

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000660	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/30/2021
NAME OF PROVIDER OR SUPPLIER MANOR LAKE ATHENS		STREET ADDRESS, CITY, STATE, ZIP CODE 933 US HIGHWAY 29 ATHENS, GA 30601	
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{L 000}	<p>Initial Comments.</p> <p>The purpose of this visit was to conduct a compliance inspection and to investigate intake #GA00216968.</p> <p>On-site visits were made on 9/17/2021 and 9/21/2021, and the investigation was completed on 9/30/2021.</p>		
{L 0901} SS= D	<p>111-8-63-.09(2)(a) Training.</p> <p>Initial Training for All Staff. The administrator or on-site manager must ensure that any person working in the assisted living community as staff, receives training within the first 60 days of employment on the following:</p> <p>(a) residents' rights and identification of conduct constituting abuse, neglect or exploitation of a resident and reporting requirements to include the employee's receipt of a copy of the Long-Term Care Facility Resident Abuse Reporting Act as outlined in O.C.G.A. § 31-8-81 et seq.; ...</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interview, the facility failed to ensure that staff hired to provide hands-on personal services to residents receive training within the first 60 days of employment</p>		

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	<p>which includes residents' rights and identification of conduct constituting abuse, neglect or exploitation of a resident and reporting requirements for 1 of 19 sampled staff (Staff D). Findings include:</p> <p>A review of the facility medication policy and procedures showed that staff will receive training within the first 60 days of employment for residents' rights and identification of conduct constituting abuse, neglect or exploitation of a resident and reporting requirements to include the employee's receipt of a copy of the Long-Term Care Facility Resident Abuse Reporting Act.</p> <p>A review of the file for Staff D showed no training as required by the above rule.</p> <p>During an interview on 9/20/21, Staff D stated that he/she did not receive any of the above training.</p> <p>During an interview on 9/30/2021 at 4:30 p.m., Staff A stated that he/she was aware of the finding.</p>		

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<p>{L 0904} SS= D</p>	<p>111-8-63-.09(2)(d) Training.</p> <p>The administrator or on-site manager must ensure that any person working in the assisted living community as staff, receives training within the first 60 days of employment on the following: ...</p> <p>(d) emergency preparedness.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interviews, the facility failed to ensure training within the first 60 days of employment on emergency preparedness for 2 of 19 sampled staff (Staff H and Staff K). Findings included:</p> <p>A review of the staff training policy and procedures showed that staff will receive training as required by the above rule.</p> <p>A review of files for Staff H, hired 6/14/2021, and Staff K, hired 6/30/2021 showed no training for emergency preparedness.</p> <p>During an interview on 9/20/2021, Staff H stated he/she did not have the above training.</p> <p>During an interview on 9/30/2021 at 4:30 p.m., Staff A stated that he/she was unaware that Staff K and Staff H did not have the above training.</p>		

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<p>{L 0907} SS= D</p>	<p>111-8-63-.09(3)(c) Training.</p> <p>[The] administrator must ensure that staff hired to provide hands-on personal services to residents receive training within the first 60 days of employment which includes the following: ...</p> <p>(c) medical and social needs and characteristics of the resident population, including special needs of residents with dementia; ...</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interviews, the facility failed to ensure that staff hired to provide hands-on personal services to residents receive training within the first 60 days of employment which included medical and social needs and characteristics of the resident population with dementia for 4 of 19 sampled staff (Staff D, Staff E, Staff G, and Staff H). Findings include:</p>		

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{L 0940} SS= D	<p>A review of the staff training policy and procedures showed that staff will receive training on medical and social needs and characteristics of the resident population with dementia within the first 60 days of employment.</p> <p>A review of files for Staff D, Staff E, Staff G, and Staff H, showed no training as required by the above rule.</p> <p>During an interview on 9/20/2021, Staff D stated he/she did not receive the above training.</p> <p>During an interview on 9/30/2021 at 4:30 p.m., Staff A stated that he/she was unaware that Staff D, Staff E, Staff G, and Staff H did not have the above training in their files.</p> <p>111-8-63-.09(18)(c) Staffing. Residents must be supervised consistent with their needs.</p>		

