

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 06/26/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38997</p> <p>Based on observations, resident and staff interviews, and record review, the facility failed to ensure reasonable accommodation of needs was provided for two of 16 sampled residents (R) (R6 and R8) related to providing wheelchair accessibility to accommodate R6 in getting out of bed and related to honor accommodations for bathing for R8.</p> <p>Findings included:</p> <p>1. A review of the electronic medical Record (EMR) revealed that R6 was admitted to the facility on [DATE] with multiple diagnoses of, but not limited to, chronic pain, gout, and rheumatoid arthritis (RA).</p> <p>A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed R6 presented with a Brief Interview for Mental Status (BIMS) score of 15, which indicated R6 was cognitively intact.</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
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 5/2/2024 at 11:30 am, R6 was observed lying flat in the bed, the room was dark with the blinds closed, and the television was off. There was no bed on the side of the room by the door and there was no wheelchair, Geri-chair, or any type of sitting chair observed in the resident's room. A note that was observed on the Packaged Terminal Air Conditioner (PTAC) unit read, Keep at 74 degrees. Thank you. During this observation, an interview was conducted with R6. He stated that last year, he went out for a physician's appointment, and he slipped out of the wheelchair. Since then, transportation would not allow him to be transported in the wheelchair and he was told by facility staff that the wheelchair was not safe. The wheelchair was removed from the room. R6 was asked what he used to sit in when out of bed. The resident stated nothing and that he has not been out of bed since October 2023. The resident stated the television mounted on the wall was his television. The resident stated he had bad rheumatoid arthritis, and it was difficult to use the television with the deformity in his hands and fingers. An observation of R6's right and left hands and fingers revealed deformities. The resident stated the light needed to line up between the remote and the television (the infrared emitter on the remote needs to be positioned so the infrared receiver on the television can receive that light). The resident was asked to turn the television on and then off. The resident positioned the remote on his abdomen and used his fingers to turn the television on. The surveyor counted seven attempts to turn the television on and four to turn the television off. The resident was asked did the facility offer any alternatives for him to use the remote with the television. He stated the facility offered to turn his bed around with the head of the bed positioned to the door with the left side of the bed against the wall. The television would be mounted on the wall next to the window. The resident was asked had he ever wore any type of braces on his hands to help with the distortion of his fingers. The resident stated therapy worked with him for one week in May 2023 and told him that they would recommend that he be moved back to the other side of the room (near the door).</p> <p>During multiple observations between 5/2/2024 and 6/26/2024, R6 remained in bed.</p> <p>A review of the Physical Therapy Plan of Care (Evaluation Only) dated 1/27/2023 R6 presented to therapy with a decline in strength and balance due to multiple medical complications and immobility. It further noted that R6 was having increased difficulty with the resident fitting in his current w/c for two weeks, resulting in decreased safety and an increased need for assistance. It was documented that R6 needed skilled therapy to improve safety and function. It was also recommended for R6 to have a 24-inch wheelchair at regular depth with elevated leg rest.</p> <p>A review of the Occupational Therapy Plan of Care dated 5/26/2023, revealed that R6 was referred to Occupational Therapy due to difficulty manipulating the television remote. It was further noted that R6 would be required to be transferred to the other side of the room so he would be able to use the remote or acquire a large television remote with large buttons.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Activities Director note dated 4/26/2024 revealed that R6 continues to be alert and oriented; he remains verbally responsive and able to make his needs and wants known to staff; he has impaired mobility and uses a wheelchair for mobility to/ from locations of interest. It was further noted that R6 continues to be self-motivated in activities of his interest, and needs reminding, inviting, and encouragement for facility activities of interest. (R6) prefers to stay in his room engaging in independent activities of his interest but does attend some special events, food socials, coffee, choir practice, and happy hours with encouragement from the staff. (R6) will continue to engage in some form of activity that brings him enjoyment as desired through the next review period. Staff will explain the importance of socialization with other residents as needed. Staff will remind him that he may leave activities at any time. Staff will thank him for attendance at activities or events in the facility. We will continue to observe (R6) for any activity needs through the next review period.</p> <p>During an interview on 5/2/2024 at 12:17 pm, Social Worker (SW) YY stated R6 has never initiated any complaints to her personally. The SW was asked if there was a grievance filed regarding the resident not being able to use his hands/fingers to use the TV remote. The SW stated the facility offered to move his bed around and mount the TV on the wall on the left side. The SW stated the R6 did not want his room changed because he was nosy and interfered with his (R6) roommates when they had visitors. The social worker described R6 as aggressive and verbally abusive to staff. The SW was asked why the resident could not be moved to the bed by the door to use his remote for the television and the SW commented that R6 could use his hands. She stated, He (R6) uses his hand with that phone . She then commented that moving to Bed 1(by the door) was not an option due to R6 keeping the room cold. She then commented that R6 wanted a private room, but stated if he wanted a private room, He needs to pay. The SW was asked how the resident would manipulate the thermostat in the room if he needed assistance to get out of the bed and some type of chair to sit in. The SW did not answer.</p> <p>During an interview on 5/2/2024 at 2:15 pm, the Executive Director confirmed that she was aware that R6 had slipped from the w/c once while out at an appointment, but she was not aware that R6 had no chair in his room and was not getting out of bed. The Executive Director stated moving the resident to the other side of the room was not an option but did not explain why it was not an option.</p> <p>2. An observation and interview on 5/7/2024 at 10:15 am, R8 was observed lying in bed. She stated that her shower/bath days were on Tuesday, Thursday, and Saturday on the 3:00 pm-11:00 pm shift, but the staff only gave her bed baths. The resident stated she did not mind a bed bath sometimes but would prefer to have a shower at least once a week. The resident stated she had spoken to the staff about her wanting to receive a shower at least once a week.</p> <p>A review of R8 EMR Admission Record revealed an admission with multiple diagnoses of, but not limited to, anxiety and chronic obstructive pulmonary disease (COPD).</p> <p>A review of the annual MDS assessment dated [DATE] revealed a BIMS score was assessed as fourteen, which indicated R8 was cognitively intact. The section of the assessment related to Preferences for Customary Routines and Activities indicated that it was very important for the resident to choose between tub bath, shower, bed bath, or sponge bath.</p> <p>A review of the Grievance/Complaint Report dated 2/15/2024 revealed that R8 did file a grievance regarding missing her shower for one week.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of R8's CNA Bath Skin Sheets for February 2023 through April 2023 revealed the Certified Nursing Assistant (CNA) Bath Skin Sheets were completed 14 out of 39 times and noted bed bath on the sheets.</p> <p>During a post-survey interview on 7/1/2024 at 8:08 am, Licensed Practical Nurse (LPN) NN stated that R8's bath days were Tuesday, Thursday, and Saturday on the 3:00 pm-11:00 pm shift. She stated the CNA Bath Skin Sheets should be completed with each shower/bath and the sheets should be provided to the charge nurse who signs off verifying completion.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>38997</p> <p>Based on observation, resident and staff interviews, and review of the facility policies titled, 7 Step Cleaning Process, and Maintenance Service, the facility failed to maintain a safe, clean, and comfortable, homelike environment in five of 30 sampled resident rooms related to a buildup of dirt and grime inside the air discharge grille of the Packaged Terminal Air Conditioner (PTAC) units; a large hole under the sink in one bathroom; missing sheetrock in one resident's room; and by not ensuring an adequate supply of linen for nine days.</p> <p>Findings included:</p> <p>1. A review of the undated facility policy titled 7 Step Cleaning Process, revealed the policy was to establish an efficient cleaning process unless noted otherwise and that it can be used as a checklist or guide. It is intended that all these steps be completed during each cleaning process. The purpose of this policy is to educate and guide all staff in daily cleaning procedures. The procedures and guidelines of the policy revealed to dust all horizontal and vertical surfaces including ledges and sills, to inspect the room area, correct deficiencies immediately, and report unsafe conditions to your supervisor immediately.</p> <p>A review of the facility policy titled Maintenance Service, with a revised date of December 2009 revealed that maintenance service shall be provided to all areas of the building, grounds, and equipment. Functions of the maintenance personnel included but were not limited to, maintaining the heat/cooling system, plumbing fixtures, wiring, etc., in good working order. Maintenance personnel shall follow the manufacturer's recommended maintenance schedule.</p> <p>An observation in Room B09 on 5/2/2024 at 11:30 am and on 5/8/2024 at 9:57 am revealed that the PTAC unit air discharge grille had a buildup of dirt and grime.