

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115596	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Tucker Operating Company LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2165 Idlewood Road Tucker, GA 30084	

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** 47146</p> <p>Based on observations, staff and resident interviews, record review, and review of the facility's policies titled Activities of Daily Living (ADLs), the facility failed to ensure ADL care was provided for one of five residents (R) R50 related to the removal of facial hair. The sample size was 45 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Activities of Daily Living (ADL's) dated 11/1/2023 under the section titled Policy revealed, The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following activities of daily living: Number one, Bathing, dressing, grooming, and oral care . Under the section titled Policy explanation and Compliance Guidelines, revealed Number three A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Review of R50's Electronic Medical Record (EMR) revealed was admitted to the facility with diagnoses that included cerebral infarction, hemiplegia and hemiparesis, ataxia, contracture of left hand, and lack of coordination.</p> <p>Review of R50's Annual Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13, which indicated R50 was cognitively intact. Section GG (Functional Abilities and Goals) revealed that R50 required substantial/maximum assistance with personal hygiene which included the ability to comb hair, shave, apply makeup, wash/dry face and hands.</p> <p>Review of R50's care plan under Focus revealed, R50 required assistance with ADL's related to left sided hemiplegia, ataxia, contracture of left hand with the date initiated on 9/20/2021 and revision date of 9/27/2021. Under Goal revealed R50 will have ADL needs met daily with appropriate assistance, the date initiated was 9/20/2021 and last reviewed 6/2/2024. Under Interventions included but not limited to R50 needs (total) with one assist for personal hygiene, date initiated was 9/2021 and revised on 10/6/2021; staff to implement were listed as Certified Nursing Assistants (CNA), Licensed Practical Nurse (LPN), and Registered Nurse (RN).</p> <p>Review of R50's ADL-Bathing task sheet from April 2024 and May 2024 revealed there was no documentation related to the removal or presence of facial hair.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 115596	If continuation sheet Page 1 of 7

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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>Observation and interview on 6/2/2024 at 2:35 pm, with R50 who was observed with long facial hair located on her chin. She acknowledged she had hair on her chin and stated she used to cut it with scissors but no longer had a pair of scissors. She revealed that staff had not removed or offered to shave the hair from her chin. She stated that the facial hair did not bother her, but she would like it to be removed.</p> <p>Observation and interview on 6/4/2024 at 8:57 am and at 1:45 pm, with R50 who was observed sitting up in a wheelchair continued to have long facial hair located on her chin. She stated the CNA's did offer showers or bed baths but did not offer to remove the facial hair from her chin.</p> <p>Observation and interview on 6/4/2024 at 1:55 pm LPN AA confirmed and verified R50 had facial hair located on her chin. She stated the facial hair should have been removed during AM (morning) care and proceeded to ask R50 how she would like for her to remove the facial hair from her chin and R50 responded, could just cut it with a pair of scissors.</p> <p>Interview on 6/4/2024 at 1:50 pm with LPN AA revealed that staff perform ADL rounds every morning before breakfast. She stated that facial hair should be removed for both male and female residents with their permission. She stated this should be written on the bath sheet when it is completed. She revealed that residents who need to be shaved are usually shaved on Sundays. She stated she shaves the male residents on the South Unit each week. She stated if a female resident has facial hair, then she would remove the facial hair either by shaving or plucking the hair out whichever the resident prefers.</p> <p>Interview on 6/4/2024 at 1:50 pm with the Director of Nursing (DON), she confirmed R50 had facial hair and she stated her expectations of staff was to remove facial hair while performing ADL care.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50624</p> <p>Based on observations, staff interviews, record review, and review of the facility's policy titled Accidents and Supervision, the facility failed to ensure hazardous chemicals were safely secured for two of three residents (R) (R6 and R21) reviewed for accidents. This deficient practice placed residents at risk for avoidable chemical incidents, injuries, and a diminished quality of life. The sample size was 45 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Accident and Supervision, undated, under the Policy Explanation and Compliance Guidelines: revealed, Number One (a) All staff are to be involved in observing and identifying potential hazards in the environment, while taking into consideration the unique characteristics and abilities of each resident. Number One (b)The facility should make a reasonable effort to identify the hazards and risk factors for each resident.