

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Healthcare at College Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1765 Temple Avenue College Park, GA 30337	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38154</p> <p>Based on observation, interviews, review of relevant facility documentation, and review of the facility policy titled Abuse, Neglect, Exploitation, or Misappropriation-Reporting and Investigating, the facility failed to protect one of seven sampled residents (R5) from sexual abuse by another resident, R425. This deficiency had the potential to place R5 and other residents at risk for repeated sexual abuse.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Abuse, Neglect, Exploitation, or Misappropriation-Reporting and Investigating revised September 2022, revealed the following:</p> <p>Reporting Allegations to the Administrator and Authorities, #6: Upon receiving any allegations of abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source, the administrator is responsible for determining what actions (if any) are needed for the protection of residents.</p> <p>Review of the electronic medical record (EMR) for R5 revealed she was a [AGE] year-old female admitted to the facility with diagnoses to include multiple sclerosis, obstructive sleep apnea, end-stage renal disease with hemodialysis, left hand contracture, idiopathic peripheral autonomic neuropathy, mood disorder, and major depressive disorder</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment, dated 6/25/24, documented a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment; a Mood score of zero, indicating no depression; and exhibited verbal behavioral symptoms directed towards others. In addition, she required maximum to dependent assistance for toileting hygiene, bathing, and dressing; setup for wheelchair mobility. She received antidepressant, diuretic, opioid, and hypoglycemic medications.</p> <p>Review of the Care Plan documented focus areas to include antidepressant medication and limited mobility related to stroke/hemiplegia, initiated 7/24/24.</p> <p>Review of the EMR for R425 revealed he was a [AGE] year old male admitted to the facility with diagnoses to include cerebral infarction with right-sided hemiplegia, and major depressive disorder.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Healthcare at College Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1765 Temple Avenue College Park, GA 30337	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Quarterly MDS assessment, dated 11/29/23, documented a BIMS score of 14, indicating no cognitive impairment, a Mood score of 0, indicating no depression, and exhibited no behaviors. He required setup to supervision for all activities of daily living (ADLs).</p> <p>Review of the Care Plan for R425 revealed focus areas to include risk for alcohol intoxication, risk for injury related to smoking, non-compliance with medical care, verbally aggressive behavior, potential for adverse effects related to psychotropic medications, and physical altercations.</p> <p>Review of the Facility Reported Incidents (FRIs) dated 8/1/2023 through 8/6/2024 revealed</p> <p>FRI # 202313358 dated 12/11/23 which documented an abuse allegation involving R425 touching R5 inappropriately. The allegation was substantiated the same day, R425 was transferred to a local hospital for psychiatric evaluation and did not return.</p> <p>In an observation/interview with R5 in her room on 8/8/24 at 10:45 am, she was alert, oriented, and pleasant; dressed and groomed. She stated she was doing well and the facility staff took good care of her. She stated R425 groped her a few months ago when he walked up to her in her wheelchair and started rubbing on her legs. She stated she reported the incident immediately to staff and R425 was discharged from the facility not long after. She stated the facility staff acted immediately and she was pleased with how everything was handled. She stated R425 had a history of hitting and groping other residents, usually when he was drunk. When asked how she knew he was drunk, she stated he just looked like it. She stated he even hit her on the left side of her head a few weeks prior to the day he touched her inappropriately. She stated she now feels safe in the facility.</p> <p>In an interview with the Director of Nursing (DON) on 8/12/24 at 5:26 pm, she confirmed there was a substantiated sexual abuse allegation involving R5 and R425. She stated the two residents had once dated and periodically had conflict with each other but R5 was discharged from the facility after the last incident and now resides in an assisted living facility.