

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, staff interviews, and review of the facility's policy titled, Food Safety and Sanitation, the facility failed to ensure food safety protocols and maintain sanitary conditions for the ice machine, the disposal of expired and opened food in the walk-in refrigerator freezer, and failed to properly label or date food in the dry storage and walk in freezer. The deficient practices had the potential to place 84 residents who received an oral diet from the kitchen at risk of contracting a foodborne illness. Findings Include:Review of the facility's policy titled Food Safety and Sanitation reviewed dated 05/01/2025, documented in Procedure . 2. Pre-packaged food is placed in a leak-proof, pest proof, non-absorbent, sanitary (NSF-National Sanitation Foundation certification) container with a tight-fitting lid. The container is labeled with the name of the contents and date (when the item is transferred to new container). Use by Date is noted on the label or product when applicable. Documented in Food Service/Meal Service .12c. Ice machines must be of a type that eliminates contamination during ice manufacture, storage, and dispensing. During the initial tour on 03/27/2026 at 7:35 AM with the Dietary Manager (DM), the kitchen inspection of food in the dry storage area/emergency preparedness revealed two 2lb. (pound) boxes of cookies, 60 packs with an expiration date of 10/20/2025, two honey thickened flavored water, 46 fl oz. (fluid ounces) with an expiration date of 03/03/2026, and three 1lb. alfredo sauce mix with an expiration date 10/18/2025.The walk-in freezer revealed multiple five-gallon bags containing pre-packaged food products that lacked proper labels and dates. All items confirmed with the DM and listed as follows: cut carrots with date 03/22/2026, sliced pepperoni with date 02/27/2026, catfish with date 03/11/2026, vegetable sausage with date 03/02/2026, pork with date 03/24/2026, roast beef with date 03/08/2026, beef with date 03/23/2026, all food items without any expiration date. Moreover, a box of mixed meats with an expiration date of 07/03/2025; included one gallon bag of vegetable meatballs, 3.4 oz veggie patties, and one gallon bag marked as veggie patties were found.The kitchen tour continued, uncovering a brown-black slime-like substance during the ice machine inspection. The DM verified and witnessed lack of cleanliness. The DM revealed that the ice machine was cleaned quarterly. An examination of the cleaning log attached to ice machine revealed two dates: 03/14/2025 and 05/19/2025. An attached TELS (maintenance request system) update email regarding the ice machine showed that the service date was 10/24/2025, and a note at the bottom of the page indicated the next service date as 01/23/2026Interview with the DM on 03/27/2026 at 8:43 AM confirmed that all the food in the walk-in freezer had dates marked for when they were prepared, but the staff did not write down the use-by dates. The DM explained that an outside company cleaned the ice machine and that it was recently serviced, but there was still a brown-black substance present. She mentioned that even though it was cleaned not long ago, it did not seem like it was thoroughly done.An interview with [NAME] HH on 03/27/2026 at 12:24 PM revealed that he had recently placed pepperoni in the freezer in preparation for lunch but was not able to label and date due to the label device malfunctioning and conducting breakfast meal tray pass.An interview with Dietary Aide (DA) II on 03/29/2026 at 10:36 AM regarding kitchen observation revealed that it was last year since he last cleaned the ice maker. DA II, confirmed he was the morning dietary assistant that carefully checked (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
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>food products for expiration, dating, and labeling when the truck delivered. DA II revealed that he overlooked the food items in the dry storage area that were identified. An interview on 03/29/2026, at 11:10 AM with Dietary Aide (DA) JJ explained that the night shift crew was usually in charge of cleaning the ice machine, and it was the person designated as E who handles it. However, he pointed out that nobody had been assigned as E lately. DA JJ shared that about two weeks ago, he cleaned the outside of the ice machine because the instructions just said to clean the inside and outside, without any other details. He confirmed he did not clean under the ice compartments, saying he was not sure what was under there. DA JJ also added that he was also responsible for putting away stock when the food delivery came in. DA JJ revealed he did not notice any expired food items in the dry storage area, and he made sure to put new items behind the older ones; he really did not focus on the dates as the morning dietary aide did.</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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>		