</p> <p>1. Review of R6's Electronic Health Record (EHR) revealed the resident had diagnoses that included carpal tunnel, contracture of the left hand and wrist, and cerebral infarction.</p> <p>Review of R6's Annual Minimum Data Set (MDS) dated [DATE] revealed Section C (Cognitive Patterns), a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition; Section E (Behaviors) revealed the resident did not exhibit any behavioral symptoms during the assessment period and Section GG (Functional Abilities and Goals) revealed the resident required the use of a wheelchair.</p> <p>Review of the Safety Data Sheet for [Name] ant and roach killer spray revealed the following: Number One, Hazard Identification: Causes serious eye damage, may cause an allergic skin reaction.</p> <p>Observations on 6/2/2024 at 2:30 pm, on 6/3/2024 at 11:39 am and on 6/4/2024 at 11:06 am of R6's room revealed one can of [Name] ant and roach killer spray inside a box placed in front of the Packaged Terminal Air Conditioner (PTAC) unit.</p> <p>2. Review of R21's EHR revealed, the resident had diagnoses that included major mood disorder, contracture of the left hand and wrist, and anxiety.</p> <p>Review of R21's Annual MDS dated [DATE] revealed Section C (Cognitive Patterns), a BIMS score of 15 which indicated intact cognition. Section E (Behaviors) revealed the resident did not exhibit any behavioral symptoms during the assessment period and Section GG (Functional Abilities and Goals) revealed the resident required the use of a wheelchair.</p> <p>Review of the Safety Data Sheet for [Name] disinfectant spray revealed the following: Number One, Hazard Identification: Causes serious eye irritation, causes skin irritation.</p> <p>Observations on 6/3/2024 at 10:56 am, on 6/4/2024 at 10:17 am, and 6/4/2024 at 11:25 am of R21's room revealed, a can of [Name] disinfectant spray sitting on the resident's dresser.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observations and Interviews on 6/4/2024 at 11:25 am with the Administrator and the Director of Nursing (DON) confirmed and verified there was a can of [Name] ant and roach killer spray in a box placed in front of the PTAC unit in R6's room and a can of [Name] disinfectant spray on R21's dresser next to her bed. Interview with the Administrator and DON revealed staff complete room sweeps and that the Certified Nursing Assistants (CNA) were in the resident rooms' multiple times a day. The DON stated her expectation was that all staff complete room sweeps while in the resident rooms and that CNAs should report to the nurse any finding of chemicals in any residents' room. She revealed she expected the nurse to remove any chemicals found in a resident room, call the resident representative, and allow them to choose to pick up the item or allow the staff to discard the item found.</p>

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47146</p> <p>Based on observations, staff and resident interviews, record review, and review of the facility's policies titled Accident and Supervision, Medication Storage, and Resident Self-Administration of Medication, the facility failed to store one bottle of over the counter (OTC) liquid indigestion medication in a locked medication storage area for one of 45 sampled residents (R) (R50). The deficient practice had the potential to place the resident at risk for medical complications, unauthorized persons access to medications, and a diminished quality of life.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Accident and Supervision copyright date of 2023, under the section titled Policy revealed, The resident environment will remain as free of accident hazards as possible. Under the section titled Policy Explanation and Compliance Guidelines revealed, Number one (a) All staff (e.g., professional, administrative, maintenance, etc.) are to be involved in observing and identifying potential hazards in the environment, while taking into consideration the unique characteristics and abilities of each resident.</p> <p>Review of the facility's policy titled Medication Storage dated 8/1/2023, under the section titled Policy revealed, It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. Under the section titled Policy Explanation and Compliance Guidelines revealed, Number one General Guidelines: (a) All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls . (c) During a medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart.</p> <p>Review of the facility's policy titled Resident Self-Administration of Medication copyright date of 2023 under the section titled Policy revealed, It is the policy of this facility to support each resident's right to self-administer medication. A resident may only self-administer medications after the facilities interdisciplinary team has determined which medications may be self-administered safely. Under the section titled Policy Explanation and Compliance Guidelines revealed, Number eight All nurses and aides are required to report to the charge nurse on duty any medication found at the bedside not authorized for bedside storage. Unauthorized medications are given to the charge nurse for return to the family or responsible party. Families or responsible parties are reminded of policy and procedures regarding resident self-administration when necessary.