</p> <p>In an interview with the Administrator on 8/12/24 at 6:00 pm, she stated she was not employed at the facility at the time of the incident and could not speak to the manner in which multiple allegations involving R425 were managed. She stated she would always advocate for the health and safety of the residents in her care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Healthcare at College Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1765 Temple Avenue College Park, GA 30337	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>44757</p> <p>Based on record review, staff interviews and review of the facility policy titled, Resident Assessment-Coordination with PASARR Program the facility failed to follow PASARR level II program recommendations for one of 28 residents (R)420 with a PASARR level II.</p> <p>Findings include:</p> <p>A review of the facility policy titled, Resident Assessment- Coordination with PASARR Program revealed 7. Recommendations, such as any specialized services, from a PASARR level II determination and/or PASARR evaluation report will be incorporated into the assessment, care planning, and transitions of care.</p> <p>A review of the medical records for R420 revealed a PASARR level II which documented recommendations for R420. The facility was able to complete a behavioral health assessment through CHE Behavioral Health. The PASARR level II further recommended, due to circumstances of this admit and diagnosis and onset of major stressors, specialized mental health services are recommended during SNF stay; specifically psychiatric care for assessment and medication monitoring, behavioral health monitoring and individual counseling for coping and adjustment as needed and desired. Recommend behavioral assessment to rule out history of depressive disorder. Relapse prevention is recommended. Crisis intervention is recommended as needed, the development of individualized interventions to maintain emotional and other health stability. Support and presence from her friends during stay is recommended. Other social and mental stimulation is recommended. Cognitive assessment to assist with care planning is recommended, and other care goals is recommended staff support for doing what's most important to her is recommended.</p> <p>An interview on 8/8/2024 at 10:57 am with the Director of Nursing (DON) revealed she has been working at the facility for two years. She revealed she was working at the facility when R420 was a resident and was familiar with R420's needs. When asked about the PASARR level II recommendations for R420 and how the facility addressed them, the DON was able to pull out the PASARR book. She informed R420 was seen by CHE Behavioral health and the assessment goes to mental health. The facility follows behind the residents every morning to ensure they are receiving the proper treatment. The DON revealed the assessment documented R420 has suicidal ideations but does not remember R420 stating anything related to that. The DON read through the recommendations which documented a referral for psychological assessment and behavior monitoring, stating we did both.</p> <p>She revealed the facility does not restrict visitation and had to end visitation for R420's significant other when he wanted to spend the night.</p> <p>She further revealed the recommendations were care planned but the behavior monitoring could have possibly been just for the diagnosis, care planned for behavior health. The DON revealed staff did not receive any special training but do receive behavioral health training quarterly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Healthcare at College Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1765 Temple Avenue College Park, GA 30337	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Continued interview with the DON revealed R420 did not receive any psych therapies although behavior monitoring was completed every shift which are 8 hours. She further revealed R420 did have behavioral episodes but only when it came to her boyfriend. When she pulled the MAR, the DON revealed she did not see any behavior monitoring documented on the MAR. In addition, she checked one other place in the electronic medical record and was not able to see any documentation for behavioral health monitoring. She revealed she is unsure of how she was not able to catch that. She revealed none of R420's diagnosis warranted the monitoring which is why she feels the nurse missed it but she should not have missed it. The DON revealed if these recommendations are not followed it will cause an increase in behaviors and more issues of defense with the residents.</p> <p>An interview on 8/8/2024 at 3:56 pm with the Administrator revealed she was not at the facility when R420 was a resident and has only been here for four months. She stated with PASARR's the social services coordinator does a review/audit to make sure they are in place.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Healthcare at College Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1765 Temple Avenue College Park, GA 30337	

