

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115580	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Autumn Breeze Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1480 Sandtown Road SW Marietta, GA 30008	

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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>50878</p> <p>Based on observations, resident and staff interviews, and record review, the facility failed to provide dental services for one of 38 sampled residents (R) (R25). This failure had the potential to negatively impact R25's quality of life.</p> <p>Findings include:</p> <p>Review of the electronic medical record (EMR) revealed that R25 was admitted to the facility with diagnoses including but not limited to cerebral infarction, acute and chronic respiratory failure, tobacco use, muscle weakness, vascular dementia with agitation, major depressive disorder, type 2 diabetes mellitus without complications, hypertensive heart disease, history of falls, hemiplegia, left hand contracture.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessments dated 12/19/2024 for R25 revealed in Section C (Cognitive Patterns) a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive deficit. Section L (Oral/Dental Status) revealed no complaints of problems with eating, chewing or pain related to his oral status. Section G (Functional Status) revealed R25 is dependent with all activities of daily living (ADLs).</p> <p>In an observation and interview with R25 on 2/4/2025 10:53 am, he revealed that didn't recall getting dental care routinely. It was noted by surveyor that his teeth were in different stages of decay and were chipped and broken. When asked if he had seen a dentist recently, he stated he did not recall seeing one in a long time. When asked if he had been offered dental care, he stated there were no offers from staff to help him see a dentist.</p> <p>In an interview on 2/5/2024 at 1:26 pm with the Social Worker, she revealed that she did not recall R25 being in her book for residents needing dental care, nor had she been notified that R25 needed to be seen. She did state the facility could have the mobile dental unit add R25 to the schedule for their visit coming up later in February.</p> <p>In an interview on 2/5/2024 at 4:15 pm with the DON, she stated R25 did not complain of dental issues or problems on his annual or quarterly MDS assessments this year. She stated when there were dental concerns or issues with residents, staff reported them to her, and she ensured they were scheduled for care through the SW.</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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