set Coordinator (MDSC) NN revealed she worked at the facility for [AGE] years and is responsible for completing the comprehensive MDS assessments. The MDSC confirmed that an updated MDS assessment was not completed for R33 as she overlooked completing it.</p> <p>During an interview on 10/24/2024 at 3:43 pm, MDSC OO revealed she has worked at the facility for [AGE] years. MDSC OO confirmed that R405 did not have an updated assessment.</p> <p>During an interview on 10/24/2024 at 4:04 pm, the Director of Nursing (DON) revealed that the MDSCs should be completing the MDS assessments quarterly, annually, and if there is a significant change in a resident's status.</p> <p>During an interview on 10/24/2024 at 4:04 pm, the Administrator revealed she expects the MDSCs to complete assessments timely according to federal guidelines. The policy related to MDS assessments was requested but was never provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49673</p> <p>Based on staff interviews, record review, and a review of the facility policy titled Care Plans, Comprehensive Person-Centered, the facility failed to ensure that the baseline care plan was completed for one of 11 residents (R) (R355) admitted with a catheter.</p> <p>Findings included:</p> <p>A review of the facility policy titled Care Plans, Comprehensive Person-Centered with a revised date of March 2022 revealed that a baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within forty-eight (48) hours of admission.</p> <p>A review of the clinical record for R355 revealed resident was admitted to the facility on [DATE] with diagnoses including, but not limited to, cerebral a neuromuscular dysfunction of bladder, fracture of the right lower leg, subsequent encounter for closed fracture with routine healing age-related nuclear cataract, bilateral dystrophies primarily involving the retinal pigment epithelium, urinary tract infection, and retention of urine.</p> <p>A review of the physician orders revision dated 10/17/2024 revealed an order for Enhanced Barrier Precautions due to a supra-pubic catheter.</p> <p>A review of the baseline care plan dated 10/17/2024 revealed there was not a plan of care developed that included the instructions needed to provide effective and person-centered care for a resident to address the presence of a supra-pubic catheter.</p> <p>During an interview on 10/24/2024 at 6:40 pm, the Minimum Data Set (MDS) Coordinator/Licensed Practical Nurse (LPN) NN confirmed and verified there was no baseline for R355 related to a supra-pubic catheter.</p> <p>During an interview on 10/24/2024 at 6:46 pm, the Director of Nursing (DON) verified and confirmed that R355 did not have a baseline care plan for a supra-pubic catheter. She revealed that she expected the nursing staff to complete a baseline care plan within 48 hours.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48338</p> <p>Based on observations, staff interviews, record review, and the facility's policy titled Activities of Daily Living (ADL), Supporting, the facility failed to provide preventative care consistent with professional standards of practice for one of 58 sampled residents (R) (R455) at risk for skin breakdown related to repositioning.</p> <p>Findings included:</p> <p>A review of the facility's policy titled Activities of Daily Living (ADL), Supporting, dated 2001 revealed the policy was: Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out ADL care. Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, personal and oral care.</p> <p>A review of the electronic medical record (EMR) revealed R455 was admitted to the facility initially on 6/16/2023 and readmitted on [DATE] with diagnoses of, but not limited to, Alzheimer's Disease, repeated falls, adverse effect of selective serotonin and norepinephrine reuptake inhibitors (SSRIs), diabetes, osteoarthritis of the left knee, vascular dementia severe with other behavioral disturbances, cerebral infarction, cognitive communication deficits.</p> <p>A review of the physicians' orders revealed that R455 was ordered to be turned and positioned every two hours, keeping off sacral area every shift for unstageable pressure ulcer; decubi-vite oral capsule; and weekly skin assessments. The physician Orders included the following:</p> <p>7/24/2024 (named) Clean Sacrum wound with Dakins Sol 0.25%, apply zinc to peri wound and Alginate and Santyl to wound bed, cover with dry dressing once daily and as needed one time a day for wound. (named)</p> <p>7/17/2024 (named) Nursing: Turn and reposition every 2 hours keeping off of sacral area every shift for unstageable pressure ulcer</p> <p>7/17/2024 (named) Prostat one time a day for wound healing provide 30ml protein liquid supplement</p> <p>7/16/2024 (named) Decubi-Vite Oral Capsule (Multiple Vitamins w/ Minerals) Give 1 capsule by mouth one time a day for Supplement (Capsule can be opened and med placed in pudding or Apple sauce)</p> <p>7/16/2024 (named) Albumin & Pre-albumin level on next lab draw.</p> <p>An annual Minimum Data Set (MDS) assessment dated [DATE] revealed R455 presented with a Brief Interview for Mental Status (BIMS) score of 00 indicative, indicating that the assessment was not able to be completed; functional status revealed no upper and lower extremity impairment; and mobility was by wheelchair.