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 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** 47947</p> <p>Based on record review, staff interview, and a review of the facility's policy Comprehensive Care Plans the facility failed to develop a care plan that was consistent with the resident's specific conditions, risks, needs, and current standards of practice for one residents (R) R45. The sample size was 39.</p> <p>Findings include:</p> <p>Review of the policy titled Comprehensive Care Plans revealed that:</p> <p>Is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment.</p> <p>Review of the Admission Minimum Data Set (MDS) assessment dated [DATE] revealed that R45 received dialysis while a resident.</p> <p>Review of electronic medical record (EMR) revealed R45 diagnoses included but not limited to end stage renal disease and dependence on renal dialysis.</p> <p>Review of the physicians' orders revealed R45 was to receive dialysis on (Tuesday, Thursday, Saturday).</p> <p>Interview on 8/9/24 at 3:30 pm with R45 revealed he is scheduled to receive off-site dialysis treatment three times per week.</p> <p>Interview on 8/12/24 at 10:20 am with Licensed Practical Nurse (LPN) Unit Manager DD revealed that nurses have access to an electronic care plan to add information after MDS assessment.</p> <p>Interview with the Minimum Data Set (MDS) coordinator on 8/12/24 at 10:25 am revealed that he was not aware of his responsibility of developing a care plan related to resident's specific conditions.</p> <p>During an interview with Director of Nursing (DON) on 8/12/24 at 10:30 am, she stated that developing a care plan is an MDS coordinator responsibility</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Healthcare at College Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1765 Temple Avenue College Park, GA 30337	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>50624</p> <p>Based on observation, interview, and record review the facility failed to provide services that met professional standards of quality by the failure to administer 5:00 pm medications on 8/9/24, for seven of nine Residents (R) 27, R32, R20, R21, R45, R26 and R13. This failure could have caused adverse reactions in all seven of the residents who missed their medications.</p> <p>Findings Include:</p> <p>On 8/6/24 at 8:35 pm Certified Medication Aide (CMA) FF began her medication administration for the first-floor residents. As she passed her scheduled medications, she would tear off pouches from the roll in each resident labeled box, in her medication cart. The perforated individual pouches with resident names, medication names, and time, and date to be administered were then put in a separate drawer in her cart. She had a paper list of the residents she was passing medications to and would consult that as she passed the medications.</p> <p>Review of physician's orders revealed that seven residents' medications had not been given on 8/9/24 between 4:30 pm and 5:30 pm and was verified by the resident's individual medication administration record (MAR). The following residents missed their 5:00 pm medications:</p> <p>R27 - med order dated 7/1/24, for Hydrocortisone tablet 10 milligram (mg), give one and a half tablet, scheduled at 5:00 pm.</p> <p>med order dated 7/1/24, for Potassium Chloride 10 MEQ, scheduled at 5:00 pm.</p> <p>med order dated 7/1/24, for Ferrous Sulfate 325 mg, scheduled at 5:00 pm.</p> <p>med order dated 7/1/24, for Omeprazole 20 mg, scheduled at 4:30 pm.</p> <p>For R32,</p> <p>An order dated 7/1/24, for Docusate sodium 100 mg scheduled at 5:00 pm.</p> <p>An order dated 7/1/24, for Venlafaxine 25 mg scheduled at 5:00 pm.</p> <p>R20 - med order dated 7/1/24, for Levetiracetam 750 mg, give two tablets, scheduled at 05:00 pm.</p> <p>med order dated 7/1/24, for Memantine 5 mg scheduled at 05:00 pm.</p> <p>med order dated 7/1/24, for Metoprolol tartrate 50 mg scheduled at 05:00 pm.</p> <p>R21 - med order dated 7/1/24, for Calcium Carbonate 650 mg scheduled at 5:00 pm.</p> <p>med order dated 7/1/24, for Niacin 500 mg scheduled at 05:00 pm.</p> <p>R45 - medorder dated 7/16/24, for Renvela 800 mg scheduled at 5:00 pm</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Healthcare at College Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1765 Temple Avenue College Park, GA 30337	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>med order dated 7/16/24, for Polyvinyl Alcohol Ophthalmic solution 1.4% scheduled at 5:00 pm.</p> <p>R26 - med order dated 6/29/24, for Xarelto 20 mg scheduled at 5:00 pm.</p> <p>med order dated 7/1/24, for Boost scheduled at 4:30 pm.</p> <p>med order dated 7/25/24, for Gabapentin 400 mg scheduled at 5:00 pm.</p> <p>R13 - med order dated 7/1/24, for Dextromethorphan-Guaifenesin 10-100 mg/5 milliliter (ml), give 5ml, scheduled at 5:00 pm</p> <p>med order dated 7/1/24, for Oyster Shell Calcium 500 mg scheduled at 5:00 pm.