

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

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Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>115551                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY<br>COMPLETED<br><br>12/04/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Cumming Operating Company LLC                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2775 Castleberry Road<br>Cumming, GA 30040 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |                                                 |
| F 0689<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, staff interviews, record review, and review of the facility's policy titled, Safe Water Temperatures Policy, the facility failed to ensure hot water temperatures remained within safe limits in 10 of 24 Rooms (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], 200 Hall Shower Room, and the 300 Hall Shower Room) on two of four hallways (200 Hall and 300 Hall). The deficient practice had the potential to place residents at risk of injury. Residents on two of four Halls had the potential to be affected. The facility census was 87 residents. Findings include: A review of the facility's policy titled, Safe Water Temperatures Policy last reviewed/revised 7/25/2025, documented under Policy Explanation and Compliance Guidelines: .4. Staff will report abnormal findings, such as complaints of water too cold, or hot, burns or redness, or any problems with water temperature (ex. Water is painful to touch or causes redness), 5. Water temperatures will be set to a temperature of no more than 109 Fahrenheit (F), or the state's allowable maximum water temperature, 6. Maintenance staff will check water heater temperature controls and the temperatures of tap water in all hot water circuits weekly and as needed. 7. Documentation of testing will be maintained for 3 years and kept in the maintenance office. Observations on 12/2/2025 at 11:01 am in room [ROOM NUMBER] revealed water was hot to touch. Observation and Interview on 12/2/2025 at 11:15 am with the Maintenance Director (MD) revealed he arrived with a facility thermometer and checked hot water temperatures on the 200 and 300 hallways that revealed: room [ROOM NUMBER] with reading of 126.0 degrees Fahrenheit (F). room [ROOM NUMBER] with reading of 127.0 degrees F. room [ROOM NUMBER] with reading of 125.0 degrees F. room [ROOM NUMBER] with reading of 122.7 degrees F. room [ROOM NUMBER] with reading of 127.0 degrees F. room [ROOM NUMBER] with reading of 127.0 degrees F. 200 Hall Shower Room with reading of 126.0 degrees F. 300 Hall Shower Room with reading of 128.5 degrees F. The MD confirmed that he knew hot water temperatures should be below 110 degrees F. Further, he revealed that he checked water temperatures weekly, and the mixing valve had been changed about three weeks ago. The MD presented an invoice of a mixing valve purchased on 10/22/2025 and installed on 11/13/2025. Observations on 12/2/2025 at 4:04 pm to 4:18 pm of recheck of hot water temperatures revealed 200 and 300 hallways temperatures were: room [ROOM NUMBER] with a reading of 106.4 degrees F. room [ROOM NUMBER] with a reading of 108.6 degrees F. The 200 Hall shower room with a reading of 110.2 degrees F. room [ROOM NUMBER] with a reading of 111 degrees F. room [ROOM NUMBER] with a reading of 111 degrees F. Observations on 12/3/2025 at 11:09 am to 11:18 am rechecks of hot water temperatures revealed: room [ROOM NUMBER] with a reading of 95.0 degrees F. room [ROOM NUMBER] with a reading of 89.9 degrees F. room [ROOM NUMBER] with a reading of 95.1 degrees F. room [ROOM NUMBER] with a reading of 93.7 degrees F. 200 Hall shower central bath with a reading of 95.2 degrees F. 300 Hall shower central bath with a reading of 93.6 degrees F. Interview on 12/4/2025 at 1:16 pm with the Administrator revealed that expectations were for water checks to be done weekly by the MD. He allowed the MD to do things he was able to do, but if (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.

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|--------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE                                                              |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>115551 | Facility ID:<br><br>115551<br><br>If continuation sheet<br>Page 1 of 2 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Cumming Operating Company LLC                                                                  |                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2775 Castleberry Road<br>Cumming, GA 30040 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                               |                                                                                         |                                                 |
| F 0689<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | something major came up, they would call the plumber immediately. The Administrator confirmed that he was aware of the hot water temperatures on the 200 and 300 Halls and was told by MD on 12/2/2025. |                                                                                         |                                                 |