

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115772	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2025
NAME OF PROVIDER OR SUPPLIER Mesun Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 88 Johnson Road, Building #2 Lawrenceville, GA 30046	
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)		
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, record review, and facility policy review, the facility failed to ensure deposited monetary funds were returned timely after discharge to the family of one resident (Resident (R) 88) out of a total of 23 residents reviewed in the sample. The facility's failure to ensure funds were returned to the resident's family in a timely manner after her discharge created the potential for the resident/resident's family to experience negative financial outcomes related to their inability to access the funds. Findings include: Review of the facility's undated Refund Policy (incorrectly) indicated, Refunds will be reviewed and issued for Deposits, Prepaid Room and Board, Advance Payments, and Ancillary Services. Approved refund requests will be processed and issued within forty-five [45] days. Review of the admission Record found in the Electronic Medical Record (EMR) under the Profile tab revealed R88 was admitted to the facility on [DATE]. The resident's diagnoses included heart failure and early onset Alzheimer's disease, and the record indicated R88 was admitted to the facility for hospice services. The record indicated Family Member (FM) 1 was R88's Responsible Party (RP) and that the resident was discharged from the facility upon her death on [DATE] (four days after her admission to the facility). Review of a Progress Note, dated [DATE] and found in the EMR under the Notes tab, indicated the resident was severely cognitively impaired. Review of R88's financial documents, provided by the facility, revealed the resident received hospice services covered by Medicare; however, her room and board fees were paid privately. The records indicated a deposit of \$9,750.00 was made by FM1 to cover R88's room and board costs on the date of her admission to the facility ([DATE]). The financial documentation indicated the out-of-pocket cost of the resident's room and board services for her stay ([DATE] - [DATE]) was \$1,300.00 (or \$325.00 per day). Review of an email document from FM1 to the Business Office Manager (BOM), dated [DATE] and provided by the facility, indicated, How soon can I get our refund since [R88] passed on Monday night [[DATE]]. Review of an email document from the BOM to FM1, dated [DATE] and provided by the facility, indicated, My condolences, I'm actually working on the paperwork now. Review of an email document from FM1 to the BOM, dated [DATE] and provided by the facility, indicated, I'm guessing the refund should be between \$8 - \$8.5K [thousand]. Will you [just] return the credit to the charge card I paid you with? Review of an email document from FM1 to the BOM, dated [DATE] and provided by the facility, indicated, Hitting you up again. I need to close [R88's] accounts, but if you are crediting the credit card, I have to leave it open. I need to know how and when you are crediting please. Reveal of an email document from the BOM to FM1, dated [DATE] and provided by the facility, indicated, I called to inform [with] you that yes, we are working on getting the refund of the balance over to you as well as to let you know it is our policy to issue a check form of a refund. Please let me know if you have any questions or concerns, I'm here to assist in any way I can. Review of an email document from FM1 to the BOM, dated [DATE] and provided by the facility, indicated, Would you be so kind to tell me when you will be mailing our refund check, as we are getting ready to move. Also, the amount. Review of an email document from the BOM to FM1, dated [DATE] and provided by the facility, indicated, I will look into the time frame, and I will let you know. Review of an email document from FM1 to the facility's Corporate Financial Department, dated (continued on next page)		

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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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[DATE] and provided by the facility, indicated, I'm just checking the status of the refund check on the resident named above [R88]. The resident passed away four days after initial payment of \$9,750.00 was made. The total refund due is \$8,550.00 . Can you tell me what date the check was mailed out if it's been mailed as of yet?Review of an email document from the facility's Corporate Financial Department to the BOM, dated [DATE] and provided by the facility, indicated, I forwarded this to [staff member] who handles accounts payable.Review of an email document from the facility's Corporate Financial Department to the BOM, dated [DATE] and provided by the facility, indicated, Thank you for following up. The refund check has not been mailed out yet. It is expected to be mailed next week. I will keep you posted once it has been sent.Review of an email from the facility's Corporate Financial Department to the BOM, dated [DATE] (32 days after R88's discharge from the facility) and provided by the facility, indicated, I'd like to let you know that the payment [to FM1 for R88's refund] will be sent today as follows: Refund Amount: \$8,150.00. Check Payable To: [FM1]. During an interview with the Administrator on [DATE] at 4:00 pm, he acknowledged the facility's policy indicating funds were to be returned to a resident within 45 days after discharge did not reflect the Federal Regulation indicating a 30 day time frame for the return of funds after discharge, confirmed R88's money had not been mailed to the family until [DATE], and stated his expectation was excess funds deposited by residents/their responsible parties for resident care in the facility were expected to be returned no later than 30 days after discharge.		

