

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 01/30/2025
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50941</p> <p>Based on staff interviews, record review, and review of the facility's policy titled, Pre-admission Screening and Resident Review (PASARR), the facility failed to ensure that one of one resident (R) (R13) reviewed for PASARR was evaluated by the state designated authority for a PASARR Level II. This deficient practice had the potential to affect the appropriate level of care and services provided for R13.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Pre-admission Screening and Resident Review (PASARR), with dated 9/26/2024 under Policy revealed, The facility will ensure that potential admissions are to be screened for possible serious mental disorders or intellectual disabilities and related conditions. This initial pre-screening is referred to as PASARR Level I and is completed prior to admission to a nursing facility. A negative Level I screen permits admission to proceed and ends the PASARR process unless a possible serious mental disorder or intellectual disability arises later. A positive Level I screen necessitates an in-depth evaluation of the individual by the state designated authority, known as PASARR Level II, which must be conducted prior to admission to a nursing facility</p> <p>Review of the Electronic Medical Record (EMR) revealed R13 was admitted to the facility on [DATE] with diagnoses that included but not limited to, bipolar disorder, depression, and anxiety.</p> <p>Review of R13's most recent entry tracking Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 11/20/2024 revealed, Section A (Identification Information) documented the resident had not been evaluated by Level II PASARR and determined to have a serious mental illness and/or mental retardation or related condition; Section I (Active Diagnoses) revealed, no neurological diagnoses, Section N (Medications) revealed, antipsychotic, antidepressant, and antianxiety medication use.</p> <p>Review of R13's physician orders revealed, buspirone HCL 15 mg (milligram) oral tablet with start date of 1/5/2025 (anti-anxiety medication), escitalopram oxalate 5 mg oral tablet with start date of 1/21/2025 (anti-depressant medication), olanzapine 20 mg oral tablet with start date of 5/18/2024 (anti-psychotic medication).</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: 115659
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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R13's PASRR Level I assessment dated [DATE] revealed, R13 did not have a Primary diagnosis of a Serious Mental illness that included bipolar disorder, depressive disorder, and anxiety disorder which were all marked No.</p> <p>Further review of R13's EMR revealed no submissions for a PASARR Level II to include diagnoses of bipolar disorder, depression, and anxiety.</p> <p>Interview on 1/29/2025 at 3:50 pm with the Social Services Assistant (SSA) KK, confirmed R13 did not have a PASARR Level II. She stated that she had not been trained on who should have a PASARR Level II. She stated that the facility does not have any resident that has a primary diagnosis for a PASARR Level II. She stated that the old Social Services Director (SSD) told her that if it is not the first diagnosis (primary) then the resident did not need a PASARR Level II. She acknowledged that R13 had diagnosis of bipolar disorder, depression, and anxiety; however, they were not the primary diagnosis.</p> <p>Interview on 1/29/2025 at 4:03 pm with the Admissions Director (AD) revealed, that the SSD was a new hire, and she did not complete the PASARR Level II's. She stated that PASSR Level II's and DMA 6's are typically completed at the local hospital if the resident's stay was not going to be beyond 30 days of admission. She revealed, if the residents stay was beyond 30 days that Business Office Manager (BOM) MM and medical records personnel at the facility were responsible for completing the PASARR Level II's.</p> <p>Interview on 1/29/2025 at 4:10 pm with Business Office Manager (BOM) MM confirmed that the diagnoses of bipolar disorder, depressive disorder, and anxiety disorder would warrant a PASARR Level II however, she did not have a clinical background to complete a PASARR II on a resident.</p> <p>During an interview on 1/30/2025 at 10:57 with the (Health Information Management Director) HIMD Director and the HIMD Assistant, the HIMD Director revealed that the PASARRs were requested by the Director of Nursing (DON). He stated that he inputs the coding, and the clinical management goes through the DON (who was responsible for the PASSRs). He stated that he doesn't know the requirements for the PASARRs. The HIMD Assistant stated that the HIMD department is learning something new, because she didn't know it was the responsibility of their department to have PASARR II completed on the residents. HIMD Director stated that he extracts information from the resident's records that come from the local hospital, and he uploads them. He stated that the resident's diagnosis comes from the hospital when they are discharged . He stated that R13's PASARR I was completed by the hospital.</p> <p>Interview on 1/30/2025 at 11:33 am with the SSD and SSA NN revealed they were not too familiar with PASARRs because their office did not deal with PASARRs. SSD checked R13's chart and confirmed that R13's has a diagnosis of bipolar, which is a major mental health issue.</p> <p>Interview on 1/30/2024 at 12:02 pm with the Administrator revealed her expectation for PASARR was for the Business Office Manager to ensure that the PASARR II and correct coding were completed on the PASARR form. She further stated she expect residents with a new diagnosis of mental illness to have a new PASARR Level II completed at the time of the diagnosis.