STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11A186	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Georgia Regional Atlanta Ltc	3073 Panthersville Rd, Snf Bldg. #17 Decatur, GA 30034

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and staff interviews, the facility failed to develop a comprehensive person-centered care plan that addressed oxygen therapy needs for one of 19 sampled residents (R) (R13). This deficient practice had the potential to place the resident at risk for unmet care needs, respiratory complications, and diminished quality of life.Findings include:The facility did not have a policy related to care planning.Review of the care plan revealed the care plan did not include a problem, goal, or interventions related to oxygen (O2) use.Interview conducted on 9/18/2025 at 10:37 am with MDS Coordinator EE stated that O2 use should be triggered and addressed in the care plan. Upon review of R13's care plan, MDS Coordinator EE stated O2 therapy was not included and acknowledged it was omitted in error. She stated the possible negative outcome of not care planning O2 was that the resident might not get the care that they needed.Interview conducted on 9/18/2025 at 2:01 pm with the Administrator stated he did not believe it was necessary to care plan O2, noting the facility had never care planned O2 in 10 years. The Administrator acknowledged that O2 was not included in the resident's care plan.

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
	11A186	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Georgia Regional Atlanta Ltc	3073 Panthersville Rd, Snf Bldg. #17 Decatur, GA 30034

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of facility's policy titled, Oxygen Therapy, the facility failed to ensure oxygen (O2) equipment was properly stored when not in use for one of 24 sampled residents (R) (R13). This deficient practice had the potential to place residents at risk of infection. Findings include:A review of the facility's policy titled Oxygen Therapy, reviewed on 7/16/2025 revealed under section titled, Storage and Equipment, all equipment associated with the delivery of oxygen should be discarded and replaced as needed with visible soiling, issues with patency, a defective device, or other issues that interfere with functionality and optimal oxygen delivery.Review of the electronic medical record (EMR) for R13 revealed diagnoses of but not limited to chronic obstructive pulmonary disease (COPD), asthma, and mild neurocognitive disorder due to known physiological condition with behavioral disturbance.A review of the Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 12, indicating moderate cognitive decline.A review of the physician's order dated 7/11/2025 revealed an active order for oxygen at 2 liters per minute (LPM) via nasal cannula (NC) as needed for shortness of breath (SOB) or wheezing. The order further directed staff to titrate oxygen to maintain saturations of 92-94% and to check oxygen saturations every six hours and as needed.Observations on 9/16/2025 at 11:00 am, 9/17/2025 at 9:15 am, and 9/17/2025 at 12:43 pm in R13's room revealed the NC was observed uncovered and exposed when not in use.Interview and observation conducted on 9/17/2025 at 12:45 pm with Certified Nursing Assistant (CNA) AA stated the NC should be placed in a plastic bag when not in use to prevent germs and bacteria from contaminating the device. She stated that if the cannula is not covered, bacteria could be inhaled by the resident when the device is reapplied.Interview and observation conducted on 9/17/2025 at 12:49 pm with Registered Nurse (RN) BB stated the NC should have been bagged when not in use. She stated she did not notice it uncovered during the morning and acknowledged the potential negative outcome was infection.Interview conducted on 9/17/2025 at 1:09 pm with Respiratory Therapist (RT) CC stated the O2 equipment should not be stored in the resident's room unless needed, and the NC should be covered. He stated that leaving the cannula uncovered posed an infection control risk and acknowledged.Interview conducted on 9/18/2025 at 12:44 pm with RT Lead DD confirmed all NC's must be stored in a dated, labeled bag when not in use. She stated the potential negative outcome was exposure to germs, which residents could inhale.Interview conducted on 9/18/2025 at 2:01 pm with the Administrator stated his expectations were that NCs must always be covered when not in use. He stated a negative outcome of failure to do so could be infection risk to the resident.