STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115596	A. Building B. Wing	09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tucker Operating Company LLC	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)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observations, staff interviews, and review of the facility's policy titled, Disposal of Garbage Refuse, the facility failed to ensure areas around the garbage dumpsters were kept free from debris and failed to ensure the lids of two of two garbage disposals were kept close when not in use to prevent pest and rodents. Findings include:A review of the facility's policy titled Disposal of Garbage Refuse revised October 2024 documented under Policy Explanation and Compliance Guidelines: .6.Containers and dumpsters shall be kept covered when not being loaded. Surrounding area shall be kept clean so that accumulation of debris and insect/rodent attraction are minimized.During the initial tour of the kitchen, accompanied by the Dietary Manager on 9/9/2025 at 8:54 am, it was revealed that there were two garbage dumpsters outside of the facility. Two of two garbage dumpsters had the left open while not in use. Further observation of the areas surrounding the garbage dumpster revealed food particles, trash, and debris on the ground surrounded by flies. Some of these items on the ground included milk cartons, food particles, and plastic cups,During an interview on 9/9/2025 at 8:55 am, the Dietary Manager stated the trash on the ground is likely due to the dumpster being picked up. After closer inspection of the dumpsters, they revealed their dumpsters had not been picked up as the dumpster was approximal two thirds filled.In an Interview 9/9/2025 at 8:55 am, the Dietary Manager revealed the staff should have closed the lids to the garbage after every use. The Dietary Manager continued that housekeeping was responsible for keeping the area surrounding the dumpsters clean.

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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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, and review of the facility policy's titled, Safe and Comfortable Environment and Environmental Services Inspection, the facility failed to make necessary repairs as needed to maintain a homelike environment in rooms for nine of 64 sampled residents (R) (R39, R178, R47, R5, R65, R84, R93, R115 and R185) in a timely manner.Findings include: Review of the facility policy titled Safe and Comfortable Environment dated August 2023 documented under Policy: In accordance with Residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the Resident to use his or her personal belongings to the extent possible. This included ensuring that the Residents can receive care and services safely and that the physical layout of the facility, both inside and outside, maximizes Resident independence and does not pose a safety risk. The policy documented under Definitions: Environment refers to any environment in the facility that is frequented by residents, including (but not limited to) the Residents' rooms, bathrooms, hallways, dining areas, lobbies, outdoor patio, therapy areas and activity areas. A homelike environment is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the Resident to use those personal belongings that support a homelike environment. A determination of homelike should include the Resident's opinion of the living. Sanitary includes, but is not limited to, preventing the spread of disease-causing organisms by keeping resident care equipment clean and properly stored. Resident care equipment includes, but is not limited to, completion of activities of daily living. The facility will report any unresolved environmental concerns to the Administrator. Review of the facility policy titled Environmental Services Inspection dated August 2023 and last revised October 2024 documented under Policy: the facility will regularly monitor environmental services to ensure the facility was maintained in a safe and sanitary manner on regularly basis. Facility environmental services will perform random and routine inspections, and all opportunities will be corrected immediately. 1. Review of R189s admission Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 14/15, indicating no cognitive impairment. Review of the grievance log dated 8/18/2024, R189 voiced concern that her room smelled like mold. The Maintenance Director (MD) checked the room and verified evidence of mold was present in the room and R189 was offered a room change. Review of R84s quarterly MDS assessment dated [DATE] documented a BIMS score of 14/15, indicating no cognitive impairment. During observation and interview on 9/9/2025 at 1:04 pm revealed R84s wall was scraped with visible dents marked with lines across the wall. R84's headboard concealed a large brown board attached to the wall with uneven patches of the dry wall. Large brown spots on the roof showed evidence the roof leaked in some parts of the ceiling. R84 stated the room was the same way when she first occupied the room. She revealed staff were supposed to complete the renovation in her room and stated she was not sure how much longer it was going to take the facility to fix and repair the wall. She stated there was a hole behind the wall and staff placed the brown board behind her headboard to conceal the hole. She stated her room needed to be fully remodeled. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 9/10/2025 at 2:30 pm, Registered Nurse (RN) CC revealed she had been working at the facility for over a month and stated Resident 84's room appeared unfinished and had been that way since she starting working at the facility. During an interview on 9/11/2025 at 12:05 pm, Administrator AA stated renovations had been going on for eight months and she stated R84s room would be updated and renovated as soon as possible. She stated the facility was currently updating and renovating the entire building. During an interview on 9/11/2025 at 12:10 pm, Corporate Officer FF stated the facility was working towards speeding up the renovations around the facility. During an interview on 9/15/2025 at 8:26 am, Maintenance Coordinator DD revealed the renovation had been going on for over a year. He revealed R84's room was not completely done; he explained the room will be updated as soon as possible. Maintainance Coordinator DD stated the facility had been renovating two rooms at a time. He revealed the facility replaced the entire roof and the leaks stopped. He stated mold was identified in certain rooms during the renovating process. The Maintenance Coordinator concluded it would take a while before all the rooms were completed. 2. An observation of Resident Room N-132 on 9/9/2025 at 11:30 am revealed the bathroom tile was rusted and soiled at the base of the wall. A ceiling tile at the entrance of the room was stained brown and yellow. The wall across from both beds was missing paint in several areas and had multiple holes in the wall. Both R56 and R178 were in the room sleeping at the time of the observation. An observation of Resident Room S-206 on 9/9/2025 at 11:35 am revealed an alcohol swab that was soiled red on the floor beside bed B. The floor had brown liquid spilled on it in several areas. The wall across from both beds was discolored black with multiple areas of missing paint and chunks of the wall. R34, who resided in the room, was at an activity at the time of the observation. An observation and interview of Resident Room S-209, R65's room, on 9/9/2025 at 11:41 am revealed the wall beside the window had a black substance and was cracked. The electrical receptacle beside bed B had a cover that was cracked and half missing. The ceiling tile above bed B was stained brown and yellow. The toilet seat was stained brown. R65 was in the room at the time of the observation. R65 revealed his room needed some updating and cleaning. An interview with the Director of Nursing (DON) on 9/9/2025 at 11:50 pm revealed she would have the rooms cleaned immediately. The DON stated, The rooms are being remodeled soon. 3. During an observation on 9/9/2025 at 2:29 pm, R132's over bed table was missing the trim on the sides and the particle board was visible on the long side of the table. During an observation on 9/15/2025 at 9:25 am, all four sides of R132's over bed table were missing the trim, and the particle board was exposed. During an interview on 9/15/2025 at 9:28 am, Certified Nursing Assistant (CNA) EE verified R132s overbed table was missing the trim and the particle board was exposed on all four sides. CNA EE said she didn't know how long it had been that way. During an interview on 9/15/2025 at 9:30 am, the South Registered Nurse Unit Manager verified said she didn't know how long the overbed table had four exposed sides and said she did not know how (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	long the overbed table had exposed sides and said R132 could get hurt on the overbed table. During an interview on 9/15/2025 at 9:33 am, the DON verified R132s overbed table was in disrepair with all four sides missing the trim with exposed particle board. The DON said there was a maintenance system in place to check the overbed tables, but she did not know what it was. During an interview with the Maintenance Director on 9/15/2025 at 10:01 am revealed there was no process for checking overbed tables. He only checked overbed tables when they got a new admission or if they were remodeling a new room. The Maintenance Director said with all the sides of the overbed table with exposed particle board, R132 could get their arms cut and splinters.

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility policy titled, Restraint Free Environment, the facility failed to provide freedom from restraints for one of five residents reviewed who used a Geri chair (a large, padded chair that is designed to help residents with limited mobility) out of 26 residents in the sample (Resident (R) 47).Findings include:Review of the facility policy titled Restraint Free Environment implemented August 2023, revealed under Policy: It is the policy of this facility that each resident shall attain or maintain his/her highest practicable well-being in an environment that prohibits the use of physical or chemical restraints for discipline or convenience and limits restraint use to circumstances in which the resident has medical symptoms that warrant the use of such restraints. Medical Symptom refers to any indication or characteristic of a physical or psychological condition. Placing a resident in a chair that prevents the resident from rising independently. Placing a chair or bed close enough to a wall that the resident is prevented from rising out of the chair or voluntarily getting out of bed. Under Compliance Guidelines: .2. Physical restraints may be used in emergency care situations for brief periods to permit medically necessary treatment that has been ordered by a practitioner, unless the resident has previously made a valid refusal of the treatment question. Falls do not constitute self-injurious behavior or a medical symptom that warrants the use of a physical restraint.Review of the electronic medical record (EMR) revealed R47 was admitted with pertinent diagnosis including aphasia following cerebral infarction, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, history of falling, traumatic cerebral edema without loss of consciousness, focal traumatic brain injury without loss of consciousness, encephalopathy, and