</p> <p>On 8/6/24 at 9:05 pm, CMA FF stated that the password they had given her for the electronic health record (EHR) would not work, so she used her written paper medication list to pass the residents' medications. CMA FF confirmed the medication pouches that were placed in the separate drawer of her cart were extra medications for each of the residents that she had administered medications to. CMA FF stated that the pouches were for the 5:00 pm medication pass for today (8/6/24). CMA FF confirmed that the medication pouches would be placed in the pharmacy return receptacle in the locked medication room. CMA FF stated that she could not say why the medications were not passed as she only took the cart at 7:00 pm.</p> <p>On 8/10/24 at 10:07 am, the director of nursing services (DNS) confirmed that the seven residents' medications were in the receptacle and that the CMA should have reported it to the nurse who should have reported it to her. The DON confirmed that she was aware that the password for CMA FF had not worked, and she had contacted the information technology (IT) to have it reset and could not remember what date that was completed on. She stated that they had paper medication administration records (MAR) at each nurse station for that floor. She confirmed and verified that the 5:00 pm, and 9:00 pm medications were not signed for on 8/6/24.</p> <p>Review of the facility Administering Medications policy revised April 2019, documented medications were to be administered in a safe and timely manner, and as prescribed. That staffing schedules were arranged to ensure that medications were administered without unnecessary delay. Medications were to be administered within one hour of their prescribed time. If a medication was withheld, refused, or given at a time other than the prescribed time the individual administering the medication shall make note.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Healthcare at College Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1765 Temple Avenue College Park, GA 30337	
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 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** 37650</p> <p>Based on observation, record review, resident and staff interviews, the facility failed to provide two hour check and change for one Resident (R14) dependent on staff for activities of daily living (ADLs) The sample size was 39.</p> <p>Findings include:</p> <p>Review of the medical record for R14 revealed an admitted [DATE] with diagnoses of but not limited to, esophageal reflux disease without esophagitis, neuromuscular dysfunction of bladder, paraplegia, and other lack of coordination.</p> <p>Review of the Minimum Data Set (MDS) assessment revealed R14 had a Brief Interview for Mental status (BIMS) score of 15, indicating R14 had no cognitive impairment.</p> <p>During an observation and interview on 8/12/2024 at 4:08 pm, R14 revealed she was not able to feel anything below her waist and was not sure when she was wet or soiled. Resident 14 revealed a Certified Nursing Assistant (CNA) changed her brief at 12:00 pm before lunch.</p> <p>During an interview on 8/12/2024 at 4:12 pm, CNA OO revealed she checked and changed R14 before lunch and did not check R14 until notified by this surveyor at 4:12 pm on 8/12/2024. The CNA OO revealed she offered R14 hydration at 3:00 pm but did not check R14's brief during that time. CNA OO reported she checked R14 at 4:18 pm, and R14 needed to be changed. Further during the interview CNA OO indicated she did not realize it had been more than two hours since R14 had been checked and changed.</p> <p>During an interview on 8/12/2024 at 4:22 pm, the Director of Nursing (DON) revealed residents who depend on staff for incontinent care should be checked and changed every two hours, and if they have increased incontinent periods; those residents are checked more frequently. The DON revealed she was not aware R14 had not been checked and changed since before lunch at or around 12:00 pm. The DON revealed her expectation is that the residents are checked and changed every two hours.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Healthcare at College Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1765 Temple Avenue College Park, GA 30337	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>50624</p> <p>Based on observation, interview, and record review the facility failed to ensure seven of nine sampled Residents (R) 27, R32, R20, R21, R45, R26 and R13 were free from a significant medication error related to not administering medications according to the physician orders. Specifically, when medications, such as metoprolol tartrate, potassium, venlafaxine, Xarelto, and gabapentin, scheduled for 5:00 pm on 8/6/24 were not administered as ordered.</p> <p>Findings Include:</p> <p>On 8/6/24 at 8:35 pm, Certified Medication Aide (CMA) FF passed medications for her assigned first-floor residents. As she passed her scheduled medications, it was noted that the following resident's did not receive their 5:00 pm medications as ordered., and CMA FF did not notify licensd staff.