</p> <p>An interview and observation were conducted on 5/2/2024 at 2:39 pm with the Executive Director, Assistant Executive Director (AEVSD), and the Environmental Service Director (EVSD). They confirmed the buildup of dirt and grime inside the air discharge grille of the PTAC unit room B09.</p> <p>An interview on 5/2/2024 at 3:06 pm with the EVSD stated the environmental service staff were only allowed to dust and/or wipe the PTAC unit with a cloth. The EVSD stated he spoke with the Maintenance Director regarding the inside of the air discharge grille of the PTAC unit in B09. He stated the Maintenance Director assured him that the PTAC unit would be cleaned.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview on 5/8/2024 at 1:57 pm with the Maintenance Director QQ stated he was responsible for cleaning the PTAC unit vent, removable air filter, and the air discharge grille. He stated the air discharge grille was cleaned every three months. He stated the front cover was also removed and the unit was cleaned with soap and water. He stated that the EVSD did speak with him on 5/2/2024 regarding room B09's PTAC unit and the air discharge grille being dirty. The Maintenance Director stated the front panel of the PTAC unit was removed and cleaned and the air discharge grille was cleaned. After the interview, an observation with the Maintenance Director of room B9's PTAC unit and the Maintenance Director confirmed that the air discharge grille was dirty, the front panel was removed, and observation of dirt and debris was also confirmed.</p> <p>An observation was conducted on 5/9/2024 at 12:05 pm in the bathroom shared by Room B14 and B16. The drainpipe from the sink that goes to the wall has a large hole. The ceramic had been chipped away and measured length by width 2.5 inches by 1.5 inches.</p> <p>An interview and observation on 5/9/2024 at 12:30 pm with the Assistant Executive Director of the bathroom shared by B14 and B16. The Assistant Executive Director confirmed the hole under the sink where the drainpipe enters the wall. The Executive Director stated it seemed that some work was being done on the pipes and the person failed to recover the hole. The Executive Director stated he would have the Maintenance Director repair the area as soon as possible.</p> <p>An observation was conducted on 5/14/2024 at 2:44 pm of the bathroom shared by Room B14 and B16. The drainpipe from the sink that goes to the wall had a large hole. The ceramic had been chipped away and measured length by width 2.5 inches by 1.5 inches.</p> <p>An observation was conducted on 5/15/2024 at 11:27 am in Room B22 occupied by two residents. The PTAC unit air discharge grille had a buildup of dirt and grime.</p> <p>An interview on 5/16/2024 at 10:05 am with the Environmental Service Director confirmed the buildup of dirt and grime inside the air discharge grille of the PTAC unit room B22. He stated he would notify the Maintenance Director that the PTAC unit air discharge grille needed to be cleaned.</p> <p>An observation was conducted on 5/18/2024 at 11:25 am in the PTAC unit in room B29. The PTAC unit air discharge grille had a buildup of dirt and grime.</p> <p>An observation on 5/18/2024 at 11:30 am of Room B20 occupied by two residents. The wall above the PTAC unit had a hole measured length by width 1.5 inches by 1.5 inches.</p> <p>2. Observations on 5/2/2024, 5/3/2024, 5/7/2024, 5/8/2024, 5/9/2024, and 5/14/2024 of the linen carts on Unit A, Unit B, Unit B/C, and Unit C/D, there were no washcloths, towels, or blankets.</p> <p>An Observation on 5/15/2024 at 11:08 am - 11:42 am of the linen closet on Unit B, there were no washcloths, towels, or blankets. Observation of the linen cart on Unit A, Unit B, and Unit B/C, there were no washcloths or towels. Observation of the Linen Closet on Unit C, there were no washcloths or towels. Observation of the linen cart on Unit C/D, there were no washcloths or towels. Observation of the linen closet on Unit D, there were no washcloths, towels, fitted sheets, or blankets.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation on 5/21/2024 at 10:08 am - 10:26 am of the Linen Closet on Unit B, there were no washcloths or towels. An observation of the linen cart on Unit A, there were no washcloths or towels. An observation of the linen cart on Unit B, there were two towels and no other linen. Observation of the linen cart on Unit B/C, there was no linen. Observation of the linen closet on Unit C, there was no linen. Observation of the linen cart on Unit C/D, there were only two wash cloths and two towels. Observation of the linen closet on Unit D, there were no washcloths and only two towels, two fitted sheets, no flat sheets, and no blankets.</p> <p>An interview and observation on 5/15/2024 at 9:38 am, Laundry Aide WW stated laundry was delivered at 6:45 am, 10:00 am, and 3:00 pm to the three linen closets. She stated three bundles of laundry were left in the nursing office for the 11:00 pm-7:00 am shift. Laundry Aide WW stated the department washes what comes in. She stated the department does not always get in what was delivered to the units. Observation with the Laundry Aide and Environmental Services Director of the three linen closets and six linen carts. The Laundry Aide and Environmental Services Director confirmed the insufficient amount of linen on the carts and in the linen closets. The Environmental Services Director stated he was not responsible for ordering the linen. He stated he only alerted the Assistant Executive Director of the department's needs.</p> <p>An interview and observation on 5/22/2024 at 2:50 pm of Laundry Aide XX filling the linen closets on Unit B, the Aide stated the three linen closets would be stocked with fifteen washcloths, towels, flat sheets, fitted sheets, and pillowcases. The Laundry Aide stated the department washes what was taken in and then divides what they put out by the three laundry closets. The Laundry Aide was asked if she thought fifteen washcloths, towels, flat sheets, fitted sheets, and pillowcases were enough linen for sixty-two residents on the A/B unit. The Laundry Aide responded, No.</p>		

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<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>38997</p> <p>Based on staff interviews, record review, and review of the facility's policies titled Abuse, Neglect, and Exploitation, the policy titled Background Screening Investigations, and the Director of Human Resource job description, the facility failed to ensure that a criminal background check was conducted for two Registered Nurse's (RN) of ten employee files selected for review (RN GG and RN HH). The facility census was one hundred and fifty residents.</p> <p>Findings include:</p> <p>A review of the facility policy titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating dated April 2021 revealed that residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. The resident abuse, neglect, and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: Conduct team member background checks and not knowingly employ or otherwise engage any individual who has been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law.</p> <p>A review of the facility policy titled, Background Screening Investigations dated April 2021 revealed that the facility conducts employment background screening checks, reference checks, and criminal conviction investigation checks on all applicants for positions with direct access to residents (direct access team members). The director of human resources or designee conducts background checks, reference checks, and criminal conviction checks (including fingerprinting as required by Georgia law) on all potential direct access team members. Background and criminal checks are initiated within two days of an offer of employment and completed before employment.</p> <p>A review of the Director of Human Resource job description revealed: Conduct pre-employment screening for the Centers for Medicare and Medicaid Services (CMS) disqualification, criminal background check, abuse registry check, and licensure (if applicable) in accordance with state/federal law and facility policies.</p> <p>A review of RN GG employee file revealed a hire date of 9/21/2023 as a full-time RN Supervisor. Further review of the employee's file revealed that there was no documentation that a criminal background check was conducted.</p> <p>A review of RN HH employee file revealed a hire date of 11/3/2023 as a full-time RN Supervisor. Further review of the employee's file revealed that there was no documentation that a criminal background check was conducted.</p> <p>During an interview on 5/17/2024 at 10:47 am, the Human Resources Director (HRD) stated that criminal background checks and fingerprint checks are completed before the employee starts work. The HRD confirmed that RN GG and RN HH did not have a criminal background check conducted. The HRD stated moving forward she will ensure that all staff have the required criminal background check, or the fingerprint check completed prior to employment.</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>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>38997</p> <p>Based on record review, interviews, and review of facility policy titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, the facility failed to report a situation involving misappropriation of a controlled drug (Oxycodone) to the State Survey Agency (SSA) for two of 18 sampled residents (R) (R17 and R18).</p> <p>Findings included:</p> <p>A review of the facility policy titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating dated September 2022 revealed that 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. Reporting Allegations to the Administrator and Authorities. 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 other officials according to state law. Immediately is defined as within two hours of an allegation involving abuse or results in serious bodily injury; or within 24 hours of an allegation that does not involve abuse or result in serious bodily injury.