

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115659	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/29/2026
NAME OF PROVIDER OR SUPPLIER Life Care Ctr of Lawrenceville		STREET ADDRESS, CITY, STATE, ZIP CODE 210 Collins Industrial Way Lawrenceville, GA 30045	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review and review of the facility's policy titled, Certification of Accuracy of the (Minimum Data Set) MDS, the facility failed to ensure the MDS accurately reflected the status of one of one sampled resident (R) (R28) reviewed for hospice. Findings include: Review of the facility's policy titled Certification of Accuracy of the MDS reviewed 08/29/2025 documented under Definitions: Accuracy of Assessment - means that the appropriate, health professionals correctly document the resident's medical, functional, and psychosocial problems and identify resident strengths to maintain or improve medical status, functional abilities, and psychosocial status using the appropriate Resident Assessment Instrument (RAI) (e.g. comprehensive, quarterly, significant change in status). Review of the Electronic Medical Record (EMR) revealed R28 was admitted to the facility on [DATE] with a diagnosis including but not limited to protein calorie malnutrition. Review of the Admissions MDS dated [DATE] revealed in Section C (Cognitive Patterns) a Brief Interview for Mental Status (BIMS) score of five, which indicated R28 had severely impaired cognition, Section O (Special Treatments, Procedures and Programs) revealed R28 was not on hospice. Review of the Quarterly MDS dated [DATE] revealed in Section C a BIMS score of five, which indicated R28 had severely impaired cognition, Section O (Special Treatments, Procedures and Programs) revealed R28 was not on hospice. Review of a care plan dated 01/09/2026 revealed R28 had a terminal prognosis: Admit to hospice. Honor advance directives and provide comfort with dignity through next review. Review of Physician's Orders dated 12/09/2025 revealed, included but not limited to Admit to Hospice. Interview on 03/28/2028 at 10:55 AM with MDS Coordinator EE revealed she confirmed R28's hospice care was not coded correctly in the MDS. She confirmed R28 was admitted to the facility on Hospice care since 12/08/2025 and the admission MDS was coded R28 was not on hospice. The MDS Coordinator further stated that the quarterly MDS was done on 3/14/2026 and it was also not coded that R28 was on Hospice. MDS EE stated the MDS should be an accurate clinical picture which reflects what goes on at a period in time. She stated it was a clerical error, and the Centers for Medicare and Medicaid Services (CMS) would not have received the correct coding for R28. Interview on 03/28/2028 at 10:57 AM with MDS Licensed Practical Nurse (LPN) FF who was present in the office with the MDS Coordinator revealed she confirmed R28 was not coded correctly on the MDS in the admission Assessment and the Quarterly Assessment. She confirmed R28's MDS was coded as not being on hospice and confirmed R28 was on hospice. Interview on 03/28/2028 at 10:58 AM with MDS LPN GG, present in the office with the MDS Coordinator revealed she confirmed R28 was not coded correctly on the MDS in the admission Assessment and the Quarterly Assessment. She confirmed R28 was admitted [DATE] on Hospice and the admission Assessment was not coded as R28 being on Hospice. MDS LPN GG further confirmed the Quarterly Assessment which was done on 03/14/2026 did not code R28 as being on Hospice. Interview on 03/29/2026 at 10:30 AM with the Administrator and Director of Nursing (DON) revealed expectations were for accurate MDS to be done, which reflected the residents' services. She stated if a resident was on Hospice, it should be reflected in the MDS. The DON further stated that if Hospice was not coded in the MDS, it would be an inaccurate reflection of the data.</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
---	-------	-----------