</p> <p>A review of the care plan dated 7/14/2024 revealed a focus of wound management for the sacrum and coccyx areas, and ADL self-care performance deficit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the documentation titled Bed Mobility: Self-Performance revealed how the resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture. The document lists R455 as totally dependent on staff, full performance. It was documented that R455 was turned 59 times out of 96 opportunities dated from 7/3/2024 -8/6/2024.</p> <p>An interview with the Director of Nurses (DON) and the Assistant DON on 10/24/2024 at 5:20 pm revealed they were not able to access the Dependent Turning Schedule on the computer. When presented with the findings, they confirmed that R455 had 96 opportunities for repositioning and was only documented to have been repositioned 59 times.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44757</p> <p>Based on observations, resident and staff interviews, record reviews, and review of the facility policy titled, Standard Precautions, Administering Oral Medications, and Glucometer Cleaning, the facility failed to ensure nebulizers were bagged, dated, and labeled for two of three residents (R) (R20, R68); ensure the oxygen concentrator tubing was dated and the filter in the concentrator was clean for one resident (R20); and ensure bed pans were properly bagged, labeled, and stored for one resident (R607); and (5) to properly clean and disinfect the medication cart and provide a clean barrier for accu-checks for one resident (R74).</p> <p>Findings included:</p> <p>A review of the facility policy titled, Standard Precautions revealed under the Policy Statement standard precautions are used in the care of all residents regardless of their diagnosis, or suspected or confirmed infection status. Standard precautions presume that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents under Policy Interpretation and Implementation. Standard precautions apply to the care of all residents in all situations regardless of the suspected or confirmed presence of infectious diseases. Personnel are trained in the various aspects of standard precautions to ensure appropriate decision-making in various clinical situations. Resident-Care Equipment: a. Resident-care equipment soiled with blood, body fluids, secretions, and secretions are handled to prevent skin and mucous membrane exposure, contamination of clothing, and transfer of microorganisms to other residents and environments. Reusable equipment is not used for the care of more than one resident until it has been appropriately cleaned and reprocessed. Single-use items are properly discarded. Environmental Control. Environmental surfaces, beds, bedrails, bedside equipment, and other frequently touched surfaces are appropriately cleaned.</p> <p>A review of the facility's policy titled Administering Oral Medications dated 2001 revealed the purpose of the procedure is to provide guidelines for the safe administration of oral medications. The Policy's Steps in the Procedure revealed: 1. Wash your hands. 9 E. Prepare the correct dose of medication. For tablets or capsules from a bottle, pour the desired number into the bottle cap and transfer them to the medication cup. For unit dose tablets or capsules, place packaged medications directly into the medication cup.</p> <p>A review of the facility's policy titled Glucometer Cleaning revealed the Glucometers will be cleaned and disinfected according to the current Centers for Disease Control (CDC) recommendations for disinfection and the Occupational Safety and Health Administration (OSHA) bloodborne pathogens standard. The nurse will perform hand hygiene before handling the meter and then don gloves. The nurse will use germicidal disposable wipes to wipe down the glucometer and allow wet time per the wipe manufacturer's recommendation. Place the glucometer on a barrier. 4. This cleaning will be performed after each use of a glucometer.</p> <p>1. A review of the EMR revealed that R20 was admitted to the facility on [DATE] with a diagnosis that includes acute hypoxemic respiratory failure (AHRF) and pneumonia unspecified organism.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of the most recent quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that R20 had a Brief Interview for Mental Status (BIMS) score of five, indicating moderate cognitive impairments. Further review record reveals Section J in the MDS documents R20 has shortness of breath and trouble breathing while lying down.</p> <p>A review of the care plan dated 9/5/2023 documented R20 is at risk for respiratory complications secondary to diagnosis of chronic obstruction pulmonary disease (COPD) and history of respiratory failure, pneumonia, and influenzas.</p> <p>A review of the Physician's Orders dated 9/20/2024 documented Albuterol Sulfate Inhalation Nebulization Solution. One applicator inhales orally via nebulizer every 6 hours for shortness of breath (SOB), congestion, and wheezing.