</p> <p>R27 - med order dated 7/1/24, for Potassium Chloride 10 MEQ with the adverse effect of hypokalemia, scheduled at 5:00 pm.</p> <p>R32 - med order dated 7/1/24, for Venlafaxine 25 mg with the adverse effect of increased depression, scheduled at 5:00 pm.</p> <p>R20 - med order dated 7/1/24, for Levetiracetam 750 mg with the adverse effect of seizure activity, give two tablets, scheduled at 5:00 pm.</p> <p>- med order dated 7/1/24, for Memantine 5 mg with the adverse effect of dementia, scheduled at 5:00 pm.</p> <p>- med order dated 7/1/24, for Metoprolol tartrate 50 mg with the adverse effects of high blood pressure, scheduled at 5:00 pm.</p> <p>R21 - med order dated 7/1/24, for Niacin 500 mg with an adverse effect of high cholesterol, scheduled at 5:00 pm.</p> <p>R45 - med order dated 7/16/24, for Renvela 800 mg with an adverse effect of increased phosphorus in the blood possibly causing acute kidney injury, scheduled at 5:00 pm</p> <p>R26 - med order dated 6/29/24, for Xarelto 20 mg with an adverse effect of internal bleeding, scheduled at 5:00 pm.</p> <p>- med order dated 0/25/24, for Gabapentin 400 mg with an adverse effect of increased pain, scheduled at 5:00 pm.</p> <p>On 8/6/24 at 9:05 pm CMA FF confirmed the medication pouches that were placed in the separate drawer of her cart were medications not given at the scheduled time for each of the residents that she had administered medications scheduled for her shift to. CMA FF stated that the pouches were for the 5:00 pm medication pass. CMA FF stated that she could not say why the medications were not passed as she only took the cart at 7:00 pm.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Healthcare at College Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1765 Temple Avenue College Park, GA 30337	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/10/24 at 10:07 am, the director of nursing (DON) confirmed that the seven residents' medications were in the receptacle and that the CMA should have reported it to the nurse who should have reported it to her. She stated that they had paper medication administration records (MAR) at each nurse station for that floor. She confirmed that the 5:00 pm medications were not signed for or given on 8/6/24.</p> <p>On 8/12/24 at 3:43 pm, licensed practical nurse (LPN) unit manager DD confirmed that she had not gotten any reports of medications not being administered as ordered. LPN DD stated that the nurse would notify the provider and, depending on the medication, the resident may require monitoring for adverse reactions.</p> <p>On 8/12/24 at 4:18 pm, provider extender HH stated that she would expect facility staff to call if a resident was exhibiting adverse effects of a missed medication, however she stated that several residents at this facility tend to refuse their medications, so she would not expect a call every time. Physician extender HH confirmed that she had gotten no reports of missed medications. She confirmed that levetiracetam could result in seizure activity, metoprolol tartrate could result in high blood pressure crisis, potassium could result in hypokalemia, and gabapentin could result in the resident having unnecessary pain.</p> <p>Review of the facility Administer Medication policy revised April 2019, documented that if a medication was believed to be excessive or inappropriate for a resident, or the medication was identified as having potential adverse effects or was suspected of being associated with adverse effects for the resident, the staff preparing or administering the medication would contact the prescriber, the residents primary physician, or the facilities medical director to discuss the concern.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Healthcare at College Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1765 Temple Avenue College Park, GA 30337	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50624</p> <p>Based on observation, interview, and record review the facility failed to secure a central supply storage room that contained medications and medical supplies.</p> <p>Findings Include:</p> <p>On 8/7/24 at 3:03 pm a central supply room on the first floor was observed open with no staff member in the room.</p> <p>On 8/7/24 at 3:05 pm, licensed practical nurse (LPN) PP confirmed and verified the door to the central supply room on the first floor was open and not locked. LPN PP confirmed there were no other staff members in the central supply room on the first floor. LPN PP stated the door to the central supply room didn't have to be kept shut or locked, it was where they stored supplies and where staff obtained supplies needed. LPN PP confirmed that there were over the counter medications in the room and stated they had never been told to keep this room closed and locked.