STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115773	A. Building B. Wing	05/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Terraces at Peachtree Hills Place, The	229 Peachtree Hills Avenue, NE Atlanta, GA 30305

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 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 were followed and sanitary conditions were maintained by properly labeling, dating, and discarding expired food items. The deficient practices had the potential to place 15 of 15 residents who received an oral diet from the kitchen at risk for contracting a foodborne illness. Findings include:Observation and interview conducted on 05/01/2026 at 8:10 AM of the freezer, accompanied by Stock/Utility Staff GG, revealed that the freezer located on the first floor contained one pack of preˆpacked sausages and twelve beef patties labeled with expiration dates of April 2022 and February 2025. Additionally, nine preˆpacked ziplock bags of chicken, seven preˆpacked ziplock bags of fish, a halfˆbag of shrimp, and seven racks of bread products were found without labels or dates indicating an open or end date. Stock/Utility Staff GG confirmed that the expired food items should have been discarded and that all food items should have been labeled with an open date and an end date.Interview on 05/01/2026 at 12:25 PM, the Certified Dietary Manager (CDM) confirmed the expired turkey. The CDM also confirmed that the preˆpacked sausage and beef patties should have been discarded and that the preˆpacked chicken, fish, halfˆbag of shrimp, and all bread products should have been labeled and dated. Interview on 05/02/2026 at 12:45 PM, the Registered Dietitian confirmed that staff should have labeled all food items with an open date and an end date and should have discarded all expired food items.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observations, record review, staff interviews, and review of the facility's policies titled, Medication Administration and Crushed Medications, the facility failed to ensure a medication error rate of less than 5% (percent) for three of 25 medication opportunities observed, resulting in a medication error rate of 12% for two of three residents (R) (R2 and R5) reviewed during medication administration. The deficient practice increased the risk of adverse clinical outcomes for R2 and R5. Findings include: Review of the facility's policy titled, Medication Administration, dated 01/01/2026 documented under Policy Explanation and Compliance Guidelines: . 10. Ensure that the six rights of medication administration are followed: a. Right resident b. Right drug c. Right dosage d. Right route e. Right time f. Right documentation .17. c. Crush medications as ordered. Do not crush medications with do not crush instructions. 20. Sign MAR (medication administration record) after administered.Review of the facility policy titled, Crushed Medications dated 01/01/2026 specified under Policy: medications shall be crushed in accordance with standards of practice for safety and accuracy in medication administration. Under Policy Explanation and Compliance Guidelines: . 6. Medications that typically should not be crushed include, but are not limited to: a. Sublingual and buccal tablets, b. Enteric-coated medications, c. Sustained-release or extended-release medications, d. Capsules which the absorption of the active ingredient would change significantly if opened (i.e. timed-release).Observation during medication administration on 05/02/2026 at 9:42 AM in Farm House with LPN FF revealed R2 had an order for clotrimazole-betamethasone cream; 1-0.05 % topical cream and hydrocortisone [OTC] cream; 1%; amt (amount): 1; topical twice A Day. LPN FF did not administer these creams but documented on the MAR they were administered as ordered.LPN FF and the Director of Nursing (DON) confirmed on 05/02/2026 at 11:50 AM the MAR was signed in error and that clotrimazole-betamethasone cream; 1-0.05 %; topical cream and hydrocortisone [OTC] cream 1% topical creams were not administered as ordered.Observation during medication administration on 05/03/2026 at 9:02 AM in Meadow House with Registered Nurse (RN) BB revealed R5 had a physician order for aspirin 325mg [milligrams], give 1 tablet by mouth once a day for peripheral vascular disease (PVD). RN BB crushed and administered enteric coated aspirin 325mg. However, enteric coated aspirin was delayed released and should not have been crushed.During an interview on 05/03/2026 at 9:15 AM following the medication administration observation, RN BB stated medications that were extended release, those medications in capsules or those with coating should not be crushed because of risks of gastric distress.LPN FF stated during an interview on 05/03/2026 at 09:30 AM, enteric coated medications could not be crushed because of the negative effects the medication may have from being rapidly released.During an interview on 05/03/2026 at 10:05 AM, the Assistant Director of Nursing (ADON) confirmed enteric coated medications should not be crushed.