</p> <p>Review of R50's Electronic Medical Record (EMR) revealed R50's was admitted to the facility with diagnoses that included cerebral infarction, hemiplegia and hemiparesis, ataxia, contracture of left hand, and lack of coordination.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R50's Annual Minimum Data Set (MDS) assessment dated [DATE] revealed Section C (Cognitive Patterns), a Brief Interview for Mental Status (BIMS) score of 13, which indicated R50 was cognitively intact. Section GG (Functional Abilities and Goals) revealed, R50 required substantial/maximal assistance for activities of daily living (ADLs).</p> <p>Review of R50's care plan revealed R50 did not have a focus area related to self-administration of medications.</p> <p>Review of R50's physician's orders revealed there were no orders for OTC [Name] liquid indigestion medication nor were there orders to self-administer any medications.</p> <p>Review of R50's EMR revealed there was no evidence of a nursing assessment for self-administration of medication had been completed or located.</p> <p>Observations and interview on 6/2/2024 at 1:29 pm with R50 revealed one bottle of OTC [Name] liquid indigestion medication sitting on R50's nightstand. R50 revealed the medication did not belong to her.</p> <p>Observation on 6/4/2024 at 8:47 am R50's room revealed one bottle of OTC [Name] liquid indigestion medication sitting on R50's nightstand.</p> <p>During an observational round on 6/4/2024 at 11:15 am with the Director of Nursing (DON) and the Administrator revealed one bottle of OTC [Name] liquid indigestion medication sitting on R50's nightstand. They both confirmed the OTC [Name] liquid indigestion medication was sitting on R50's nightstand beside her bed.</p> <p>Interview on 6/4/2024 at 11:25 am with the DON and the Administrator revealed that they do not encourage residents to self-administer medications. The DON in the presence of the Administrator stated if a resident were persistent and wants to self-administer medications, they would first meet with the physician, and educate the resident of the pro/cons of self-administration of a medication. The DON stated if the physician agreed and the resident met all requirements, the facility would then provide a lock box to be kept in the resident's room. She stated the resident must be able to demonstrate how to open, lock/unlock the box, and self-administer the medication. She revealed the care plan would be updated to reflect the resident could self-administer medications and what medications they could self-administer. She confirmed that R50 was not allowed to self-administer medications and the care plan did not reflect R50 had been assessed to self-administer medications. The DON confirmed there was no physician order for OTC [Name] liquid indigestion medication. She stated her expectation of staff was that during everyday care of residents the CNA's should observe the resident rooms each time they enter and notify the nurse when medications are found in the room un-secured. She stated the nurses are expected to remove unsecured medications from resident's rooms and call the resident representative/family to determine how they (the family) would like for the staff to proceed whether the family pick up the medication or staff to discard the medication. She further stated the nurse should also notify the physician of medications found at the residents' bedside. She further stated the nurse should also notify the physician of the possibility of the resident taking the medication and the pharmacy would review the resident's medications for possible adverse interactions as well as staff monitoring the resident for any symptoms of adverse reactions/interactions. She stated this practice could result in a resident taking a medication that may adversely interact with their prescribed medications and/or even overdose on a medication.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>38154</p> <p>Based on staff interview and review of the PBJ (Payroll Based Journal) Staffing Data Report, [NAME] Report 1705D for the First Quarter (Q1) of fiscal year 2024 (October 1-December 31), the facility failed to report accurate nurse staffing data to the Centers for Medicare and Medicaid (CMS) related to nursing staff coverage. The facility census was 113 residents.</p> <p>Findings include:</p> <p>Review of the PBJ Staffing Data Report, [NAME] Report 1750D for Q1 2024 (October 1 through December 31), revealed a One-Star Staffing rating indicating the facility failed to submit accurate and/or timely nurse staffing data to CMS.</p> <p>Interview on 6/5/2024 at 1:00 pm with the Administrator revealed she was not aware of the PBJ One-Star rating for Q1 2024. She stated since the new owners took over approximately last summer, they have made a concerted effort to increase the number of nursing staff, specifically registered nurses (RNs) and certified nursing assistants (CNAs) and have also added Certified Medication Aides (CMAs). She stated they have made other significant investments into the facility; however, sufficient and competent nurse staffing was a high priority.</p>		