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and facility policy review, the facility failed to protect residents from abuse by ensuring a thorough investigation into allegations of potential abuse was conducted for two out of three residents (Resident (R) 5 and R3) reviewed for abuse. The facility's failure to ensure thorough investigation of potential financial abuse for R5, and of an injury for R3, created the potential for these and other residents to experience ongoing effects related to abuse. A total of 23 residents were reviewed in the sample. Findings include: Review of the facility policy titled Compliance with Reporting Allegations of Abuse/Neglect/Exploitation, dated 12/22/2023, revealed V. Investigation of Alleged Abuse, Neglect and Exploitation: A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. B. Written procedures for investigations include: . 4. identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; 5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and 6. Providing complete and thorough documentation of the investigation. 1. Review of R5's admission Record, found in the Electronic Medical Record (EMR) under the Profile tab revealed R5 was admitted to the facility on [DATE]. The resident's diagnoses included history of stroke and Alzheimer's disease. The document indicated that the resident's Responsible Party (RP) was Family Member (FM) 3. Review of R5's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/7/2025 and found in the EMR under the MDS tab, revealed the resident had a Brief Interview for Mental Status (BIMS) score of three out of 15, which indicated the resident was severely cognitively impaired. Review of R5's financial documentation, dated 10/2/2023 through 11/21/2025 and provided by the facility, revealed although FM3 was R5's Responsible Party and was named as the resident's Rep Payee (the person who received R5's Social Security payments issued each month by the government), FM3 did not respond to any of the facility's attempts to reach her during that time period to provide payment for R5's services while at the facility or provide R5 with personal spending money to meet his needs. The documentation revealed R5 did not have access to any of his money and had not had access since 10/2/2023. Review of the facility's internal investigation documentation for 10/1/2023 through 11/20/2025 revealed nothing to indicate the facility initiated an investigation related to potential financial abuse of R5 by FM3. During an interview with the Administrator on 11/20/2025 at 3:31 pm, he stated he had not initiated an internal investigation into the potential abuse as required by the facility's abuse policies and procedures. The Administrator stated the potential financial abuse of R5 by FM3 should have been investigated internally by the facility as soon as the facility became aware of the potential abuse. 2. Review of R3's five-day Medicare MDS with an ARD date of 7/30/2025, located in the MDS tab of the EMR, revealed an admission date of 7/25/2025 and a BIMS score of 14 out of 15, indicating R3's cognition was intact. R3 had diagnoses of paroxysmal atrial fibrillation, heart failure, and diabetes mellitus. During an interview on 11/20/2025 at 2:40 pm, the Director of Therapy (DOT) was asked about R3's lower extremity bleeding during a therapy session in July 2025. The DOT stated R3 had vascular and swelling issues in her lower left extremity before coming to the therapy session, and the bleeding was the bursting of a vessel. When asked if the incident was investigated, the DOT stated she documented in the daily therapy note on her computer but did not write a statement. During an interview on 11/20/2025 at 8:23 am, the DON was asked for the investigation related to R3's LLE injury on 7/28/2025. The DON stated the incident report for R3's LLE injury was also the investigation and stated she obtained CNA1's statement. The DON stated there was no incident report or investigation for R3's ruptured hematoma during therapy on 7/29/2025 as a note was added to the incident report referencing the bleeding episode. During an interview on 11/21/2025 at 12:19 pm, the DON stated the nurse that completed the incident report would have (continued on next page)		

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interviewed R3 and documented in the progress notes. The DON reviewed the EMR for R3's statement and stated, It's not here, but the nurse would have interviewed R3. The DON was asked about the facility policy instructing staff to interview all persons involved in an allegation. The DON acknowledged that by not interviewing R3, pertinent details may have been missed. The DON was asked if the nurse (Licensed Practical Nurse (LPN)2) who CNA1 reported the incident to had completed a statement. The DON stated LPN2 documented her statement in the incident report. During an interview on 11/21/2025 at 1:23 pm, LPN2 stated that CNA1 reported bumping R3's lower leg causing her hematoma. LPN2 stated soon after the incident was reported, R3 complained of leg pain. LPN2 stated that R3 was interviewable but as far as she knew, no statement was obtained. LPN2 stated she did not talk with R3 about the incident. LPN2 stated the next shift would have followed up with an investigation. LPN2 was asked if she wrote or gave a statement besides what she wrote about the incident in the incident report. LPN2 stated, No and said no one asked her to give a statement.		