</p> <p>An observation on 10/22/2024 at 11:44 am revealed oxygen concentrator was undated, and filter had a white fuzzy substance covering it. Further, the nebulizer was at the resident's nightstand along with multiple oxygen tubing tangled that were unbagged and undated.</p> <p>During an observation on 10/24/24 at 09:39 am it was observed R20 nebulizer was sitting on the nightstand next to the bed unbagged and undated with tangled tubing cords attached.</p> <p>2. A review of the EMR revealed that R68 was admitted to the facility on [DATE] with a diagnosis of personal history of nicotine dependence.</p> <p>A review of the most recent quarterly Minimum Data Set (MDS) dated [DATE] R20 had a Brief Interview for Mental Status (BIMS) Score of 7 indicating moderate cognitive impairments. Further review records reveal that R68 is dependent on activities of daily living (ADL).</p> <p>A review of the care plan documented that R68 has altered respiratory status/difficulty breathing related to complaints of productive purulent cough.</p> <p>A review of Physicians' orders dated 2/8/2024 documented Ipratropium-Albuterol Solution 0.5-2.5 (3) MG (milligrams)/3ML (milliliter). Inhale orally every four hours as needed for shortness of breath or wheezing via nebulizer ipratropium-albuterol solution 0.5-2.5 (3) MG/3ML.</p> <p>During an observation on 10/22/2024 at 11:39 am revealed Nebulizer mask was stored on top of the nightstand not inside a bag or covered at all, tubing was not dated.</p> <p>During an observation on an interview on 10/23/2024 at 11:40 am, R68 stated he does not have asthma or any coughing issues. He stated he does not use the nebulizer that sits on his nightstand, and it was there when he came to the facility.</p> <p>During an interview on 10/23/2024 at 11:38 am with Certified Nurse Assistant (CNA) LL revealed resident who uses oxygen machines or nebulizers require nurse supervision and are educated by the unit manager and director of nursing for proper use of the machines. She continued to state the oxygen machines should be clean and sterilized after use. CNA LL continued to state the machines should be kept in bags free of dust and partials. She further stated she should report any concerns with the unit manager and Director of Nursing (DON).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 10/24/2024 at 9:47 am with the Licensed Practical Nurse (LPN) MM revealed the oxygen concentrators residents should be monitored by the CNA staff and should be checking on every hour and are supervised by the nurses. She continued to state the nebulizers should be bagged, dated, and labeled for sanitation purposes. LPN MM continued to confirm all staff receive training on the use of nebulizers and h2o concentrators.</p> <p>During an interview on 10/24/2024 at 10:15 am with the DON revealed she expects her staff to be cleaning the nebulizer after treatment. All staff are educated on the basis of the order, they should be following the MAR and proper cleaning afterward. She continued to state the nebulizer should be stored in the nightstand with the oxygen mask bagged separately.</p> <p>3. During an observation on 10/22/2024 at 11:28 am in the shared bathroom of R607, grey bedpans were found on the floor, stacked, unbagged, and not labeled. One of which is on the left side of the sink on the floor and the other two are stacked, but not directly on top of each other on the right side of the toilet.</p> <p>During an observation on 10/23/2024 at 3:30 pm in the shared bathroom of R607, the following was revealed: three grey bedpans on the floor in the bathroom, one of which is on the left side of the sink on the floor and the other two stacked, but not directly on top of each other on the right side of the toilet; and the bedpans were not bagged or labeled.</p> <p>During an observation on 10/24/2024 at 4:50 pm in the shared bathroom of R607, the following was revealed: one grey bedpan sitting on top of the left side of the sink and a grey toilet seat stacked in other bedpans on the floor in the bathroom to the right of the toilet, and the bedpans nor the toilet seat were bagged or labeled.</p> <p>During an interview on 10/24/2024 at 4:50 pm with Unit Manager D Hall (MM) revealed the bedpans should not be on the floor but she feels the nurses forgot to bag them properly because they had a discharge today. She further revealed they should not be on the floor, and they should be labeled with the residents' names on them.</p> <p>During an interview on 10/24/2024 at 5:42 pm with the DON revealed she has worked at this facility for one and a half weeks. She revealed she has stressed that the urinals and the bedpans must be off the floor in bags and labeled for whose it is. They should be discarded especially if the resident is being discharged . She stated that if it is not handled properly, it can cause a big infection control issue and spread things to other residents.