</p> <p>During an interview on 6/7/2024 at 12:20 pm, the Director of Health Services (DHS) stated on 2/2/2024, the day shift nurse reported that two residents (R17 and R18) narcotic count sheet along with the narcotics were missing. She stated that R17 was receiving Oxycodone 10 milligram (mg) daily, and R18 was receiving Oxycodone/APAP 5/325 mg as needed. The DHS stated the facility immediately started investigating. She stated the facility camera was viewed and Licensed Practical Nurse (LPN) RR was observed removing the medications and narcotic count sheets from the medication cart. The DHS stated the police were notified and came to the facility. The nurse was terminated and reported to the state board of nursing. The DHS stated the pharmacy was notified and the medication for R17 and R18 was replaced. The DHS stated she was not aware that the misappropriation of a resident's medicine had to be reported to the SSA.</p> <p>During an interview on 6/7/2024 at 12:30 pm, the Executive Director stated the misappropriation of R17 and R18 medication would be reported immediately to the SSA.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38997</p> <p>Based on observations, staff interviews, record review, and review of the facility policies titled Care Plans, Comprehensive Person-Centered and Activities of Daily Living (ADL), Supporting, the facility failed to develop a comprehensive, person-centered care plan for five residents (R) (R3, R7, R8, R9, and R16) of sixteen reviewed for care plan. This failure had the potential for these residents not to receive treatment and/or care according to their needs.</p> <p>Findings included:</p> <p>A review of the facility policy titled Care Plans, Comprehensive Person-Centered, dated March 2022, revealed Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation: 1. The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. 2. The comprehensive, person-centered care plan is developed within seven days of the completion of the required MOS assessment (Admission, Annual or Significant Change in Status), and no more than 21 days after admission. 3. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment.</p> <p>A review of the facility policy titled Activities of Daily Living (ADL), Supporting, revision date of 3/2018, revealed Policy Statement: Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Policy Interpretation and Implementation: 2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with a. hygiene (bathing, dressing, grooming, and oral care).</p> <p>1. A review of the Admission Record for R3 revealed she was readmitted to the facility on [DATE] with diagnoses of, but not limited to, a disorder of the bone density and displaced spiral fracture of the shaft of the humerus right arm.</p> <p>A review of R3's significant change Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 00, indicating severe cognitive impairment. Section GG was assessed as requiring extensive assistance with all ADLs. Section J documented the Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS) was one with no injury. Falls were triggered as an area of concern on the Care Area Assessment Summary (CAAS).</p> <p>A review of the care plan updated 10/14/2023 revealed no documented ADL, fall, or right arm fracture care plan.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Sadie G. Mays Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Anderson Avenue NW Atlanta, GA 30314	
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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>A review of the Nurse Practitioner Progress Note dated 9/29/2023 revealed History of Present Illness constitutional: R3 continues with care and management of chronic medical conditions which are all stable at present time. No reports of acute change in condition were reported by the nursing staff. Maintain safety and fall precautions. Will continue to monitor and follow-up for any acute change in condition.</p> <p>A review of the Nurse Practitioner Progress Note dated 10/5/2024 revealed History of Present Illness Constitutional: While on the unit, was informed by nursing staff that R3 will be sent to the hospital for further assessment and evaluation of fracture of right Humerus. The patient was noted with edema and discomfort to the right hand in which an x-ray was done and showed a fracture of the right humerus.</p> <p>A review of R3 Patient Report right shoulder x-ray dated 10/5/2023 revealed Findings: There is an acute displaced overriding fracture of the distal humerus. Degenerative changes of the shoulder joint and AC joint are seen as well as the elbow joint. Impression: Acute fracture of the distal humerus.</p> <p>A review of a Nursing Note dated 11/18/2023 at 11:12 am revealed: Status post fall from 3-11 pm on (11/7/2023) resident continues to be alert and nonverbal no s/s of pain nor distress throughout the shift pt continues to tolerate all po meds well continue appetite to have a great.</p> <p>A review of a Nursing Note dated 8/20/2023 revealed: Resident follow-up fall; no injury noted. Resting quietly in bed this shift. No distress noted.</p> <p>2. A review of the Admission Record for R7 revealed she was admitted to the facility on [DATE] with diagnoses of, but not limited to lack of coordination, other specified disorders of bone density and structure, multiple sites, and repeated falls.</p> <p>A review of R7's most recent comprehensive MDS dated [DATE] revealed a BIMS was assessed as seven, indicating severe cognitive impairment. Section GG was assessed as requiring partial/moderate assistance with transfers. Section J documented the resident had a history of falls before admission. The number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS) was one with no injury. Falls were triggered as an area of concern on the CAAS</p> <p>A review of the care plan updated on 9/5/2023 revealed no documented ADL or fall care plan.</p> <p>A review of a Nursing Progress Note dated 9/25/2023 revealed: Resident observed sitting upright on her buttocks on the floor in her room between the bathroom and the bottom of her bed.</p> <p>A review of a Nursing Progress Note dated 9/5/2024 revealed: R7 reported to the staff that she fell .</p> <p>A review of a Nursing Note dated 9/25/2023 revealed: Resident observed sitting upright on her buttocks on the floor in her room between the bathroom and the bottom of her bed.</p> <p>(continued on next page)</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>In an interview on 5/14/2024 at 2:03 pm, R7's family stated she resided at the facility for about three months. The family stated on admission they informed the staff that R7 was high risk for falls. The family was told that R7 would have fall mats in place, but the facility did not implement the mats until after R7 had a fall from the bed. The family stated that R7 had two falls while a resident at the facility.</p> <p>3. An observation and interview on 5/7/2024 at 10:15 am revealed R8 lying in bed with oxygen on at 2 liters per nasal cannula. The resident was pleasant and agreed to speak with the surveyor. The resident stated she does not wear her oxygen all the time. She stated that she went to sleep with the bilevel positive airway pressure (BiPAP) on. She stated that when the BiPAP was removed this morning, the nurse placed the oxygen on her (R8).</p> <p>A review of the Admission Record for R8 revealed she was admitted to the facility on [DATE] with diagnoses of, but not limited to chronic obstructive pulmonary disease and sleep apnea.</p> <p>A review of the resident's most recent comprehensive MDS dated [DATE] revealed a BIMS was assessed as fourteen, indicating intact cognition. Section GG was assessed as dependent for toilet hygiene, personal hygiene, and transfers. Section O was assessed for oxygen use. Functional Abilities (Self-Care and Mobility) were triggered as an area of concern on the CAAS.</p> <p>A review of the care plan, updated 2/24/2024, revealed no documented ADL, oxygen use, or BiPAP/continuous positive airway pressure (CPAP) care plan.</p> <p>A review of the Order Summary Report for 5/2024 revealed a physician's order for Oxygen: Oxygen at 2 liters per MIN. May Have continuous positive airway pressure (CPAP) during sleep: Settings 8 CM with H2O at 28 percent with oxygen at 2 liters/min.</p> <p>4. An observation on 5/3/2024 at 2:19 pm of R9 revealed him propelling himself down Unit A.</p> <p>The resident stopped the surveyor and pointed to his clothing. His speech was not understood. Observation revealed the resident had remnants of food on his pants and shirt. The resident nodded his head up and down when asked if he needed help with changing his clothes. Charge Nurses, KK, and MM were notified that the resident needed assistance with changing clothes.</p> <p>A review of the Admission Record for R9 revealed he was readmitted to the facility on [DATE] with diagnoses of, but not limited to, hemiplegia and hemiparesis following cerebral infarction affecting the right dominant side, contracture of muscle right upper arm, contracture of right ankle, and vascular dementia.</p> <p>A review of R9's most recent comprehensive Minimum Data Set (MDS) dated [DATE] revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) of 7 (indicating severe cognitive impairment), Section GG (Functional Abilities and Goals) documented R9 required partial/moderate assistance for upper body dressing and substantial/maximal assistance for lower body dressing. Functional Abilities (Self-Care and Mobility) triggered as an area of concern in the Care Area Assessment Summary (CAAS).</p> <p>A review of the care plan, updated on 1/9/2024, revealed no documented ADL care plan.</p> <p>(continued on next page)</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>5. An observation on 6/20/2024 at 11:00 am of R16 lying in the bed with a splint on the left arm. R16 stated he required assistance from the staff with all ADLs.</p> <p>A review of R16's Admission Record revealed he was readmitted to the facility on [DATE] with diagnoses of, but not limited to, cerebral infarction, chronic pain syndrome, and end-stage renal disease.</p> <p>A review of the R16's most recent comprehensive MDS dated [DATE] revealed a BIMS was assessed as fifteen, indicating intact cognition. Section GG was assessed as requiring extensive assistance with all ADLs. ADL Functional/Rehabilitation Potential triggered as an area of concern on the CAAS.</p> <p>A review of the care plan, updated on 11/2/2024, revealed no documented ADL care plan.</p> <p>In an interview on 5/7/2024 at 4:10 pm, MDS Coordinator AAA confirmed that R8 did not have a care plan for ADLs, oxygen, or the BiPAP/CPAP machine. MDS Coordinator AAA stated the resident should have a care plan for ADLs, oxygen, and the BiPAP/CPAP machine.</p> <p>In an interview on 6/7/2024 at 11:59 am, MDS Coordinator BBB stated all residents should have a care plan for ADLs and confirmed R9 did not have an ADL care plan.