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>50944</p> <p>Based on observations, staff and resident interviews, record review, and review of the facility's policy titled, Comprehensive Care Plans and Revisions, the facility failed to develop a person-centered, comprehensive care plan related to providing oxygen therapy as ordered for one of 19 Residents (R) (R41) reviewed for oxygen administration. The deficient practice had the potential to place the resident at risk for medical complications, unmet needs and a diminished quality of life.</p> <p>Findings include:</p> <p>Review of the facility policy titled Comprehensive Care Plans and Revisions, dated 9/11/2024 under the section Policy revealed, The facility will ensure the timeliness of each resident's person-centered, comprehensive care plan, and to ensure that the comprehensive care plan is reviewed and revised by an interdisciplinary team composed of individuals who have knowledge of the resident and his/her needs .</p> <p>Review of the clinical electronic record for R41 revealed, diagnoses that included but not limited to acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia, hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease.</p> <p>Review of R41's physician orders dated 1/7/2025 revealed, oxygen therapy-nasal cannula (N/C) at rate of 1(one) liter.</p> <p>Review of the care plan with date initiated on 1/7/2025 and target date 4/7/2025 revealed, there was no care plan developed related to providing oxygen therapy as ordered.</p> <p>Interview on 1/30/2025 pm at 3:54 pm with the Regional Coordinator of Clinical Services (RCCS) EE office confirmed that the resident did not have a care plan for oxygen therapy.</p> <p>Observation and interview on 1/30/2025 pm at 3:59 pm with the Unit Care coordinator LPN UU confirmed during admission a care plan should have been developed for oxygen but was not.</p> <p>Cross Reference F695</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 47947</p> <p>Based on observations, staff interviews, record review and review the facility document titled, [Name of Company] TELS (The Equipment Lifecycle System): Instructions, the facility failed to keep the residents free of accident hazards as evidenced by water temperatures above 110 degrees Fahrenheit (F) in four out of 68 resident rooms (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER]). The deficient practices had the potential to cause injury to residents residing in these rooms.</p> <p>Findings include:</p> <p>Review of the facility document titled, [Name of Company] TELS: Instructions, under the section titled Steps revealed, 1. For burn prevention, federal guidelines advise that you keep domestic water temperatures below 120 degrees Fahrenheit, although this temperature can still cause burns if exposure reaches five minutes. Many states have even stricter standards that set maximum temperatures lower than 120 degrees Fahrenheit, although 100 degrees Fahrenheit is considered a safe water temperature for bathing.</p> <p>Observations on 1/28/2025 from 1:15 pm to 1:20 pm of water temperature checks on 226 - 232 corridor with the Assistant of Maintenance Director (AMD) using the facility's digital thermometer revealed, water temperature measurements in room [ROOM NUMBER] at 127.8 degrees F, room [ROOM NUMBER] at 127.2 degrees F, room [ROOM NUMBER] at 127 degrees F and room [ROOM NUMBER] at 126.7 degrees F. No other residents' rooms were affected.</p> <p>Interview on 1/28/2025 at 1:25 pm with the AMD revealed, that maintenance department conducted weekly water temperatures in 10 rooms, in rotation.</p> <p>Interview on 1/28/2025 at 1:30 pm with the Administrator and Maintenance Director (MD) to inform them about the hot water test result. The Administrator stated that the MD would adjust the temperature promptly.</p> <p>Follow-up Observation on 1/28/2025 at 5:40 pm of water temperature checks revealed, room [ROOM NUMBER] at 106.3 degrees F, room [ROOM NUMBER] at 105.9 degrees F, room [ROOM NUMBER] at 105.9 degrees F, and room [ROOM NUMBER] at 105.6 degrees F.</p> <p>Review of facility water temperature log revealed that water temperature checks were completed on 1/2/2025, 1/8/2025, 1/16/2025, and 1/23/2025 with temperatures ranges between 106 degrees F and 106.9 degrees F.</p> <p>Review of the facility's records revealed, no residents sustained burns injuries related to hot water temperatures.</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 - Some</p>	<p>Interview on 1/28/2025 at 5:50 pm with the Maintenance Director (MD) confirmed, that when he went to adjust the water temperature, the water heater thermostat was showing 130 degrees Fahrenheit. The MD revealed that he had conducted weekly check of the thermostat to ensure the water temperature remained under 110 degrees however he was unsure why the temperature had gone up.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50944</p> <p>Based on observations, staff and resident interviews, record review, and review of the facility's policy titled, Oxygen Administration (Safety, Storage, Maintenance), the facility failed to ensure that one out of 19 residents (R) R41 receiving oxygen therapy was administered the therapy in accordance with the physician orders. This deficient practice had the potential to put R41 at risk for medical complications, respiratory depression, and potentially life-threatening complications.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Oxygen Administration (Safety, Storage, Maintenance), dated 10/11/2024, under the section Procedure - Oxygen Administration, outlines the following procedures: 1. Oxygen order should be written for specific liter flow required by the resident.</p> <p>Review of the clinical electronic record for R41 revealed, she was admitted with diagnoses that included but not limited to acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia, hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease.</p> <p>Review of the most recent Minimum Data Set (MDS) dated [DATE] for R41, revealed a Brief Interview for Mental Status (BIMS) was coded as 8, indicating the resident had moderate impaired cognition.</p> <p>Review of Physician orders revealed, oxygen therapy-nasal cannula (N/C) at rate of 1(one) liter, date initiated 1/7/2025.</p> <p>Observation on 1/28/2025 at 12:57 pm revealed, R41's wall mounted oxygen flow meter rate set on 1.5 (one and a half) liters via (by way) N/C.</p> <p>Observation on 1/29/2025 at 11:00 am revealed, R41's wall mounted oxygen flow meter rate set on 2 (two) liters via N/C.</p> <p>Observation on 1/30/2025 at 1:37 pm revealed, R41's wall mounted oxygen flow meter rate set on 2 (two) liters via N/C.</p> <p>Observation and interview on 1/30/2025 at 3:40 pm with Licensed Practical Nurse (LPN) TT confirmed that resident's oxygen tank setting was on two liters. LPN TT checked resident's physician orders and confirmed that oxygen flow meter rate should be set on one liter.</p> <p>Cross Reference F656</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>Provide and implement an infection prevention and control program.</p> <p>50940</p> <p>Based on observations, interviews, review of the facility's policies titled Oxygen Administration (Safety, Storage, Maintenance), Cleaning and Disinfection of Non-Critical Patient Care Equipment, and Hand Hygiene, the facility failed to maintain sanitary conditions for storing respiratory supplies for one of 19 residents that received respiratory treatments. In addition, the facility failed to sanitize shared medical equipment between residents' use during two of four medication pass observations and follow proper hand hygiene practices when providing residents' care during one of four medication pass observation. The deficient practices increased the risk to spread infection, equipment contamination, and other health complications. The sample size was 24 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Oxygen Administration (Safety, Storage, Maintenance) revised on 10/11/2024 revealed the Policy section included 4: Store oxygen and respiratory supplies in bag labeled with resident's name when not in use.</p> <p>Review of the facility's policy titled Hand Hygiene revised 6/3/2024, revealed the Policy section included 2. Associates perform hand hygiene (even if gloves are used) in the following situations: a) Before and after contact with the resident; c) After contact with objects and surfaces in the resident's environment) After removing personal protective equipment.</p> <p>1. Review of R47's Electronic Medical Records (EMR) revealed, R47 was admitted to the facility with diagnoses including, but not limited to chronic pulmonary edema, acute and chronic respiratory failure with hypoxia, post Covid 19, heart failure, and stroke.</p> <p>Review of the Physician Orders for R47 revealed an order dated 1/2/2025 for Ipratropium-Albuterol Solution (nebulizer to treat chronic obstructive pulmonary disease) 0.5-2.5 (3) MG (milligram) /3ML (milliliters) 3 ml inhale orally via nebulizer four times a day for shortness of breath (SOB).</p> <p>During an observation on 1/28/2025 at 12:04 pm in the resident's room, R47's respiratory supplies (nebulizer mask and tubing) were laying on the nightstand tangled and touching the floor. The respiratory supplies were unbagged and not in use.</p> <p>During an observation on 1/29/2025 at 9:00 am, R47's nebulizer mask and tubing were laying on the nightstand tangled, unbagged, and not in use.</p> <p>Observation and Interview on 1/29/2025 at 12:00 pm in R47's room with RN AA revealed, the nebulizer masks and tubing were unbagged while not in use. She opened the nightstand drawer, revealing a labeled bag designated for the respiratory supplies. RN AA placed the nebulizer mask in the bag and confirmed that it should have been stored in the bag when not in use.</p> <p>In an interview on 1/29/2025 at 3:20 pm with the Staff Development Coordinator, Intern Infection Control Preventionist (ICP), RN FF, she stated that she expected oxygen supplies and respiratory masks to be kept in a labeled bag when not in use.</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>Interview on 1/30/2025 at 9:20 am with the facility's corporate nurses, Registered Nurse (RN) EE and RN DD revealed, that they expected staff to keep oxygen supplies and respiratory masks in labeled bags when not in use.</p> <p>2. Observation and Interview during medication pass on 1/29/2025 at 11:35 am revealed, RN AA was observed performing a blood sugar check on a resident. RN AA approached the medication cart and gathered the necessary supplies; however, she did not wash or sanitize her hands before collecting the supplies or upon entering the room nor did she clean and disinfect the glucose glucometer before use. RN AA revealed, someone had removed the sanitizer from her cart, and she had forgotten to do so when questioned about not sanitizing or washing her hands before preparing for the glucose check or upon entering the room. RN AA confirmed she should have sanitized her hands in both instances and cleaned the glucometer before use.</p> <p>During an interview on 1/29/2025 at 3:00 pm with RN FF Staff Development Coordinator/Interim Infection Control Preventionist (SDC/ICP) revealed that she expects her staff to perform hand hygiene before and after any contact with each resident. RN FF SDC/ICP revealed, staff members should either sanitize with an alcohol-based hand sanitizer or, after three consecutive uses, wash their hands with soap and water.</p> <p>During the interview on 1/30/2025 at 9:20 am with RN EE and RN DD stated, that they expected staff to perform hand hygiene using either soap and water or an alcohol-based hand sanitizer before and after contact with each resident and to clean the glucometer before and after use.</p>		