

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115643	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Parkside Post Acute and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 Lenora Church Drive Snellville, GA 30078	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observations, staff interviews, and review of the facility's policy titled, Heating, Ventilation, and Air Conditioning (HVAC), (Packaged Terminal Air Conditioner (PTAC)): Clean Air Filters, the facility failed to maintain a clean, homelike environment by not ensuring that the PTAC unit filters were free of debris in 2 of 48 rooms (A9, A8 located in A Hall) and failed to ensure PTAC unit grills were free of debris in 1 of 48 rooms (A8 located in A Hall) . The deficient practice had the potential to affect resident comfort, air quality, and infection control. Findings include:</p> <p>Review of the facility policy titled, Heating, Ventilation, and Air Conditioning (HVAC), (Packaged Terminal Air Conditioner (PTAC)): Clean Air Filters, documented under section titled, Steps, 1. Remove or open access cover. 2. Remove air filter and inspect for cleanliness. If filter is dirty, either wash or replace depending on type of filter. If clean, reinstall filter. 3. Re-install access cover. 4. Clean grill on cover. 5. Close and make sure it is secure. 6. At a minimum, air filters are to be replaced or thoroughly cleaned depending on type of filter every three months.</p> <p>Observation on 8/4/2025 at 11:36 am and 8/25/2025 at 2:03 pm in Room A9 revealed gray, fuzzy debris on the PTAC filters.</p> <p>Observation on 8/4/2025 at 11:23 am and 8/5/2025 at 2:02 pm in Room A8 revealed gray, fuzzy debris on the PTAC filters and additional debris on the unit's grill.</p> <p>Interview and observation on 8/7/2025 at 10:30 a.m. with the Maintenance Director (MD) revealed he is solely responsible for the inspection, cleaning, and upkeep of all PTAC units throughout the facility. He confirmed that the PTAC filters in Room A9 contained gray, fuzzy debris and that the PTAC filters and grill in Room A8 also contained debris. He emphasized that proper PTAC maintenance was critical for resident comfort, air quality, and infection control. He stated his expectation is that all PTAC units remain clean, fully functional, and resident-ready at all times, with routine cleaning and inspections conducted on a schedule.</p> <p>Interview on 8/7/2025 at 11:41 am with the Administrator revealed PTAC filters were to be cleaned monthly and whenever a resident was admitted or discharged . She stated that a possible negative outcome of unclean filters was compromised air quality, which could affect residents with respiratory issues in a healthcare setting.</p> <p>During an interview and observation on 8/7/2025 at 12:55 pm with the MD, he outlined the current efforts and plans in place to address ongoing facility repair needs and environmental improvements. Any unit reported to be malfunctioning or excessively dirty was addressed immediately.</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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility policy titled, Infection Prevention and Control Program, the facility failed to maintain appropriate infection control practices by not using sterile procedure during tracheostomy care for one of 60 sampled residents (R) (R120), not storing respiratory equipment in an approved container for two of 60 sampled R's (R2 and R5), not protecting shared medical supplies from contamination during wound care for one of 60 sampled R's (R10), by storing personal items on clean linen carts, and by staff not adhering to contact precautions by entering a room with a sign for contact precautions without proper PPE (personal protective equipment). The deficient practices had the potential to contribute to the transmission of infectious organisms among residents, staff, and visitors. Findings include:</p> <p>A review of the facility's policy titled Infection Prevention and Control Program, dated June 2025 revealed under Policy Statement: Facility's infection prevention and control policies/practices are intended to facilitate in maintaining a safe, sanitary, and comfortable environment and to prevent and manage transmissions of disease and infections. Under Standards of Practice: 1. The objectives of our infection control policies and practices are to:</p> <p>Prevent, detect, investigate, and control infections in the facility.</p> <p>Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public.</p> <p>Establish guidelines for the availability and accessibility of supplies and equipment necessary for standard precautions.</p> <p>Maintain records of incidents and corrective actions related to infections.</p> <p>Provide guidelines for the safe cleaning and reprocessing of reusable resident-care equipment.</p> <p>Under PRECAUTION GUIDELINES&hellip;Use disposable or dedicated patient-care equipment (e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.</p> <p>Review of the facility's policy titled &ldquo;Tracheostomy Care&rdquo; revised 4/5/2024 revealed under Policy Statement: revealed under Purpose: Residents who have a tracheostomy will have trach care done as ordered by a physician or as needed to keep the airway clean and unobstructed. Under Procedure Guidelines: Clean The Removable Inner Cannula: &hellip;</p> <p>2. Put on sterile gloves.</p> <p>3. Set up supplies on a sterile field. &hellip;</p> <p>9. Keep one hand sterile and one hand dirty.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Review of the electronic medical record (EMR) revealed resident R120 was admitted to the facility with pertinent diagnoses including but not limited to chronic respiratory failure with hypoxia (low oxygen levels in the blood), and hemiplegia and hemiparalysis following cerebral vascular accident.