STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIEF MANOR LAKE ATHENS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALCO00660	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 933 US HIGHWAY 29 ATHENS, GA 30601	(X3) DATE SURVEY COMPLETED 09/29/2020	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			
{L 000}	Initial Comments. The purpose of this visit was to investigate #GA00207863. The investigation started on 9/21/20 and was completed on 9/28/20.			
{L 0937} SS= D				
	This REQUIREMENT is not met as evidenced by: >>>>Based on record review and interviews, the facility failed to have enough staff to meet the specific resident ongoing health and safety needs for 1 of 4 sampled residents (Resident #1). Findings include: A review of the facility August 2020 Pendent report showed the following:			
	August 30, 2020 1. Staff responded to three residents call alerts after 30 minutes. 2. Staff responded to three residents call alerts after 20 minutes. August 26, 2020 1. Staff responded to one resident call alert after 120 minutes. 2. Staff responded to one resident call alert after 90 minutes. 3. Staff responded to two residents call alerts after 50 minutes.			

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	August 25, 2020 1. Staff responded to one resident call alert after 30 minutes. 2. Staff responded to one resident call alert after 20 minutes. 3. Staff responded to one resident call alert after 15 minutes.				
	August 24, 2020 1. Staff responded to one resident call alert after 40 minutes. 2. Staff responded to one resident call alert after 30 minutes. 3. Staff responded to four residents call alerts after 20 minutes.				
	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.				
	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.				
	A review of the facility pendent log report showed that Resident #1 pressed the pendent button a 5:18 a.m. and the pendent button was cleared out at 5:54 a.m., 36 minutes later. Resident #3, o 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.				
	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. 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 while at his/her home. During an interview on 9/22/20 at 2:03 p.m., Resident #2 stated he/she has never used the pendent button.				

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	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 the/she fell from the bed on 8/30/20. During an interview on 9/22/20 at 2:22 p.m., Resident #4 stated that delays have occurred a night with staff assisting himself/herself.				
	During an interview on 9/25/20 at 12:07 p.m., Staff E stated that the facility could use more staff.				
	During an interview on 9/29/20 at 3:14 p.m., Staff A acknowledged the findings.				

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