</p> <p>In an interview on 6/11/2024 at 1:15 pm, MDS Coordinator ZZ confirmed the MDS Department had not developed a comprehensive, person-centered care plan for ADLs for R3, R7, R8, R9, and R16, a care plan for fracture for R3, or a care plan for falls for R3 and R7.</p> <p>Cross-Reference F677</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38997</p> <p>Based on observations, staff interviews, record reviews, and a review of the facility policy titled Activities of Daily Living (ADL), Supporting, the facility failed to provide ADL assistance to one of eight residents (R) (R9) reviewed. This failure had the potential to cause R9 to be unclean and feel self-conscious of his appearance.</p> <p>Findings included:</p> <p>A review of the facility policy titled Activities of Daily Living (ADL), Supporting, with a revised date of March 2018 revealed that residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Appropriate care and services will be provided for residents who are unable to carry out ADL care independently, with the consent of the resident, and in accordance with the plan of care, including appropriate support and assistance with hygiene (bathing, dressing, grooming, and oral care).</p> <p>A review of the Admission Record for R9 revealed he was readmitted to the facility on [DATE] with diagnoses of, but not limited to, hemiplegia and hemiparesis following cerebral infarction affecting the right dominant side, contracture of muscle right upper arm, contracture of right ankle, and vascular dementia.</p> <p>A review of R9's most recent comprehensive Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of seven, indicating severe cognitive impairment. It was further documented that R9 required partial/moderate assistance for upper body dressing and substantial/maximal assistance for lower body dressing. Functional Abilities (Self-Care and Mobility) triggered as an area of concern on the Care Area Assessment Summary (CAAS).</p> <p>An observation on 5/3/2024 at 2:19 pm revealed R9 propelling himself down Unit A.</p> <p>The resident stopped the surveyor and pointed to his clothing. His speech was not understood. Observation revealed the resident had remnants of food on his pants and shirt. The resident nodded his head up and down when asked if he needed help with changing his clothes. Charge Nurse KK and Charge Nurse MM were notified that the resident needed assistance with changing his clothes.</p> <p>An observation on 5/3/2024 at 3:25 pm revealed R9 sitting in a wheelchair in his room. Further observation revealed that R9 stopped Certified Nursing Assistant (CNA) CCC and asked for assistance with changing his clothes and getting in the bed. He was still observed with remnants of food on his pants and shirt.</p> <p>In an interview on 5/3/2024 at 3:30 pm, Unit Manager (UM) JJ confirmed that R9 had food on his shirt and pants and that the charge nurses should have assisted R9 with changing his clothes. She stated the resident should not have had to wait over an hour for assistance.</p> <p>Cross-Reference F656</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38997</p> <p>Based on observation, record review, interviews, and facility policies, the facility failed to ensure two of 19 residents (R) (R6 and R15) weren't provided with nursing care and services to ensure their medical needs were met related to pain management for R6 and R15; administering medication without a physicians order for R15; and a pest infestation of gnats that were on the R6 left leg wound. Further, harm was identified to have occurred when R15 was administered Fluoxetine (Prozac) for forty-eight weeks after it was discontinued on 6/29/2023, resulting in increasing unusual behavior, a low-grade temperature, swelling in bilateral knees, and going from ambulating independently to not being able to ambulate.</p> <p>Findings included:</p> <p>A review of the facility policy titled Administering Medications dated April 2019 that medications are administered in a safe and timely manner, and as prescribed; only persons licensed or permitted by this state to prepare, administer, and document the administration of medications may do so; the Director of Nursing Services supervises and directs all personnel who administer medications and/or have related functions; medications are administered in accordance with prescriber orders, including any required time frame; if a dosage is believed to be inappropriate or excessive for a resident, or medication has been identified as having potentially adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication will contact the prescriber, the resident's attending physician or the facility's medical director to discuss the concerns; and the individual administering the medication checks the label three times to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication.</p> <p>A review of the facility policy titled Pain Assessment and Pain Management dated October 2022 revealed that the purposes of this procedure are to help the staff identify pain in the resident and to develop interventions that are consistent with the resident's goals and needs and that address the underlying causes of pain. Pain management is a multidisciplinary care process that includes the following: a. Assessing the potential for pain; b. Recognizing the presence of pain; d. Addressing the underlying causes of the pain. Review the resident's clinical record to identify conditions or situations that may predispose the resident to pain, including: a. musculoskeletal conditions: (1) degenerative joint disease; (2) rheumatoid arthritis. Contact the prescriber immediately if the resident's pain or medication side effects are not adequately controlled.</p> <p>A review of the facility policy titled Pressure Ulcer/Skin Breakdown, with a revision date of April 2018, revealed that the physician will assist the staff in identifying the type (for example, arterial or stasis ulcer) and characteristics (presence of necrotic tissue, status of wound bed, etc.) of an ulcer. The physician will help identify and define any complications.</p> <p>A review of the facility policy titled Pest Control dated May 2008 revealed that the facility shall maintain an effective pest control program. Policy Interpretation and Implementation. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Actual harm Residents Affected - Few	<p>1. A review of the Admission Record for R15 revealed she was admitted to the facility on [DATE] and diagnoses of, but not limited to major depressive disorder, osteoarthritis, thyrotoxicosis, and unspecified dementia, severe, with other behavioral disturbances.</p> <p>A review of the resident's most recent quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) was assessed as 00 which indicated severe cognitive impairment; no mood or behavior exhibited; that R15 required supervision/touching assistance with Activities of Daily Living (ADL) care; was independent with mobility requiring no mobility device; was receiving a scheduled pain medication; and not receiving any PRN (as needed) pain medication.</p> <p>A review of the care plan updated 6/4/2024 revealed that R15 is care planned for pain related to left knee diagnosis of osteoarthritis and low back pain. Interventions to be implemented included administering medications for the lower back and left knee as ordered. Monitor and document effectiveness every shift.</p> <p>An observation on 6/18/2024 at 11:25 am revealed R15 lying in bed with the covers bunched up around her waist. The resident was gripping the covers and grimacing. The resident's bilateral knees were observed to be swollen and the resident appeared to be in pain and discomfort. During the observation, the Licensed Practical Nurse (LPN) NN and a family member entered the room. The family member stated that both of R15's knees were swollen on the previous day as well (6/17/2024) and that R15 would not allow the family to touch her knees. The family was observed to ask R15 if she could touch her knees and promised to be gentle and R15 gave permission. The family stated that R15's left knee was warm to the touch. The LPN asked R15 if she would like something for pain and the resident nodded her head up and down. The LPN stated that R15 did not have an as-needed oral pain medication and would call the Nurse Practitioner (NP) regarding R15's pain.</p> <p>During an interview on 6/18/2024 at 11:40 am, LPN NN stated the NP gave an order for Tylenol for R15. The LPN explained to R15 that she had something for the pain. LPN NN was observed to administer two tablets of Tylenol 325 mg (milligrams) to R15 by mouth (PO). The resident took the medication without any problems.</p> <p>During the reconciliation of the medication pass, there was no physician order for Tylenol 325 mg, two tablets.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A phone interview on 6/18/2024 at 10:33 am with the family of R15 stated they have filed several grievances with the facility regarding R15's care and services. The family expressed that their most recent concern when they visited R15 on 6/17/2024 was that R15 looked weak, sick, and was moaning and crying. The family stated something was going on with R15 because R15 was usually up walking without any type of assistive device and was usually attending activities. The family stated that R15 had been complaining of knee pain and this was reported to the charge nurse. The family stated the nurse applied Diclofenac Sodium ointment to both knees. The family stated the ointment is routine, the pain in the knees is different and no one bothered to notify the physician asking for something else for pain. The family stated the facility is quick to notify the family when R15 is combative and refusing medication, but no one notified the family that R15 had been in the bed lethargic, with a low-grade temperature (99.0 Fahrenheit), unable to stand or walk, and not her usual self. The family stated the nurse or Certified Nursing Assistant (CNA) should have taken notes, assessed R15, and notified the physician, NP, and/or psychiatrist of R15's change. The family stated there was a meeting with the Social Worker, Unit Manager (UM), and the Psychiatrist but could not give the exact date of the meeting. She stated that the Psychiatrist explained that he would discontinue the Citalopram (Celexa) and start Escitalopram (Lexapro). The family stated he gave the UM instructions during the phone conference to have the nurses document and notify him of any adverse reactions (i.e. overly sedated). The family stated they noticed a change in R15 after the most recent medication change was made by the psychiatrist. She stated that on 6/17/2024 the family visited and R15 appeared to be overly sedated, but the psychiatrist was not notified. The family stated she understood that R15 has dementia but what was going on with her was different and not related to the diagnosis of dementia.