</p> <p>On 8/7/24 at 3:10 pm the Director of Nursing (DON) revealed the door to this office belonged to the central supply clerk and the scheduler. The DON revealed supplies and over the counter medications were kept in the office and that office should have been shut and locked.</p> <p>Review of the facility's Medication Labeling and Storage policy revised February 2023, documented the facility stored all medications and biologicals in locked compartments under proper temperature, and light controls. Only authorized personnel had access to the keys.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Healthcare at College Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1765 Temple Avenue College Park, GA 30337	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49674</p> <p>Based on observations, interviews, and record reviews, the facility failed to assure that the ice machine was clean and properly functioning. The facility failed to maintain clean facility equipment and failed to document the cleaning of the ice machine. The census of the facility was 65.</p> <p>Findings include:</p> <p>On 8/6/2024 at 9:35 am a tour of the facilities kitchen was conducted with the Dietary Manager revealed the ice machine had a black residue. The residue appeared to be a result of build up from not being cleaned. It was confirmed that the residents in the facility was served ice from that machine.</p> <p>Record review of the log titled Ice Machine Cleaning Days, shows the last cleaning date was 8/6/2024 and had no issues. However, observation of ice machine on 8/6/2024, during the initial tour, revealed the ice machine had a black build up located on the inside where the ice is made. In addition there was no scoop for the ice located near the machine.</p> <p>In an interview on 8/8/2024 at 12:42 pm with the Administrator she revealed there was no policy relating to the facilities Ice Machine. She stated she was unaware of an ice machine in a facility needing a policy. She stated the facility keeps a log of each time the ice maker is cleaned. Her rationale for the ice maker having build up was that the responsible person needs in-service education relating to the proper maintenance of ice machines.</p> <p>In an interview with Dietary Kitchen Manager she revealed she had no knowledge of the ice machine being dirty. She stated if she was made aware it was not clean, she would not have served any of her resident's ice. She revealed that the kitchen staff is not in charge of cleaning the ice maker, the Housekeepers and Maintenance staff are responsible.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Healthcare at College Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1765 Temple Avenue College Park, GA 30337	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579</p> <p>Based on observation, record review, and resident and staff interviews, the facility failed to properly protect resident (R) R37 from the risk of infection related to resident having an external catheter and per policy, was on enhanced barrier precautions. The staff were to use personal protective equipment (PPE) when rendering care for R37. The facility census was 65.</p> <p>Findings included:</p> <p>Review of the electronic medical record for R37 revealed that he was admitted on [DATE]. He was admitted with diagnoses that included but were not limited to unspecified injury of the cervical spinal cord, quadriplegia, central pain syndrome, and type 2 diabetes mellitus with diabetic autonomic neuropathy, depression and anxiety.</p> <p>R37 was interviewed on 8/9/2024 at 10:48 am., and stated that when staff is providing care for him, they are not gowned up and has never been.</p> <p>An observation was conducted on 8/9/2024 at 11:25 am. This observation revealed that two certified nurse's aides (CNA) entered the room of R37 to provide care. The resident's door was noted to have an Enhanced Barrier Precautions signage, which means that staff is to don (put on) personal protective equipment (PPE) when rendering care with R37, related to his catheter. The two CNAs entered without donning PPE. They then closed the door behind them.</p> <p>During an interview with CNA BB, at 12:12 pm on 8/9/2024, she verified that R37 was the resident that was on EBP. She stated that she was not told that they needed to use PPE.</p> <p>CNA RR was interviewed at 12:13 pm on 8/9/2024. She stated that there is usually a stop sign on the door when it is a room that they need to gown up for. When asked if that sign, that was on the door of R37, meant that she should gown up, she stated no, but then stated that yes, she is supposed to gown up when rendering care for that resident.</p> <p>An interview with Director of Nursing was completed on 8/9/2024 at 5:50 pm. She stated that she expects staff to properly wear PPE in the rooms that it is required in. She stated that EBP is used to protect the residents.