</p> <p>Review of R120's five-day Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 00, which indicated R120 was identified having severe cognitive impairment. Section GG, Functional Status, revealed R120 required extensive assistance for activities of daily living (ADLs) with one/two or more-person assistance. Section O, Special Treatments, Procedures, and Programs, revealed R120 receives continuous oxygen via tracheostomy.</p> <p>Review of R120 care plan dated 6/24/2025 indicated a problem of has a tracheostomy. Goals included but not limited to no signs and symptoms of infection through the review date. Interventions included but not limited to give humidified oxygen as prescribed, suction as necessary, use universal precautions. assist with coughing as needed.</p> <p>Review of the "Physician's Orders" for R120 included but was not limited to: Order dated 7/9/2025 for Tracheostomy care every shift and prn using aseptic technique. Remove the inner cannula, clean with half strength H2O2 (peroxide) and sterile H2O (water), dry with sterile gauze and cotton swab. Re-insert the inner cannula, turn to lock. Clean outer cannula/stoma with sterile H2O, rinse with sterile H2O, pat dry with sterile gauze. May use split sterile gauze PRN (as needed).</p> <p>Observation on 8/6/2025 at 8:19 am Respiratory Therapist (RT) SS donned (put on) non-sterile exam gloves, opened sterile suction catheter and proceeded to suction R120's tracheostomy.</p> <p>Interview on 8/6/2025 at 8:21 am with RT SS confirmed suctioning was a sterile procedure and sterile gloves should have been worn. RT SS also shared that the suction valve was only held while removing the suction catheter and R120 was suctioned about every three hours.</p> <p>An interview with the Director of Nurses on 8/7/2025 at 2:00 pm revealed using non-sterile exam gloves during suctioning of a trach was an unacceptable practice.</p> <p>2. Review of R10's quarterly MDS assessment dated [DATE] revealed a BIMS score of 10, indicating moderate cognitive decline, Section I, Active Diagnoses, revealed pertinent diagnoses including but not limited to hypertension, renal insufficiency, and depression.</p> <p>Immediately after wound care observation on 8/6/2025 at 10:16 am on R10, RN GG placed the hand sanitizer back into the plastic bag without sanitizing the outside of the bottle or the clear plastic bag, transported the clear plastic bag into the hallway and placed the clear plastic bag onto the wound care dressing cart located in the hallway outside of the resident's room door. RN GG verbalized that her plan was to bring it out of the room and clean it with bleach wipe.</p> <p>3. Review of R2's quarterly MDS assessment dated [DATE] revealed a BIMS score of 0, indicating R2 was not able to complete, Section I, Active Diagnoses, revealed pertinent diagnoses including but not limited to heart failure, hypertension, non-Alzheimer's dementia, and respiratory failure.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R5's quarterly MDS assessment dated [DATE] revealed a BIMS score of 5, indicating severe cognitive decline, Section I, Active Diagnoses, revealed pertinent diagnoses including but not limited to hypertension, diabetes mellitus, and cerebral vascular accident (CVA).</p> <p>Observation on 8/4/2025 and 8/5/2025 revealed R2's CPAP (continuous positive airway pressure) mask stored inside a cluttered nightstand drawer with miscellaneous personal items, including papers, coins, and loose debris. The mask was not in a clean, dry, dust-free container as per manufacturer guidelines and facility policy.</p> <p>Observation on 8/4/2025 and 8/5/2025 revealed R5's CPAP mask placed on the seat of a bedside chair without protective covering. The surface contained visible dust and lint.</p> <p>Interview on 8/6/2025 at 3:45 pm with DON confirmed that CPAP masks should be stored in a clean, dry, dust-free container or designated storage bag to prevent contamination. The DON acknowledged the observed storage methods did not meet facility expectations.</p> <p>4. Observation on 8/5/2025 at 12:43 pm revealed a linen cart containing a personal staff cell phone.</p> <p>Interview with laundry aide MM on 8/5/2025 at 12:43 pm confirmed that only linens should be stored inside the linen cart. However, she acknowledged storing her personal cell phone inside the cart, stating it was so her supervisor could reach her if needed.</p> <p>Interview with Certified Nursing Assistant (CNA) EE on 8/5/2025 at 12:48 pm revealed that she was not aware of any policy restricting items other than linen inside the linen carts and had not received any training specific to linen cart contents.</p> <p>Interview with LPN KK on 8/5/2025 at 12:56 pm revealed that she was unsure about any linen policy and stated that when deciding what items could be stored in the linen cart, "it depends on where it came from."</p> <p>5. Observation on 8/6/25 at 12:26 pm revealed Licensed Practical Nurse (LPN) BB enter room C6-P, which had signage for Contact Precautions related to Pneumonia- Methicillin-Resistant Staphylococcus aureus (MRSA), wearing only gloves and no gown, in violation of the facility's infection control expectations and signage instructions.</p> <p>Interview with LPN BB on 8/6/2025 at 12:30 pm confirmed she entered the isolation room without donning (putting on) a gown and acknowledged failure to follow Contact Precautions and further recognized the importance of PPE use and acknowledged the potential for spreading infection.</p> <p>Interview with Staff Development Coordinator (SDC) on 8/5/2025 at 2:46 pm and on 8/6/2025 at 5:20 pm revealed that she had not provided any training to staff on proper linen cart use and contents. Additionally, confirmed that for isolation precautions, staff should wear gowns, gloves, and goggles.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with Director of Nursing (DON) on 8/5/2025 at 3:20 pm and on 8/6/2025 at 5:05 pm confirmed that staff were expected to wear gown and gloves when entering Contact Precaution rooms and stated that the SDC is responsible for training clinical staff while the Director of Environmental Services trained laundry aides on clean linen carts. Additionally, they do not have a clean linen cart policy.		