</p> <p>An interview on 6/18/2024 at 11:20 am with CNA DDD stated that R15 was usually up, dressed, and attending the facility's activities. She stated that today, R15 was limping when assisted with ADL care. She stated that R15 complained of knee pain. The CNA stated that she did let the charge nurse know that R15 complained of pain but did not give a reason why she did not inform the nurse.</p> <p>An observation of R15's medication administration on 6/20/2024 at 10:19 am with LPN NN the following medications were administered to R15:</p> <p>Amlodipine Besylate (Norvasc) 5 mg 1</p> <p>Aspirin 81 mg 1 over-the-counter (OTC)</p> <p>Depakote sprinkle 125 mg 1 (placed in water)</p> <p>Diclofenac Sodium External Gel (applied to the right and left knee)</p> <p>Escitalopram (Lexapro) 5mg/5 milliliters (ml)</p> <p>Fluoxetine (Prozac) 10 mg 1</p> <p>Metformin 500 mg 1</p> <p>Methimazole 5 mg 1</p> <p>Metoprolol Succinate Extended Release (ER) 50 mg 1</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Multiple Vitamins 1 OTC</p> <p>Omeprazole 20 mg 1</p> <p>Potassium Chloride ER 10 milliequivalent 1</p> <p>Prednisone 10 mg 1</p> <p>The resident looked inside the medication cup before taking the medications and shook her head to the left and right. The nurse explained what was in the cup and with multiple prompts the resident took the medication and drank two 8-ounce glasses of water.</p> <p>During the reconciliation of the medication pass, there was no physician order for Fluoxetine (Prozac) 10 mg.</p> <p>A review of the care plan updated 6/4/2024 revealed that R15 is care planned for depression and insomnia with intervention to administer antidepressant medications as ordered; monitor for a decline in ADL self-care and gait changes; and to notify the physician of the findings.</p> <p>A review of the Physician Order dated 6/29/2023 revealed discontinuation of Fluoxetine (Prozac) 10 mg. Discontinue Order ePrescription sent successfully 6/29/2023 3:25 pm to pharmacy. Ordered signed by the Medical Director.</p> <p>An interview on 6/20/2024 at 2:35 pm with LPN NN confirmed that the Fluoxetine (Prozac) 10 mg capsule is a medication that is in R15's strip pack. The LPN stated on the days that she works Fluoxetine (Prozac) is administered to R15. The LPN, with the assistance of the Assistant Director of Health Services, could not locate a physician order for the medication. The LPN checked the remaining strip packs on the cart and the Fluoxetine (Prozac) is one of the medications in the individual strip packs. The LPN stated she would talk to her Director of Health Services (DHS) immediately.</p> <p>A phone interview on 6/20/2024 at 3:35 pm with the Psychiatrist EEE regarding R15's medication. The Psychiatrist stated it is dangerous to give a person two selective serotonin reuptake inhibitors (SSRIs) due to it causing serotonin syndrome. He stated it can cause insomnia, poor appetite, agitation, or restlessness. He stated that he was called in on consult 6/28/2023 to see R15. He stated that Prozac was discontinued due to being a potentially harmful drug in the elderly. He stated that R15 was started on Escitalopram (Lexapro) on 6/28/2023. He stated because the resident continued to have a decline, he discontinued Escitalopram (Lexapro) and started Citalopram (Celexa). He stated a few weeks ago he had a conference call with the UM and family. He stated the family expressed that R15 was continuing to decline. He stated he discontinued the Citalopram (Celexa) and restarted the Escitalopram (Lexapro). He stated the UM was instructed at that time to notify him of any changes or behaviors R15 may have. The Psychiatrist stated if the Prozac was never stopped that would explain the resident's continued decline. He stated that receiving two SSRIs (Fluoxetine (Prozac) and Escitalopram (Lexapro) is not good.</p> <p>(continued on next page)</p>		

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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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 6/21/2024 at 12:36 pm with the Pharmacist stated pharmacy has been dispensing a daily dose of Fluoxetine (Prozac) 10 mg from 7/28/2023-6/20/2024. The Pharmacist stated the first time they received an order to discontinue the medicine was on 6/20/2024. The pharmacist confirmed that the Fluoxetine (Prozac) was not on the resident's profile although it is being dispensed. She stated that the pharmacy has started pulling the resident's medication profile and comparing it with the framework of the APP machine that automatically dispenses the medications. She stated that currently, the pharmacy reconciles each patient's profile in the Electronic Medical Record system. She stated the pharmacy department is willing to go to the facility and do a complete cart audit. She stated what happened was not purposely done, it was an accident.</p> <p>An interview on 6/25/2024 at 4:58 pm with UM JJ stated the pharmacy delivers a strip pack of medications approximately every seven days. She stated the medications arrive on the 11: 00 pm to 7:00 am shift. The UM stated it is the responsibility of the nurse to verify the medications in the strip packs with the resident's Medication Administration Record (MAR) before the strip packs of medication are placed on the cart. She stated the physician should be notified for clarification if there are any discrepancies. The UM stated if a medication is in the strip pack and not on the resident's MAR the medication should not be given. She stated the physician should be notified for clarification.</p> <p>An interview on 6/25/2024 with the DHS stated that she expects the nurses to administer medication safely as prescribed by the physician. She stated she has started a skills check-off on medication administration for all the nurses. She stated the nursing staff has also started a facility-wide cart audit.</p> <p>2. An observation and interview on 5/2/2024 at 11:30 am of R6 who was lying flat in the bed (B), the room was dark. The resident's mood was blunted, affect was sad. An observation of R6's right hand, left hand and fingers has a deformity. The resident had a white sheet covering his waist down to the upper part of his left leg. An observation of black gnats flying around and lying on the left leg. The Resident had a dressing on the left leg from the knee to the ankle dated 5/1/2024. The dressing was covered with a large amount of reddish-brown drainage. The resident was pleasant and agreed to speak with the surveyor. The resident stated he has bad Rheumatoid Arthritis in his fingers and shoulders that are painful. The resident stated he has never been seen by therapy for any type of braces on his hands or fingers. The resident stated he must ask for his pain medication because it is not a regularly scheduled medication. The resident stated the physician or nurse practitioner had never asked if he needed his oral pain medicine scheduled. During the interview, R6 stated he has had a vascular wound on his left leg for a long time. The resident stated gnats have always been a problem in the room.</p> <p>An observation on 5/3/2024, 5/7/2024, and 5/8/2024 of black gnats flying around and lying on R6's left leg. The Resident had a dressing on the left leg from the knee to the ankle the dressing was saturated with a large amount of reddish-brown drainage.</p> <p>A review of R6 Admission Record revealed an admitted [DATE] with multiple diagnoses of, but not limited to, chronic pain, gout, and rheumatoid arthritis (RA).</p> <p>A review of the quarterly MDS assessment dated [DATE] revealed R6 presented with a BIMS score of fifteen, which indicated R6 was cognitively intact. The assessment further indicated the resident had a regularly scheduled pain medication and an as-needed pain medication.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the care plan updated 10/31/2024 revealed that R6 was care planned for rheumatoid arthritis. Interventions to be implemented included monitoring, documenting, and reporting to the physician as needed signs and symptoms or complications related to arthritis: joint pain, joint stiffness, contracture formation, and joint shape changes.</p> <p>A review of the Order Summary Report revealed an order for Oxycodone 10 mg every six hours as needed for pain related to chronic pain on 8/1/2023.</p> <p>A review of the Order Summary Report revealed an order for Tylenol 325 mg two every six hours as needed for chronic pain syndrome on 8/1/2023.</p> <p>A review of the Order Summary Report revealed an order for Diclofenac Sodium External Gel 1%. Apply half inch to shoulders topically four times a day, for seropositive rheumatoid arthritis on 3/27/2024.</p> <p>A review of the MAR for 4/1/2024 to 4/30/2024 revealed that R6 had a documented pain level of seven to nine on fifteen occasions. The resident requested and was given Oxycodone 10 mg 57 times. There was no documentation that the physician was notified of the frequency of the pain and administration of the as-needed medication.</p> <p>A review of the MAR for 5/1/2024 to 5/3/2024 revealed that R6 had a documented pain level of five to eight. The resident requested and was given Oxycodone 10 mg five times out of three days. There was no documentation that the physician was notified of the frequency of the pain and administration of the as-needed medication.</p> <p>During an interview on 5/7/2024 at 10:48 am, the Occupational Therapist (OT) stated the therapy department has never had R6 on caseload for hand braces. The OT explained that R6's right hand metacarpophalangeal (MCP) joint, also known as the knuckle, hyper flex, the proximal interphalangeal joint (PIP) that bends and extends the fingers is hyperextended, the distal interphalangeal (DIP) close to the fingernail is hyper flexed. The left-hand MCP is hyper-flexed, the PIP is flexed, and the DIP is hyper-flexed. The Therapist stated that R6 hands/fingers have a lot of inflammation that can be painful and cause discomfort.</p> <p>During an interview and observation on 5/8/2024 at 10:20 am of R6's wound, the Wound Care Physician confirmed the gnats on the resident's left leg dressing and the drainage. He stated the wound had a lot of moisture and that was attracting the gnats to the left leg. The Wound Care Physician stated he had seen gnats in the room on previous visits.