cerebrovascular disease.Review of the annual Minimum Data Set (MDS) assessment completed on 7/3/2025 revealed a Brief Interview for Mental Status (BIMS) score of 00, indicating severe cognitive impairment. R47 had no behaviors, and no falls since admission/entry or reentry or the prior assessment. Section (Restraints and Alarms) was coded as none, chair prevents rising- not used. Section GG (Functional Abilities and Goals) revealed R47 had impairment in his upper extremity range of motion (ROM) on one side. R47 was coded as does not use a wheelchair. The MDS was coded as R47 needs partial to moderate assistance for sit to stand. The functional assessment was coded as uses a manual wheelchair or scooter.Review of the care plan for R47 included the following: At risk for falls due to mobility and cognitive impairments with a fall on 6/29/2024, fall on 7/3/2024 and a fall on 2/2/2025.[R47] has behaviors and is non-compliant with using the call light, utilizing wheelchair, sits & crawls on floor in room, and is not easily redirected at times.Review of the Physician's orders revealed there was no order for a Geri chair. Review of the care plans revealed the use of a Geri chair was not included. The care plan did include the use of a wheelchair.Review of Physical Therapy Discharge Summary notes revealed dates of service were 4/2/2025 to 6/27/2025. [R47] was seen for seven day(s) during the 5/30/2025 - 6/27/2025 progress period. Patient will perform Supine to Sit with CGA (contact guard assistance)- Supine to sit up in bed requires Minimal/CGA (contact guard assistance) of one with 75% (percent) verbal cues and encouragement to follow through most of time. [R47] discontinued physical therapy on 6/27/2025 with the goal that [R47] will ambulate 25 feet with rolling walker including two turns with minimal assistance. Long term goal was [R47] will ambulate 150 feet with rolling walker including two turns with minimum to moderate assistance.During an observation on 9/9/2025 at 9:50 am, the South Unit Manager (UM) pointed out R47, who was seated at the nurse's station in a Geri chair with his feet elevated and the left side of the Geri chair was pushed against the wall. During an observation on 9/10/2025 at 2:00 pm, R47 was sitting at the nurses' station, reclined in a Geri chair with the left side of the Geri chair against the wall, trying to get out of chair using his arms to pull up on the arm rests. The footrest was extended preventing R47 from getting out of the Geri chair. During observations on (continued on next page)

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	9/11/2025 at 8:53 am and at 10:37 am, R47 was still in bed. During an observation on 9/15/2025 at 9:25 am, R47 was observed at the nurse's station in a Geri chair with his feet elevated. The left side of Geri chair was placed against the wall. During an observation on 9/15/2025 at 10:20 am, R47 was across from the nurses' station with his eyes open and seated in a reclined Geri chair with the footrests up. The left side of the Geri chair was placed against the wall. During an observation on 9/16/2025 at 10:52 am, R47 was still in bed. During an interview on 9/9/2025 at 9:50 am, South UM said R47 was in a Geri chair because he falls.During an interview on 9/15/2025 at 10:23 am, Certified Nursing Assistant (CNA) HH said, [R47] has been in a Geri chair for a couple of months now. He used to be in a wheelchair, but he tends to stand up and fall. During an interview on 9/15/2025 at 10:25 am, Licensed Practical Nurse (LPN) II said R47 had an order for the Geri chair and looked through R47's physician orders but could not find an order for the Geri chair. During an interview on 9/15/2025 at 10:30 am, the Director of Rehabilitation said, When [R47] was discharged from therapy, he was using a high-backed wheelchair. I don't know why he's in a Geri chair now.During an interview on 9/15/2025 at 10:32 am, the Director of Nurses (DON) stated, I do not need an order to have a resident in a Geri chair with his feet up. Therapy evaluates residents and leaves the appropriate chair in the room for the CNAs to use. During an interview on 9/16/2025 at 9:31 am, the DON revealed they updated care plans for falls, wounds, change in function and behaviors, ADL (activities of daily living) care changes, ADL care needs, and therapy details were put on their own plan of care.During an interview on 9/16/2025 at 10:31 am, the DON said, A Geri chair is not a restraint.During an interview on 9/16/2025 at 10:37 am, the Registered Nurse (RN) Minimum Data Set Coordinator (MDS) said, Usually [R47 is in a high back wheelchair. If he uses a Geri chair, it should be on the care plan. We use Geri chairs for residents with no trunk control or if he is not in a high back wheelchair. [R47] should be in a wheelchair, needs extensive to minimal assistance required with transfers. He is definitely a fall risk; He can walk 10 feet with assistance. The MDS Coordinator revealed the last MDS dated [DATE] indicated [R47] did not use a cane, wheelchair, or walker, then later in the MDS it was coded that he was dependent in a wheelchair. The MDS Coordinator revealed it was a MDS coding mistake in data entry. The MDS Coordinator revealed transfer abilities and fall risks were not on the care plan [for R47]. He's sitting in a Geri chair instead. [R47] behavior care plan includes: uses a wheelchair and sits and crawls on the floor. There is nothing in the care plan about the use of a Geri chair. We should update the care plans as things change, like the use of a Geri chair.During an interview with the Director of Rehabilitation on 9/16/2025 at 10:49 am revealed R47 could get out of any chair, but he cannot get out of the Geri chair on command because he had dementia.