</p> <p>4. An observation of the medication administration on 10/23/2024 at 7:58 revealed the nurse failed to sanitize her hands and prepare a clean barrier for the resident before performing the Accu check. She placed the glucometer on the resident's bed. She did not clean the community glucometer before and after and used dry time. She did not wash her hands afterward. In addition, the nurse dropped 3 pills on top of the cart and slid them into the cup with a tongue blade that she had sitting on top of the cart. She continued to pour the rest of her solid medication and put those in the cup with the contaminated medication that she had swept from the top of the cart. No clean barrier was established for the top of the cart, and it was not witnessed that she had cleaned the cart prior to pouring the medication. However, she did say that she had cleaned the cart off before she began her med pass, but she had prepared several medications on the cart after she had previously cleaned it off. She had also placed other containers on top of the cart.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview with the Director of Nursing (DON) on 10/23/2024 at 12:55 pm revealed her expectations for nurses passing medications is that the nurses follow the Five Rights and align the med pass with the policy. She said the skills fair with return demonstration is for all shifts.</p> <p>48338</p> <p>50374</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Implement a program that monitors antibiotic use.</p> <p>44757</p> <p>Based on record review, staff interviews, and review of the facility policies titled, Antibiotic Stewardship, Antibiotic Stewardship - Orders for Antibiotics, and Antibiotic Stewardship - Review and Surveillance of Antibiotic Use the facility failed to maintain review of antibiotic prescribing practices and the documentation of the programs efforts to follow up on antibiotic usage data for all nine months (January 2024 to September 2024) that were reviewed. The deficient practice had the potential to affect any resident who was prescribed an antibiotic.</p> <p>Findings included:</p> <p>A review of the policy titled, Antibiotic Stewardship detailed the Policy Statement Antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program. The Policy Interpretation and Implementation section details 1. The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents. 4. If an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements: a. Drug name b. Dose c. Frequency of administration; d. Duration of treatment: (1) Start and stop date; or (2) Number of days of therapy; e. Route of administration; and f. Indications of use. 8. When a nurse calls a physician/prescriber to communicate a suspected infection, he or she will have the following information available: a. Signs and symptoms; b. When symptoms were first observed; c. Resident's hydration status; d. Current medication list; e. Allergy information f. Infection type; g. Any orders for warfarin and results of last INR; h. Last creatinine clearance or serum creatinine, if available; and i. Time of the last antibiotic dose.</p> <p>A review of the policy titled, Antibiotic Stewardship - Orders for Antibiotics the policy statement details, Antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program and in conjunction with the facility's general policy for medication utilization and prescribing. The Policy Interpretation and Implementation section details, 4. If an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements: a. Drug name b. Dose c. Frequency of administration; d. Duration of treatment: (1) Start and stop date; or (2) Number of days of therapy; e. Route of administration; and f. Indications of use. 8. When a nurse calls a physician/prescriber to communicate a suspected infection, he or she will have the following information available: a. Signs and symptoms; b. When symptoms were first observed; c. Resident's hydration status; d. Current medication list; e. Allergy information f. Infection type; g. Any orders for warfarin and results of last INR; h. Last creatinine clearance or serum creatinine, if available; and i. Time of the last antibiotic dose.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	

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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of the policy titled, Antibiotic Stewardship - Review and Surveillance of Antibiotic Use and Outcomes. The policy statement details, Antibiotic usage and outcome data will be collected and documented using a facility-approved antibiotic surveillance tracking form. The data will be used to guide decisions for improvement of individual resident antibiotic prescribing practices and facility-wide antibiotic stewardship. Under Policy Interpretation and Implementation, it details 1. As part of the facility antibiotic stewardship program, all clinical infections treated with antibiotics will undergo review by the infection prevention, or designee. 2. The IP, or designee, will review antibiotic utilization as part of the antibiotic stewardship program and identify specific situations that are not consistent with the appropriate use of antibiotics. a. Therapy may require further review and possible changes if: (1) the organism is not susceptible chosen; (2) the organism is susceptible to narrower spectrum antibiotic; (3) therapy was ordered for prolonged surgical prophylaxis, or (4) therapy was started awaiting culture, but culture results and clinical findings do not indicate the continued need for antibiotics. 