</p> <p>During an interview on 5/9/2024 at 11:50 am, LPN OO stated that for the last two years, the facility had been having problems with gnats. LPN OO stated she had never reported the gnats to anyone, and she did not realize they were in R6's room that bad until the surveyor brought it to her attention.</p> <p>During an interview on 5/9/2024 at 11:54 am, UM JJ stated she was not aware of the gnat problem until the surveyor brought it to her attention on 5/2/2024 and 5/3/2024 and that she immediately reported the gnats to the Maintenance Department.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/15/2024, the DHS stated that she expects the nurses to assess the residents and notify the physician as needed. She stated that R6 was more relaxed since his pain medication had been adjusted.</p> <p>A review of the MAR for 4/1/2024 to 4/30/2024 revealed that R6 had a documented pain level of seven to nine on fifteen occasions. The resident requested and was given Oxycodone 10 mg 57 times. There was no documentation that the physician was notified of the frequency of the pain and administration of the as-needed medication.</p> <p>A review of the MAR for 5/1/2024 to 5/3/2024 revealed that R6 had a documented pain level of five to eight. The resident requested and was given Oxycodone 10 mg five times out of three days. There was no documentation that the physician was notified of the frequency of the pain and administration of the as-needed medication.</p> <p>During an interview on 5/7/2024 at 10:48 am, the Occupational Therapist (OT) stated the therapy department has never had R6 on caseload for hand braces. The OT explained that R6's right hand metacarpophalangeal (MCP) joint, also known as the knuckle, hyper flex, the proximal interphalangeal joint (PIP) that bends and extends the fingers is hyperextended, the distal interphalangeal (DIP) close to the fingernail is hyper flexed. The left-hand MCP is hyper-flexed, the PIP is flexed, and the DIP is hyper-flexed. The Therapist stated that R6 hands/fingers have a lot of inflammation that can be painful and cause discomfort.</p> <p>During an interview and observation on 5/8/2024 at 10:20 am of R6's wound, the Wound Care Physician confirmed the gnats on the resident's left leg dressing and the drainage. He stated the wound had a lot of moisture and that was attracting the gnats to the left leg. The Wound Care Physician stated he had seen gnats in the room on previous visits.</p> <p>During an interview on 5/9/2024 at 11:50 am, LPN OO stated that for the last two years, the facility had been having problems with gnats. LPN OO stated she had never reported the gnats to anyone, and she did not realize they were in R6's room that bad until the surveyor brought it to her attention.</p> <p>During an interview on 5/9/2024 at 11:54 am, UM JJ stated she was not aware of the gnat problem until the surveyor brought it to her attention on 5/2/2024 and 5/3/2024 and that she immediately reported the gnats to the Maintenance Department.</p> <p>During an interview on 5/15/2024, the DHS stated that she expects the nurses to assess the residents and notify the physician as needed. She stated that R6 was more relaxed since his pain medication had been adjusted.</p>		

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<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38997</p> <p>Based on record review, staff interviews, and the State of Georgia Nurse Aide Registry Nurse Aide Certification Renewal the facility failed to ensure that two Certified Nursing Assistance (CNA) certifications were renewed out of ten employee files selected for review. One CNA TT worked six months with an expired certification and CNA UU worked thirty days with an expired certification. The facility's census was one hundred and fifty-five residents.</p> <p>Findings included:</p> <p>A review of the State of Georgia Nurse Aide Registry Nurse Aide Certification Renewal revealed that to remain on the Registry and to be eligible to work in a licensed Medicaid & Medicare facility, you must meet the requirements for Re-Certification. Failure to return the Application for Renewal as a Certified Nurse Aide will result in your name being removed from the Georgia Nurse Aide Registry and will not be eligible to work as a nurse aide by a licensed Medicaid facility.</p> <p>1. A review of CNA TT's employee file revealed the original certification date of [DATE]. The employee certification expired on [DATE]. The employee worked twenty-two weeks before the facility identified that the employee's certification had lapsed. The employee certification was not renewed until [DATE].</p> <p>During an interview on [DATE] at 10:27 am, CNA TT stated that the facility has a person who usually reminds the staff when certification needs to be renewed. The CNA stated she was not sure what happened last year and why she did not receive a reminder. She stated she worked for several months without her certification being renewed and as soon as the facility realized the certification needed to be renewed, it was taken care of.</p> <p>2. A review of CNA UU's employee file revealed an original certification date of [DATE]. The employee certification expired on [DATE]. The employee worked four weeks before the facility identified that the employee's certification had lapsed. The employee certification was not renewed until [DATE].</p> <p>During an interview on [DATE] at 12:30 pm, CNU UU confirmed that she did work for about a month without her certification being renewed. She stated as soon as it was discovered the facility assisted her with getting the certification renewed.</p> <p>During an interview on [DATE] at 10:47 am, the Human Resources Director (HRD) confirmed that CNA TT worked for six months without her certification being renewed. She stated CNA UU worked for approximately one month without her certification being renewed. The facility identified that both employees' certifications had lapsed on [DATE]. She stated when the issue was identified, both CNAs were pulled from resident care until their certification was updated. The HRD stated previous Education Coordinator was responsible for ensuring the license and certifications were updated and was not performing their job duties.</p>		

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<p>F 0755</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38997</p> <p>Based on observation, record review, staff interviews, and the facility policy Administering Medications the facility failed to ensure one of forty-three sampled residents (R) (R15) was receiving medications as prescribed by the psychiatrist. The pharmacy continued to dispense Fluoxetine (Prozac) to R15 after it was discontinued on 6/29/2023 by the psychiatrist. Harm was identified to have occurred when R15 was administered Fluoxetine (Prozac) for forty-eight weeks after it was discontinued on 6/29/2023, resulting in increasing unusual behavior, a low-grade temperature, swelling in bilateral knees, and going from ambulating independently to not being able to ambulate.</p> <p>Findings included:</p> <p>A review of the facility policy titled Administering Medications dated April 2019 revealed that medications are administered in a safe and timely manner, and as prescribed. Only persons licensed or permitted by this state to prepare, administer, and document the administration of medications may do so. The Director of Nursing Services (DNS) supervises and directs all personnel who administer medications and/or have related functions. Medications are administered in accordance with prescriber orders, including any required time frame. If a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication will contact the prescriber, the resident's attending physician or the facility's medical director to discuss the concerns. The individual administering the medication checks the label three times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication.</p> <p>During an observation of R15's medication administration on 6/20/2024 at 10:19 am with a Licensed Practical Nurse (LPN) NN, the following medications were observed to be administered to R15:</p> <p>Amlodipine Besylate (Norvasc) 5 milligrams (mg) 1</p> <p>Aspirin 81 mg 1 over-the-counter (OTC)</p> <p>Depakote sprinkle 125 mg 1 (placed in water)</p> <p>Diclofenac Sodium External Gel (applied to the right and left knee)</p> <p>Escitalopram (Lexapro) 5mg/5 milliliters (ml)</p> <p>Fluoxetine (Prozac) 10 mg 1</p> <p>Metformin 500 mg 1</p> <p>Methimazole 5 mg 1</p> <p>Metoprolol Succinate Extended Release (ER) 50 mg 1</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Multiple Vitamins 1 (OTC)</p> <p>Omeprazole 20 mg 1</p> <p>Potassium Chloride ER 10 milliequivalent 1</p> <p>Prednisone 10 mg 1</p> <p>During the reconciliation of the medication pass, there was no physician order for Fluoxetine (Prozac) 10 mg.</p> <p>A review of the Admission Record for R15 revealed she was admitted to the facility on [DATE] with diagnoses of, but not limited to, major depressive disorder, osteoarthritis, thyrotoxicosis, and unspecified dementia, severe, with other behavioral disturbances.</p> <p>A review of the Psychiatrist Progress Note dated 6/28/2023 revealed that R15 was seen for initial psych evaluation and ongoing management of symptoms related to cognitive impairment/behaviors. Coordination of Care: Discussed with nursing, discussed with social services, reviewed medications, reviewed chart, discussion of medication side effects. Psychotropic medication (include dosage, frequency): Prozac 10mg by mouth (PO) every am for depression, Trazodone 50mg PO every night for sleep, Melatonin 3 mg PO every night for sleep, Depakote DR 125mg PO twice a day for mood/agitation. Recommendations for Primary Care Physician/Facility Staff: will stop Prozac and start R15 on Lexapro solution 10 mg PO every morning for agitated dysphoria.</p> <p>A review of the Physician Order dated 6/29/2023 revealed discontinuation of Fluoxetine (Prozac) 10 mg. Discontinue Order ePrescription Sent Successfully 6/29/2023 3:25 pm to the pharmacy. The order was signed by the Medical Director.</p> <p>A review of the Pharmacy Medication Regimen Review for July 2023 through May 2024 revealed the pharmacist conducted monthly reviews. There were no pharmacy recommendations for R15 and/or Fluoxetine (Prozac).</p> <p>A review of the Pharmacy Med Room, Med Cart & Nursing Station Inspection Report conducted by the Pharmacy Nurse Consultant from 9/8/2023 to 6/3/2024 revealed the nurse consultant conducted monthly medication cart audits twice a month. There was no documentation of a medication cart audit for R15.