

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115682	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Budd Terrace at Wesley Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 1833 Clifton Road, NE Atlanta, GA 30329	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47794</p> <p>Based on observations, resident and staff interviews, record review and review of the facility's policy titled, Residents' Rights & Responsibilities, the facility failed to ensure call lights were answered and care provided for one of three residents (R) (R1). Specifically, the facility failed to ensure R1 care needs were met after the initiation of the call light system.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Residents' Rights & Responsibilities dated September 28, 2023, under the Purpose statement revealed, [Facility Name] respects the rights of the patients / residents; recognizes that each patient / resident is an individual with unique healthcare needs, values, and cultural perspectives; and because of the importance of respecting each patient's / resident's personal dignity, provide considerate, respectful care focused on the patient's / resident's needs.</p> <p>Review of R1's Admission Record revealed diagnoses of but not limited to unspecified osteoarthritis, other chronic pain, asthma, morbid (severe) obesity due to excess calories, abnormal posture, pain in right knee, presence of right artificial knee joint, other symptoms and signs involving the musculoskeletal system, muscle weakness (generalized), and difficulty in walking.</p> <p>Review of R1's quarterly Minimum Data Set (MDS) assessment dated [DATE] for Section C (Cognitive Patterns) revealed, a Brief Interview for Mental Status (BIMS) of 15, which indicated little to no cognitive impairment; Section GG (Functional Abilities and Goals) revealed, the resident required staff assistance with showering, dressing, toileting/bedpan, and personal hygiene.</p> <p>Review of R1's care plan with date initiated on 5/17/2024 revealed R1 has ADL (Activities of Daily Living)/self-care deficit related ot Stage IV Ovarian Cancer with interventions that included but not limited to: assess ADL status and provide care/assistance as needed, bath/shower as scheduled and as needed; provide assistance with dressing, grooming, personal hygiene, and bathing; and Transfers: resident requires one person assist with transfers (date initiated 1/6/2024).</p> <p>Interview on 10/25/2024 at 2:01 pm with R1 revealed, staff would ignore her call light, walk by or would answer the light and leave without assisting, which resulted in episodes of incontinence of urine and feces.</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
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 10/28/2024 at 10:20 am with the Administrator, Director of Nursing (DON), and R1 revealed resident was asked if any of staff members tell you to use the restroom on yourself when you ask to be toileted, and they will come back to clean you up? R1 stated, Yes, they do that, and I don't want to poop on myself, and I really hate peeing on myself, but I don't have a choice.</p> <p>Observation on 10/28/2024 at 11:15 am of R1's head-to-toe assessment, with Registered Nurse (RN) DD revealed R1 had a towel wrapped around their pelvis and was triple diapered and the brief was full of urine. During this time an interview was conducted with RN DD, who was asked was this normal peri care protocol and RN DD responded with, No, some of the CNA's are really telling on themselves.</p>

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47794</p> <p>Based on observations, staff and resident interviews, record review, and review of the facility's policy titled, Residents' Rights & Responsibilities, the facility failed to ensure one of three residents (R) (R1) the choice of time and preference for showers.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Residents' Rights & Responsibilities dated September 28, 2023, under the Purpose statement revealed, [Facility Name] respects the rights of the patients / residents; recognizes that each patient / resident is an individual with unique healthcare needs, values, and cultural perspectives; and because of the importance of respecting each patient's / resident's personal dignity, provide considerate, respectful care focused on the patient's / resident's needs. Under the section titled, Patients / Residents of [Facility Name] are entitled to the rights listed below revealed, number 10. Make informed decisions regarding his / her care.</p> <p>Review of R1's Admission Record revealed diagnoses of but not limited to unspecified osteoarthritis, other chronic pain, asthma, morbid (severe) obesity due to excess calories, abnormal posture, pain in right knee, presence of right artificial knee joint, other symptoms and signs involving the musculoskeletal system, muscle weakness (generalized), and difficulty in walking.</p> <p>Review of R1's quarterly Minimum Data Set (MDS) assessment dated [DATE] for Section C (Cognitive Patterns) revealed, a Brief Interview for Mental Status (BIMS) of 15, which indicated little or no cognitive impairment; Section GG (Functional Abilities and Goals) revealed, the resident required staff assistance with showering, dressing, toileting/bedpan, and personal hygiene.</p> <p>Review of R1's care plan with date initiated on 5/17/2024 revealed R1 has ADL (Activities of Daily Living)/self-care deficit related ot Stage IV Ovarian Cancer with interventions that included but not limited to: assess ADL status and provide care/assistance as needed, bath/shower as scheduled and as needed; honor resident's wishes to have her showers in the evening; provide assistance with dressing, grooming, personal hygiene, and bathing.</p> <p>Interview on 10/23/2024 at 11:46 am with R1 revealed, that the night Certified Nursing Assistants (CNAs) would not always honor the late shower times that they preferred, between 11:00 pm - 12:00 am. R1 stated, the night CNA was unwilling to give them a shower or bed bath the night before surveyor entered the facility on 10/23/2024. R1 stated CNA's complained about going through the process of transferring R1 with the Hoyer lift and would typically only offer a bed bath.</p> <p>Review of the Shower Schedule posted at Nurse's Station revealed night showers on Tuesday and Friday for R1. Shower Sheet's for R1 revealed only three documented showers out of seven possible showers for the month of October prior to the surveyor's entry. The three showers documented were dated on 10/1/2024, 10/8/2024, and 10/15/2024. There was no documentation noting the reasons for R1's missed showers for the other scheduled days.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 10/24/2024 at 10:00 am with Registered Nurse (RN) CC, Unit Manager stated CNAs are expected to document the reasons for missed showers on the Shower Sheet's and report them to the Unit Manager for rescheduling.</p>		