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Based on record review, staff interview, and a review of the facility policy titled, Baseline Care Plan, the facility failed to fully develop and implement a baseline care plan within 48 hours of admission for one of 64 sampled residents (R) (R 178).Findings include:Review of the facility policy titled Baseline Care Plan dated 12/2/2022 revealed under Policy Explanation and Guidelines: 1. The baseline care plan will: a. Be developed with 48 hours of admission. b. Include the minimum healthcare information necessary to properly care for a resident including, but not limited to: .ii. Physician orders.Review of the electronic medical record (EMR) revealed R178 was admitted to the facility with diagnoses including but not limited to metabolic encephalopathy, urinary tract infection, anemia, dementia with unspecified severity with agitation, adjustment disorder with mixed anxiety and depressed mood, and personal history of suicidal behaviors.Review of the admission Physician's orders for R178 revealed an order for Quetiapine Fumarate (an antipsychotic-psychotropic medication) 25 milligrams to be given at bedtime upon admission to help with behaviors.Review of R178's baseline care plan revealed the baseline care plan was not completed until 9/9/2025. The baseline care plan did not include the use of psychotropic medications.An interview with the Director of Nursing (DON) on 9/16/2025 at 9:15 am revealed the baseline care plan for R178 was not completed within 48 hours of admission. The DON also verified R178 was taking psychotropic medication at the time of admission and should have been included in the baseline care plan.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility policy titled, Comprehensive Care Plans, the facility failed to update/revise the care plan for three of 64 sampled residents (R) (R47, R113, and R4). This failure had the potential to result in nursing personnel providing inaccurate or inappropriate care for R47, R113, and R4.Findings include:Review of the facility policy titled Comprehensive Care Plans implemented March 2023, revised March 2023 revealed under Policy: It 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. 1. Review of the last annual Minimum Data Set (MDS) completed on 7/3/2025 revealed in Section P (Restraints and Alarms) was coded as none, chair prevents rising- not used. R47 was coded as does not use a wheelchair.Review of the care plans for R47 revealed the use of a Geri chair was not included. The care plan did include the use of a wheelchair.During an interview on 9/16/2025 at 10:37 am, the Registered Nurse (RN) Minimum Data Set Coordinator (MDS) said Usually [R47 is in a high back wheelchair. If he uses a Geri chair, it should be on the care plan. The MDS Coordinator said the last MDS dated [DATE] indicated [R47] did not use a cane, wheelchair, or walker, then later in the MDS it was coded that he was dependent in a wheelchair. The MDS Coordinator said it was a MDS coding mistake in data entry. The MDS Coordinator said transfer abilities and fall risks were not on the care plan [for R47]. He's sitting in a Geri chair instead. [R47] behavior care plan includes uses a wheelchair and sits and crawls on the floor. There is nothing in the care plan about the use of a Geri chair. We should update the care plans as things change, like the use of a Geri chair.2. Review of R113's care plan, with a revision date of 9/9/2025 did not document R113 was receiving rehabilitation services.During an interview on 9/15/2025 at 3:05 pm, MDS Coordinator, RN revealed R113 had Medicaid part B insurance, as such the MDS team did not get notification when the resident was on rehabilitation services. The MDS Coordinator RN continued that if there were any PT/OT (physical therapy/occupational therapy) services documented for the residents, it would be under the ADL (activities of daily living) section of the care plan. The MDS Coordinator RN confirmed there was nothing in R113's care plan for PT/OT.3. Review of R4's care plan, with a revision date of 9/10/2025, did not document R4 was receiving wound treatments.During an interview on 9/15/2025 at 3:05 pm, the MDS Coordinator RN confirmed that R4's wound care management was not captured on the care plan.In an interview on 9/16/2025 at 9:31 am, the DON revealed wound care should be captured on the care plan for R4.