</p> <p>AS</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Healthcare at College Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1765 Temple Avenue College Park, GA 30337	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Implement a program that monitors antibiotic use.</p> <p>46579</p> <p>Based on interviews, record review and facility policy titled Antibiotic Stewardship, the facility failed to properly maintain an Antibiotic Stewardship Program. The deficient practice placed the resident at risk for not receiving the appropriate antibiotics to treat their infection and could place the resident at risk for developing antibiotic resistant infections. The facility census was 65.</p> <p>Findings:</p> <p>Review of the facility policy titled Antibiotic Stewardship with the revision date of December 2016, revealed that the policy statement is Antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program. The purpose of the facility's antibiotic stewardship program was revealed to monitor the use of antibiotics in their residents.</p> <p>Step 4 of the policy Interpretation revealed that if an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements: a. drug name, b. Dose, c. frequency of administration, d. duration of treatment, e. route of administration: and f. indications for use.</p> <p>Step 8 of the policy interpretation revealed that when a nurse calls the physician/prescriber to communicate a suspected infection, he or she will have the following information available: a. signs and symptoms; b. when symptoms were first observed; c. residents hydration status; d. current medication list; e. allergy information; f. infection type; g. any orders for warfarin and results of last INR; h. last creatinine clearance or serum creatinine, if available; and i. time of the last antibiotic dose.</p> <p>On 8/12/2024 at 3:28 pm, the Infection Preventionist (IP) provided infection control surveillance for February 2024 through July 2024. At that time she stated that she has been the IP since March of 2024. She stated that she obtained her certificate from the CDC on 2/24/2020.</p> <p>Review of the surveillance of infections revealed the following:</p> <p>7/2024, there were no infections but there were four (4) antibiotic starts for the whole month.</p> <p>6/2024, there was one (1) ear infection, and 3 antibiotic starts for the whole month.</p> <p>5/2024, there were 4 other skin infections and one urinary tract infection for the month. There was a total of nine antibiotic starts.</p> <p>4/2024, there were two urinary tract infections, 1 upper respiratory infection and 1 other infection with a total of 5 antibiotic starts. Per her documentation, only one met the criteria for infection.</p> <p>3/3034, 4 urinary tract infections, one lower respiratory infection, one upper respiratory infection, and 4 other infections were seen on the map. There were 9 infections on the line listing, and there was no information about signs and symptoms.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER Healthcare at College Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1765 Temple Avenue College Park, GA 30337	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>1/2024- no infections, three antibiotic starts and no documentation of signs and symptoms.</p> <p>12/2023- 1 upper respiratory infection with an antibiotic start. This was not counted on the summary report and no symptoms were charted.</p> <p>11/2023, 1 upper respiratory infection, but no record of whether it was an antibiotic start.</p> <p>10/2023, 1 upper respiratory and 1 other. No other documentation noted.</p> <p>9/2023- 3 wounds and another that is called ascites. One wound was a surgical wound and the other 2 were decubitus. One was stated culture was MRSA, and no cultures were completed on the others.</p> <p>8/2023- one lower respiratory and had a COVID outbreak and was not counted as any infections.</p> <p>Infection surveillance was requested for July /August 2023. Per the infection preventionist, and the information provided for August surveillance, there was COVID outbreak for the residents. The information that was provided by the DON just documentation that it was only Staff that had infections.</p> <p>An interview was conducted with the infection preventionist (IP) on 8/8/2024 at 4:25 pm. She stated that she has not been in the position for too long and understands that her documentation needs to give the picture of the situation. She stated that she is working with the providers and is in the process of trying to get the providers to start documenting, and to only order when they meet criteria.</p> <p>An interview with the Director of Nursing on 8/9/2024 at 5:50 pm revealed that all antibiotic use is monitored and that all infections are trended, and that the IP gets all the testing to properly monitor the antibiotic starts, and to educate staff to antibiotic stewardship documentation.</p>