4. All residents antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form. The information gathered will include the resident name and medical record number; unit and room number date symptoms appeared; name of antibiotic (see approved surveillance list); start date of antibiotic; pathogen identified (see approved surveillance list); site of infection; date of culture; stop date; total days of therapy; outcome; and adverse events.</p> <p>A review of the tracking and trending form for the facility revealed a document titled, Monthly Healthcare Associated Infection Summary Report. A form for each month in 2024 shows no tracking completed each month.</p> <p>During an interview on 10/23/2024 at 11:43 am, the Infection Control Preventionist revealed she has only worked for the facility since 10/1/2024 and her job duties include rounding the facility first thing in the morning for appropriate personal protective equipment for those residents who are on precautions. will then print the antibiotic report from the Electronic Medical Record (EMR) from what is new to the current day, do a full infection control assessment, and open a case for them in EMR along with a full assessment. She will attach the notes and pertinent assessments and close the case at the appropriate time. Infection control is a part of QAPI and they meet monthly however, this would be her first meeting which is scheduled to happen this week. Depending on the infection staff will do more monitoring such as vital signs, and wounds, documenting what they are seeing and hearing and if the antibiotics are effective. Visitors are made aware of any outbreaks by the receptionist who has been trained by a certified trainer.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44757</p> <p>Based on observations, record reviews, staff and resident interviews, and review of the facility policy titled, Call System, the facility failed to ensure that one of 58 sampled residents (R) (R23) had a functioning call light.</p> <p>Findings included:</p> <p>A review of the facility policy titled, Call System dated 7/1/2021 revealed, It is our policy that each resident will have a call light and that call lights are answered. The residents can gain access to staff via the call light system. If the call light system is not operational or if there is an isolated incident involving the call system, team members will make hourly rounds. Maintenance will be notified to assess the call system.</p> <p>A review of the Electronic Medical Record (EMR) revealed that R23 was admitted to the facility on [DATE].</p> <p>A review of the most recent quarterly Minimum Data Set (MDS) assessment revealed R23 presented with a Brief Interview for Mental Status (BIMS) score of six, indicating sever cognitive impairment; has upper extremities impairment on one side and lower extremities impairment on both sides; uses a wheelchair for mobility; requires supervision or touching assistance with eating; requires partial/moderate assistance with oral hygiene; is dependent on staff for toileting; and requires substantial maximal/assistance for bathing and Activities of Daily Living care.</p> <p>A review of the care plan dated 9/19/2024 revealed that R23 has limited physical mobility related to disease process dementia with a goal that the resident will maintain current level of functioning ability.</p> <p>During an observation on 10/22/2024 at 10:43 am, there was an attempt to activate the nursing call system for R23. When the call light was pressed, it failed to activate the nursing call system, as the wall light and the light outside the residents room door did not light up. The residents assigned Certified Nursing Assistant verified that this was not functional.</p> <p>During an observation on 10/22/2024 at 4:30 pm the Maintenance Director was observed in R23's room testing the call light. The Maintenance Director confirmed the call light did not activate the nursing call system when presses. He stated that his main job is to make sure everything in the facility is in working condition. He revealed a lot of times staff will verbally tell him when something is not in working order then he will go and correct the issue. He confirmed that there is not always documentation to verify what has been fixed in the facility, as the staff do not always use the electronic maintenance system designed to track repairs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115542	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/24/2024 at 5:58 pm, the Director of Nursing (DON) stated that on 10/1/2024, she did an in-service with staff to make sure call lights were working properly and maintenance is supposed to be doing routine checks to make sure the call lights are working. She stated she was unsure how often the routine checks are completed by maintenance, but if it is not working, maintenance staff are supposed to complete the repair. She stated, If a call light is not working, then resident needs cannot be met.</p> <p>During an interview on 10/24/2024 at 7:00 pm, the Maintenance Director stated the maintenance staff checked call lights on a bi-weekly basis that was conducted on a room check log. He continued to reveal they have created a log this week specifically for call lights but prior to the survey they did not keep a log.</p>		