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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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, record review, staff interviews and review of the facility policy titled, Oxygen Administration (Infection Control, Safety, and Storage), the facility failed to provide respiratory care consistent with professional standards of practice by ensuring humidification was provided and the oxygen concentrator and filter were clean for one of 20 residents (R) (R81) receiving oxygen (O2) or respiratory therapy. The deficient practice increased the risk of infection for R81. Findings include:Review of the facility policy titled Oxygen Administration (Infection Control, Safety, and Storage) revised date 03/03/2026, revealed in section Infection Control 1. Change oxygen supplies (e.g. cannula, tubing, humidifier) weekly and when visibly soiled. Equipment should be labeled with resident name and dated when setup or changed out.4b. External filters should be checked daily and all dust should be removed. Review of the electronic medical record (EMR) for R81 revealed she was admitted to the facility with diagnoses including but not limited acute and chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease (COPD), hypertensive heart disease with heart failure, dependence on supplemental oxygen, and obstructive sleep apnea.Review of R81 most recent Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score was coded as 15, which indicated no cognitive impairment. Section O, Special Treatments, Procedures, and Programs revealed Oxygen therapy/ Non-invasive Mechanical Ventilator.A review of the care plan initiated on 07/11/2024 revealed the resident has COPD. Intervention: Identify and eliminate sources of respiratory irritation such as cigarette smoke, pollen, perfumes, etc.Observation and Interview on 03/27/2026 at 11:16 AM with R81 revealed the water humidification bottle on the O2 concentrator was empty. Additionally, there was no date recorded on the O2 tubing of the O2 concentrator and the concentrator filter revealed heavy gray-like dust build up on filter. When R81 was asked about her comfort level; the resident confirmed, that's why it is hard for me to breathe and insisted that someone come fix it.Observation on 03/27/2026 at 4:05 PM with the Director of Nursing (DON) revealed O2 in use at four liters via concentrator, no date on tubing, and the humidification was dry/empty. The DON immediately exited and informed the nurse. Observation and Interview on 03/27/2026 at 4:09 PM with Licensed Practical Nurse (LPN) KK revealed that the humidification bottle was empty, there was no date on the tubing, and the name and date were missing from the bottle. Additionally, the concentrator filter was noted to have a significant build-up of dust-like particles. LPN KK explained that the tubing was replaced on Sunday nights, along with the humidification bottles. LPN KK also shared nursing was required to date the tubing and water bottles each time they were replaced. Furthermore, LPN KK clarified that every morning, the nurse evaluated each resident, confirmed the flow rate, inspected the dated tubing, and checked the humidification bottles. LPN KK confirmed that she did not inspect the O2 tubing, concentrator nor water humidification for R81 today.An interview on 03/29/2026 at 12:28 PM with the DON revealed that she had informed her staff on the morning of 03/27/2026 to verify that all O2 tubing, flow liters, and water humidification bottles were checked. The DON clarified that these items were to be replaced weekly on Sundays; however, the humidification bottles may be changed more frequently if they were empty. Additionally, the DON explained that nurses were required to date and label all O2 equipment utilized. She further revealed that the Unit Manager was tasked with checking and completing rounds to ensure that all duties were fulfilled. Nevertheless, the Unit Manager for the 100 hall (Veranda) was currently responsible for interim Infection Control Prevention due to the absence of the Infection Preventionist (IP), and the interim Assistant Director of Nursing (ADON) would provide support in this regard. DON confirmed the risk of residents that were on O2 at 3 Liters per minute (LMP) or higher could cause dehydration, nasal dryness, and respiratory issues. The DON also explained the dust-like build up could cause harm as well, specifically with residents that had pre-existing respiratory conditions.An interview on 03/29/2026 at 1:11 PM with the ADON revealed (continued on next page)</p>		

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F 0695  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	that she was tasked with providing support to the Unit Manager for the 100 hall. She confirmed that she completed rounds that morning; however, she did not visit R81's room. ADON explained she failed to check the oxygen tubing, humidification, or the O2 concentrator in R81's room before the discovery was made with the DON.		