STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115580	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Breeze Health and Rehab	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview, and review of the facility's policies titled Date and Label, and Employee Hygiene, the facility failed to ensure expired food items were discarded by the expiration date, and opened items were labeled and dated after opening. In addition, the facility failed to ensure dietary staff were wearing beard guards while working in the kitchen area. The deficient practice increased the risk for 81 residents who were on an oral diet from a census of 83 residents to consume expired food items. Findings Include:Review of facility's policy titled Date and Label, dated 03/2025, documented in the Policy Statement: It is the policy of the facility to handle food in a safe and sanitary manner. The government has mandated with the following statement: labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen (when applicable) or discarded.' All food, whether frozen, fresh, or cooked, has specific guidelines for discarding. Nonperishable foods may adhere to the expiration or used by date listed on the container. Perishable foods must be discarded within a safe period after the product is opened or prepared to ensure bacteria growth is limited and the food remains safe.Review of facility's policy titled, Employee Hygiene dated 03/2025, documented in Procedure: 3. Facility approved hair restraints will cover all hair. [NAME] nets will be used to cover facial hair.During the initial tour on 3/10/2026 at 9:10 AM, of the kitchen with Dietary Manager (DM) inspection revealed food in dry storage pantry was conducted, focusing on labels, dating, expiration, and the past use dates of food items. The dry storage revealed multiple opened, unlabeled packages, which contained two 10-lb (pound) enriched macaroni products, one 5-lb devil food cake mix, and one 15-ounce brown gravy mix. One 5-lb bag of coconut with expiration date 02/15/2026.The stand-alone deep freezer was inspected and revealed one single blue trash-like bag containing frostbitten vegetables. The DM verified that it is a 10-lb. bag of frostbitten carrots and peas, which lack labeling. Additionally, there was one clear trash-like bag of frozen biscuits that also lacked labeling, alongside another similar bag that had a label and an expiration date of 02/21/2026. The DM confirmed that a total of 100 biscuits were counted. Furthermore, 18 hashbrowns were found in one gallon bag, along with 33 pancakes, 15 French toast slices, and seven dinner rolls, all of which were confirmed by DM to be missing the required labeling and dating. Lastly, there was one gallon bag labeled French fries with an expiration date of 11/02/2025.A review of the emergency preparedness revealed ten cases of six one-gallon water containers, with expiration date 12/31/2025. The DM confirmed that he is the sole individual responsible for overseeing the monitoring of expiration dates for emergency preparedness food. During the tour observation, several items were found to be expired: 12 glass jars of 4-oz baby food; six glass jars of chicken and gravy with expiration date of 01/31/2026; and six glass jars of beef and gravy, with expiration date of 02/28/2026. Additionally, there were 10 two-packs of 4-oz peach baby food with expiration date of 01/29/2025, six cans of 52 oz sloppy joe with an expiration date of 12/17/2025, and three cans of 60 oz cranberry juice. Furthermore, there were two boxes of instant oatmeal containing 64 counts, expiring on 10/31/2025, and two boxes of cereal with 96 counts of 1.42 oz, with expiration date 07/27/2025. Throughout the initial tour the DM failed to wear beard guard. Observation on 03/11/2026 at 12:11 PM, with the DM during the follow-up tour revealed three 14-oz (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	seasoning; ground coriander with expiration date 02/02/2026, curry powder with expiration date 01/04/2026, and whole fennel seed with expiration date 11/20/2024 each was confirmed with the Dietary Manager and discarded. Throughout the follow-up tour the DM failed to wear beard guard. Observation of Dietary Aide (DA) FF without beard guard operating the low-temperature dishwasher. An interview conducted on 03/11/2026, at 12:32 AM, with DA FF confirmed that he has been employed at the facility for two months and has not received any in-service training regarding the uniform policy related to wearing a beard guard. DA FF elaborated that his responsibilities in the kitchen include cleaning and preparing side menu items, such as tea, lemonade, water, and desserts. DA FF mentioned that no one has ever commented on facial protection, as he typically shaves every day, except for today.An interview conducted on 03/11/2026, at 12:37 AM, with DM confirmed that neither he nor the other male present in the kitchen, DA FF, was utilizing a beard guard.DM revealed that he possesses a length of facial hair and that all males should have a beard guard. DM further expressed that there is no reason for him or DA FF to be out of full uniform.An interview was conducted with the Administrator on 03/12/2026, at 4:50 PM, regarding the observation of the kitchen, she confirmed that she would increase her visits to the kitchen, ensure in-service training, and address the risks associated with unlabeled items, expired products, and uniform compliance concerning facial hair protection, as these factors could potentially lead to illness among residents.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, staff interviews, and review of the facility policy titled Enhanced Barrier Precautions, the facility failed to follow Enhanced Barrier Precautions (EBP) for one resident (R) (R5) from a sample of 19 residents. The deficient practice increased the risk of cross contamination and the spread of infection between staff and residents. Findings include:Review of the Facility's Policy Enhanced Barrier Precautions dated 12/01/2022 documented Enhanced Barrier Precautions. refer to the use of gown and gloves for use during high-contact resident care activities (e.g., residents with wounds or indwelling medical devices). Section 1c documented clear signage will be posted on the door or wall outside the resident room indicating the type of precautions, required personal protective equipment (PPE), and the high-contact resident care activities that require the use of gown and gloves.Observed wound care for R5 on 03/11/2026 at 11:00 AM with Licensed Practical Nurse (LPN) BB and Certified Nursing Assistant (CNA) DD. R5 was positioned on his left side for wound care by CNA DD. LPN BB and CNA DD performed hand hygiene but did not dress out in a gown prior to starting the wound care procedure. CNA DD put on two pairs of gloves and held the resident in position. R5 had a stage IV pressure wound to his sacrum, a urinary catheter and a capped trach. LPN BB performed wound care without wearing a gown. The room door for R5 did not exhibit any signage indicating the need to use enhanced barrier precautions.Interview on 3/12/2026 at 7:41 AM with the Director of Nursing (DON) revealed that all residents with wounds, catheters or need for EBP should have signage on the door of the room and PPE {Personal Protective Equipment} available on the door or in the hallway. She stated she expects all her staff to wear mask, gown and gloves when performing care. She stated that in the memory unit the expectation is the same. The DON revealed that she is the Infection Preventionist Nurse (IP) and her Unit Managers are responsible for hanging signs and following through with PPE. Observation with interview of room door for R5, the DON confirmed there was no signage on the door. She stated that she thought it had fallen off and they must have put it somewhere.Interview on 03/12/2026 at 7:45 AM with Registered Nurse (RN) CC in the Memory unit, when asked who needed to have these type of precautions EBP, she stated that residents with Covid, Flu and wounds. RN CC confirmed that a sign should be up on the door and PPE available. Interview on 03/12/2026 at 7:50 AM with Certified Nursing Assistant (CNA) AA who was working in the Memory unit stated she thought EBP was the fall mats and the non-skid socks.