



State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000660</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>09/29/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANOR LAKE ATHENS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>933 US HIGHWAY 29 ATHENS, GA 30601</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
	<p>August 25, 2020</p> <ol style="list-style-type: none"> <li>1. Staff responded to one resident call alert after 30 minutes.</li> <li>2. Staff responded to one resident call alert after 20 minutes.</li> <li>3. Staff responded to one resident call alert after 15 minutes.</li> </ol> <p>August 24, 2020</p> <ol style="list-style-type: none"> <li>1. Staff responded to one resident call alert after 40 minutes.</li> <li>2. Staff responded to one resident call alert after 30 minutes.</li> <li>3. Staff responded to four residents call alerts after 20 minutes.</li> </ol> <p>A review of the file for Resident #1 showed an admission dated of 8/17/20, with diagnoses of hypertension, temporal arthritis, debilities diabetic ketoacidosis, osteoarthritis, and steroid induced D.</p> <p>A review of the facility incident reports showed an incident report, dated 8/24/20, that Resident #1 had a fall at 5:05 a.m. Another incident report, dated 8/30/20, showed that Resident # 3 had a fall at 5:10 p.m.</p> <p>A review of the facility pendent log report showed that Resident #1 pressed the pendent button at 5:18 a.m. and the pendent button was cleared out at 5:54 a.m., 36 minutes later. Resident # 3, on 8/24/20 pressed the pendent button at 4:46 p.m., and the pendent button was cleared out at 5:24 p.m.,28 minutes later, and at 10:14 p.m., and the pendent was cleared out at 10:37 p.m., 23 minutes later.</p> <p>A review of the facility worksheet showed that Staff C and Staff D worked on 8/23/20, the night shift from 11:00 p.m. to 7:00 a.m. on 8/24/20.</p> <p>During an interview on 9/21/20 at 9:06 a.m., AA stated that Resident #1 was admitted into the facility on 8/20/20 and taken to his/her home on 8/24/20. AA stated that Resident #1 received hospice care at the facility and at his/her home. AA stated that Resident # 1 expired on 8/28/20 while at his/her home.</p> <p>During an interview on 9/22/20 at 2:03 p.m., Resident #2 stated he/she has never used the pendent button.</p>		

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	<p>During an interview on 9/22/20 at 2:12 p.m., Resident # 3 stated that on 8/12/20 and 8/13/20, he/she had pressed the pendent button and the staff never showed up. Resident #3 stated that he/she fell from the bed on 8/30/20.</p> <p>During an interview on 9/22/20 at 2:22 p.m., Resident #4 stated that delays have occurred at night with staff assisting himself/herself.</p> <p>During an interview on 9/25/20 at 12:07 p.m., Staff E stated that the facility could use more staff.</p> <p>During an interview on 9/29/20 at 3:14 p.m., Staff A acknowledged the findings.</p>		