</p> <p>During an interview on 6/25/2024 at 1:00 pm, the Executive Director stated in August 2023 the facility was transitioning from one pharmacy to the current pharmacy. She stated that the current pharmacy physically picked up all the resident physician orders on or around 6/23/2023. She stated that the nursing staff were educated to fax all orders after 6/23/2023 to both pharmacies. She stated that R15 order to discontinue the Fluoxetine (Prozac) was on 6/29/2024 and should have been faxed to both pharmacies. The Executive Director stated the pharmacy did not reconcile R15's medication orders. She stated that the facility has started a medication cart audit, and the pharmacy is in the process of also completing a facility-wide medication cart audit. The medication cart audit is to ensure that residents are getting the medications as ordered by the physician.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A post-survey telephone interview on 6/27/2024 at 1:00 pm with the Pharmacy Nurse Consultant stated onsite visits to the facility are conducted twice a month. She stated she is responsible for medication cart audits. The Nurse Consultant stated during her visits to the facility she does not audit every resident medication cart. She stated the medication cart audit is randomly selected. She is aware that the pharmacy continued to dispense a medication for R15 that had been discontinued. The Nurse Consultant stated she has not completed a medication cart audit on R15. She stated that the pharmacy has planned to come in on Friday 6/28/2024 and complete a facility-wide medication cart audit on the residents that are currently in the facility.</p> <p>Cross-refer to F-Tag 684 and 757</p>

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<p>F 0757</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38997</p> <p>Based on interviews, record review, and review of facility policy titled Administering Medications, the facility failed to ensure one of two residents (R) (R15) was free from unnecessary psychotropic medications. Resident (R15) was administered Fluoxetine (Prozac) during a medication observation. Harm was identified to have occurred when R15 was administered Fluoxetine (Prozac) for forty-eight weeks after it was discontinued on 6/29/2023, resulting in increasing unusual behavior, a low-grade temperature, swelling in bilateral knees, and going from ambulating independently to not being able to ambulate.</p> <p>Findings included:</p> <p>A review of the Admission Record for R15 revealed she was admitted to the facility on [DATE] with diagnoses of, but not limited to, major depressive disorder, osteoarthritis, thyrotoxicosis, and unspecified dementia, severe, with other behavioral disturbances.</p> <p>A review of the resident's most recent quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) was assessed as 00 which indicated severe cognitive impairment. Section N R15 was assessed as receiving antidepressants in this assessment period.</p> <p>An observation of R15's medication administration on 6/20/2024 at 10:19 am with Licensed Practical Nurse (LPN) NN the following medications were administered to R15:</p> <p>Amlodipine Besylate (Norvasc) 5 milligrams (mg) 1</p> <p>Aspirin 81 mg 1 (over the counter OTC)</p> <p>Depakote sprinkle 125 mg 1 (placed in water)</p> <p>Diclofenac Sodium External Gel (applied to the right and left knee)</p> <p>Escitalopram (Lexapro) 5mg/5 milliliters (ml)</p> <p>Fluoxetine (Prozac) 10 mg 1</p> <p>Metformin 500 mg 1</p> <p>Methimazole 5 mg 1</p> <p>Metoprolol Succinate Extended Release (ER) 50 mg 1</p> <p>Multiple Vitamins 1 (OTC)</p> <p>Omeprazole 20 mg 1</p> <p>Potassium Chloride ER 10 milliequivalent 1</p> <p>(continued on next page)</p>

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<p>F 0757</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Prednisone 10 mg 1</p> <p>During the reconciliation of the medication pass, there was no physician order for Fluoxetine (Prozac) 10 mg.</p> <p>A review of the Order Summary Report revealed a physician order dated 1/17/2024 Observe closely for side effects of Antipsychotic medication including dry mouth, constipation, blurred vision, disorientation or confusion, difficulty urinating, hypotension, dark urine, yellow skin, nausea or vomiting, lethargy, drooling, EPS symptoms (tremors, disturbed gait, increased agitation, restlessness, involuntary movement of mouth or tongue) every shift Document: 'Y' if monitored and none of the above observed. 'N' if monitored and any of the above was observed, select chart code 'Other/ See Nurses Notes' and progress note findings.</p> <p>An interview on 6/20/2024 at 2:35 pm with LPN NN confirmed that the Fluoxetine (Prozac) 10 mg capsule is a medication that is in R15's strip pack. The LPN stated on the days that she works Fluoxetine (Prozac) is administered to R15. She confirmed that the Fluoxetine (Prozac) was not listed on R15's Medication Administration Record (MAR).</p> <p>An interview on 6/25/2024 at 10:40 am with LPN NN stated she just started in the role as a nurse in February 2024. The LPN stated all her education/in-services have been provided by the staff in the facility. The LPN stated the facility does provide resources (i.e. Drug Handbooks) on each medication cart. She stated in the future she will make sure she is checking the MAR and the medication in the strip packs for accuracy. She stated if it is a question about the residents medication, she will notify the physician or Nurse Practitioner. The LPN expressed she is open and willing to learn.</p> <p>An interview on 6/25/2024 at 11:00 am with the Director of Health Services (DHS) stated that LPN NN was hired in 2/2024 and has not had a Medication Pass completed. She stated she would schedule a medication pass with the Pharmacy Nurse Consultant for LPN NN. She stated she would also do random medication passes with the nurses in the facility. She stated the staff will be in-service on medication passes and assess residents who are administered psychotropic medication. She stated the facility is in does not have a Staff Educator and is in the process of hiring someone.</p> <p>A post-survey telephone interview on 6/27/2024 at 1:00 pm with the Pharmacy Nurse Consultant stated onsite visits to the facility are conducted twice a month. She stated she is responsible for medication passes with the nursing staff. She stated She will conduct a medication pass with the nursing staff that are working during the time she is in the facility. The Pharmacy Nurse Consultant stated she has not done a medication pass with LPN NN. She stated she and the DHS would arrange to conduct a medication pass with LPN NN.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility policy titled Administering Medications dated April 2019 revealed that medications are administered in a safe and timely manner, and as prescribed. Only persons licensed or permitted by this state to prepare, administer, and document the administration of medications may do so. The Director of Nursing Services supervises and directs all personnel who administer medications and/or have related functions. Medications are administered in accordance with prescriber orders, including any required time frame. If a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication will contact the prescriber, the resident's attending physician or the facility's medical director to discuss the concerns. The individual administering the medication checks the label three times to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication.</p> <p>Cross Refer to F-tag 684 and 755</p>

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>38997</p> <p>Based on staff interviews, record review, and review of the facility's policies titled Background Screening Investigations and Hiring Process, the facility failed to ensure that one of three staff members (Registered Nurse (RN) HH) had the required licensure to provide nursing care to the residents. The facility census was 150 residents.</p> <p>Findings included:</p> <p>A review of the facility policy titled Background Screening Investigations dated April 2021, revealed that any licensed professional applying for a position that may involve direct contact with residents, his/her respective licensing board is contacted to determine if any sanctions have been assessed against the applicant's license.</p> <p>A review of the facility policy titled Hiring Process dated 1/21/2024 revealed that this policy provides guidance for the hiring of team members. The Human Resources Director is responsible for overseeing all aspects of the hiring process, which includes: Human Resources will obtain copy of two forms of identification and will verify license or certification prior to an offer being made.</p> <p>A review of the employee files revealed RN HH was hired on 11/3/2023. However, a review of her personnel file revealed the Professional Licensing status of the RN license had lapsed. The lapsed Georgia license was not identified prior to hire by Human Resources staff.</p> <p>A review of RN HH's Team Member Information revealed she was hired as an RN Supervisor.</p> <p>A review of RN HH's Time-Card revealed she worked in the facility on 11/2/2023 for 7.67 hours.</p> <p>In an interview on 5/17/2024 at 10:47 am, the Executive Director, Assistant Executive Director, and Human Resources Director (HRD) revealed the facility was unaware that RN HH's RN license had lapsed at the time of the interview and hire date. The HRD stated the employee only worked one day and did not return. The HRD stated RN HH quit without providing the facility with a notice. The HRD further stated it was her responsibility to conduct the final check of the potential employee's application. She stated she was responsible for checking the applications for completeness, which included initiating the Team Member Information, completing the Employment Eligibility Verification and the I-9 information, verifying professional license and certifications, and ensuring that the criminal background checks and fingerprint records check were completed before the employee began work. The Executive Director stated there were very few controls in place and that the staff that were employed was circumventing the system. She stated that is why the current HRD was hired to put policies and procedures in place to ensure the facility was following State and Federal requirements.</p>

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<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>38997</p> <p>Based on observation, staff interviews, and review of the facility policies titled Cleaning and Disinfection of Resident-Care Items and Equipment, and Administering Medications, the facility failed to maintain infection control standards by not cleaning and disinfecting reusable items between residents, and not performing hand hygiene after assisting a resident and picking paper up off the floor during a medication observation. The facility census was 150 residents.</p> <p>Findings included:</p> <p>A review of the policy titled Cleaning and Disinfection of Resident-Care Items and Equipment with a revised date of September 2022, revealed that resident-care equipment, including reusable items and durable medical equipment, will be cleaned and disinfected according to current Centers for Disease Control and Prevention (CDC) recommendations for disinfection and the OSHA Bloodborne Pathogens Standard. It is further noted that reusable items are cleaned and disinfected or sterilized between residents (e.g., stethoscopes, and durable medical equipment).</p> <p>A review of the policy titled Administering Medications with a revised date of April 2019, revealed that medication is administered in a safe and timely manner, and as prescribed. It is further noted that staff is required to follow established facility infection control procedures (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc.) during the administration of medications.</p> <p>During a medication administration observation on 6/20/2024 at 9:52 am, Registered Nurse (RN) SS obtained R19's blood pressure with a wrist blood pressure monitor. RN SS then used the same wrist blood pressure monitor and obtained R6 blood pressure. The wrist blood pressure machine was not cleaned and disinfected after use between residents. As the observation continued, RN SS assisted a resident out of the way by touching the wheelchair. The RN did not perform hand hygiene after this encounter and proceeded to pick up R6's medication and enter the room. While in the room, an item fell off the resident's overbed table onto the floor. RN SS picked the item up off the floor, took R6's blood pressure, and administered the resident's medication. The RN did not perform hand hygiene at all during this observation.</p> <p>During an interview on 6/20/2024 at 10:00 am, RN SS stated the wrist blood pressure monitor should have been clean after obtaining R19's blood pressure and confirmed that she did not use appropriate hand hygiene during the medication observation.</p> <p>During an interview on 6/20/2024 at 10:05 am, the Director of Health Services (DHS) stated that the staff should always clean and disinfect resident equipment after use between residents. The DHS stated hand hygiene should be conducted to prevent the spread of germs.</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38997</p> <p>Based on record review, staff interviews, and the facility policy titled Coronavirus Disease (COVID-19) - Vaccination of Residents, the facility failed to obtain vaccination consent before administering COVID-19 vaccines on two of five Residents (R) (R1 and R10) reviewed for vaccination status.</p> <p>Findings included:</p> <p>A review of the policy titled Coronavirus Disease (COVID-19) - Vaccination of Residents with a revised date of May 2023 revealed the following: Each resident is offered the COVID-19 vaccine unless the immunization is medically contraindicated, or the resident is fully vaccinated.</p> <p>The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>a. That the resident or resident representative was provided education regarding the benefits and potential risks associated with the COVID-19 vaccine including (1) samples of the educational materials used; (2) the date the education took place; and (3) the name of the individual who received the education.</p> <p>b. Signed consent.</p> <p>1. A review of R1 Electronic Medical Record (EMR) revealed an admitted [DATE] with multiple diagnoses of, but not limited to, chronic diastolic (congestive) heart failure and chronic systolic (congestive) heart failure.</p> <p>A further review of R1's EMR revealed a Physician Order Report dated 2/3/2021 noting First and Second dose of COVID vaccine to be given.</p> <p>A review of the Physician Order Report dated 2/24/2021 revealed a second (COVID-19 vaccine) 0.3 milliliters times one dose.</p> <p>A review of the Physician Order Report dated 4/1/2022 revealed (COVID-19 vaccine) 0.3 milliliters intramuscular once.</p> <p>A review of the Immunization Report revealed that R1 received a COVID-19 vaccine on 2/3/2021, 2/24/2021, and 4/1/2022. There was no documentation in R1's EMR that vaccination consent before administering COVID-19 vaccines was obtained.</p> <p>2. A review of R10 EMR revealed an admitted [DATE] with multiple diagnoses of, but not limited to, hemiplegia and hemiparesis following cerebral infarction affecting the right dominant side.</p> <p>Further Review of R10 EMR revealed a Physician Order Report on 2/3/2021 (COVID-19 vaccine) 0.3 milliliters administered today.</p> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of R10 EMR revealed a Physician Order Report on 12/22/2021 (COVID-19 vaccine) 0.3 milliliters intramuscular once.</p> <p>A review of R10 EMR revealed a Physician Order Report on 12/9/2022 (COVID-19 vaccine) 0.3 milliliters intramuscular once.</p> <p>A review of the Preventive Health Care document revealed that R10 received a COVID-19 vaccine on 2/3/2021, 12/22/2021, and 12/9/2022. There was no documentation in the EMR that vaccination consent before administering COVID-19 vaccines was obtained.</p> <p>During an interview on 6/5/2024 at 11:08 am, the Director of Health Services (DHS) stated education should be provided before a resident receives any vaccine. She further stated that after the education is completed, consent should be obtained before administering the vaccine. The DHS confirmed that R1 and R10 did not have a signed consent form for the COVID-19 vaccines that were administered.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38997</p> <p>Based on observations, interviews, and a review of the facility's policies titled Pest Control and Maintenance Service, the facility failed to maintain an effective pest control program on one of four units (Unit B) related to an infestation of black gnats.</p> <p>Findings included:</p> <p>A review of the facility policy titled Pest Control dated May 2008 revealed that it is the facility's policy that it shall maintain an effective pest control program. It is noted that the facility maintains an ongoing pest control program to ensure that the building is kept free of insects and rodents. Maintenance services assist, when appropriate and necessary, in providing pest control services.</p> <p>A review of the facility policy titled Maintenance Service with a revised date of December 2009 states that maintenance service shall be provided to all areas of the building, grounds, and equipment and that the maintenance department will monitor and oversee the pest control program.</p> <p>1. A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that R6 was admitted to the facility on [DATE] and presented with a Brief Interview for Mental Status (BIMS) score of fifteen, indicating that the resident is cognitively intact.</p> <p>During an observation on 5/2/2024 at 11:30 am, a swarm of live black gnats was observed flying around R6's room. The gnats were observed lying on and flying around his left leg. An outlet with a gnat trapper was observed next to R6's bedside dressers. During an interview with R6 at this time, he stated the gnats had been an ongoing problem and that the Maintenance Department installed a gnat trapper. The resident stated he was not sure if the gnat trapper was working properly because the gnats were still a concern.</p> <p>2. An observation on 5/3/2024 at 2:30 pm revealed a massive amount of live black gnats swarming in room B18.</p> <p>3. An observation on 5/3/2024 at 3:30 pm revealed a massive amount of live black gnats swarming in room B20.</p> <p>4. An observation on 5/7/2024 at 10:15 am revealed a massive amount of live black gnats swarming in room B10.</p> <p>5. During an observation on 5/9/2024 at 12:05 pm of the bathroom shared by Room B14 and B16, a massive amount of live black gnats was observed.</p> <p>During an interview and observation on 5/2/2024 at 2:39 pm with the Executive Director, Assistant Executive Director, and the Environmental Service Director, they all confirmed the plethora of live black gnats on Unit B.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview and observation on 5/3/2024 at 2:35 pm with Unit Manager JJ confirmed that she was aware of the enormous number of live black gnats in room B18. She stated she would notify the Director of Health Service and the Maintenance Director immediately.</p> <p>During an interview on 5/8/2024 at 1:57 pm, Maintenance Director QQ stated he oversees the pest control program. He stated the pest control company provides service to the building weekly (Wednesday). The Maintenance Director explained the process of how the staff report pests. He stated each unit has a pest control logbook at the nursing station and the staff are required to place the type of pest and where the problem is in the log. He stated the receptionist also has a book that can be used by staff. He stated that he checks the pest control log books daily and treats problem areas as needed in between technician visits. He stated that when the technician arrives, he will check each book, treats the problem areas, and communicates which areas were treated prior to leaving the building. He stated the facility has no issues with pests and the only pests he has seen in the facility are dead roaches. He stated he was unaware that the facility has gnats and that 5/2/2024 was the very first time he was made aware of the gnats in the facility. He stated the pest control company came out today (5/8/2024) and serviced the building.</p> <p>During an interview on 5/8/2024 at 2:55 pm, Licensed Practical Nurse (LPN) LL stated that she has never heard of a pest control logbook and that she reports all maintenance concerns through the electronic maintenance system.</p> <p>During an interview on 5/9/2024 at 11:50 am, LPN OO stated that the facility had been having problems with gnats for the last two years, but she did not realize it was as bad as it was in R6's room. The LPN also confirmed the live black gnats in the bathroom shared by rooms B14 and B16.</p>		