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	<p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interviews, the facility failed to supervise residents consistent with their needs for 1 of 19 sampled residents (Resident #1). Findings include:</p> <p>A review of the facility incident report on 9/4/2021 at 7:40 p.m. showed Resident #1 left the facility and went on foot toward a restaurant, approximately 0.7 miles from the facility. The exit door alarm was not activated. A family member for Resident #1 was notified that the resident was missing in the facility. Resident # 1 was found by DD and EE, and he/she was returned to the facility. At 10:30 p.m., Resident #1 was taken to the emergency room for evaluation and treatment.</p> <p>A review of the elopement risk assessment tool scoring sheet dated 8/21/2021 showed that Resident #1 had wandering behaviors.</p> <p>A review of the facility investigation (no date listed) of the elopement of Resident #1 showed that Resident #1 was last seen on 9/4/21 at 7:00 p.m. by Staff Q. The facility staff was unaware Resident #1 had eloped from the facility. No staff had seen the resident after 7:00 p.m. After 7:37 p.m., DD and EE brought the resident back to the facility unharmed.</p> <p>A review of the facility notes showed that on 9/4/2021, Resident #1 left the facility on foot around 7:05 p.m. The resident was observed by DD walking to a local restaurant. DD stopped and offered the resident a ride to the facility. DD called the relative of the resident by using the phone of the resident. Resident #1 was brought back to the facility around 7:35 p.m. After an assessment was done on Resident #1 for injuries, he/she was moved to the memory care unit. (MCU) At 10:30 p.m., Resident #1 was transferred to the emergency room for evaluation and treatment. The resident returned to the facility after midnight with diagnosis of worsening dementia.</p> <p>During an interview on 9/20/2021 at 4:35 p.m., Resident #1 stated that he/she was feeling fine. Resident #1 stated that he/she did not remember anything about leaving the facility.</p> <p>During an interview on 9/29/2021 at 11:00 a.m., Staff O stated he/she was serving desert in the dining room and saw Resident #1 walking around. Staff O stated that the resident asked him/her if he/she could go for a walk and he/she replied yes. Staff O stated that after five to 10 minutes, the resident walked out the dining room. Staff O stated he/she did not see Resident #1 until he/she was brought back to the facility by DD and EE. Staff O stated that Resident #1 told him/her that he/she was going to get his/her truck. Staff O stated that the resident was taken to the ER and was later returned to the facility.</p>		

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{L 0941} SS= D	<p>During an interview on 9/29/2021 at 11:18 a.m., Staff N stated he/she was at worked on 9/4/2021 at 7:00 p.m. when Resident #1 eloped from the facility. Staff N stated that he/she had seen Resident #1 at 7:00 p.m. in the dining room. Staff N stated that he/she received a call from a relative of Resident #1 and stated that the resident had been found on a highway nearby. Staff N stated that Resident #1 was brought back to the facility around 7:35 p.m. with no injuries. Staff N reiterated the above information on Resident #1</p> <p>During an interview on 9/30/2021, Staff A stated that he/she was aware that Resident #1 eloped from the facility.</p> <p>A review of the file for Resident #1 showed diagnoses of dementia and hypertension.</p> <p>111-8-63-.09(19)(a) Staffing. Sufficient staff time must be provided by the assisted living community such that each resident: (a) receives services, treatments, medications and diet as prescribed; ...</p>		

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	<p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interviews, the facility failed to ensure that sufficient staff time was provided to the resident to receive medications as prescribed for of 19 sampled residents (Resident #2, Resident #5, and Resident #7).</p> <p>A review of the facility medication policy and procedures showed that staff will provide medication assistance administration services to the residents in accordance with physicians' orders.</p> <p>A review of the July 2021 and September 2021 MARs and physician's orders for Resident #2, Resident #5, and Resident #7 showed the following medications were not given at scheduled times:</p> <p>Resident # 2:</p> <p>A. Midorine TAB 5 mg,(treat low blood pressure) 1 tablet by mouth three times a day, scheduled at 8:00 a.m., 1:00 p.m., 5:00 p.m.</p> <ol style="list-style-type: none"> 1. On 9/19/2021, schedule dosage 8:00 a.m.was given at 9:33 a.m.by Staff L 2. On 9/18/2021, schedule dosage 8:00 a.m.was given at 9:10 a.m.by Staff L 3. On 9/17/2021, schedule dosage 8:00 a.m., was given at 10:27 a.m.by Staff F. <p>B. Ipratropium/sol Albuter TAB 5 mg, (treat and prevent symptoms of wheezing and shortness of breath)1 tablet by mouth three times a day, scheduled at 8:00 a.m. 1:00 p.m., 5:00 p.m.</p> <ol style="list-style-type: none"> 1. On 9/19/2021, schedule dosage 8:00 a.m. was given at 9:33 a.m. by Staff L 2. On 9/18/2021, schedule dosage 8:00 a.m. was given at 9:10 a.m. by Staff L 3. On 9/17/2021, schedule dosage 8:00 a.m., was given at 10:27 a.m by Staff F <p>Resident #5:</p> <p>During a tour of the facility on 9/17/2021 at 9:24 a.m., Staff K was observed administering medications late to Resident #5. The medications for Resident #5 were scheduled for 8:00 a.m. but were administered around 9:30 a.m.</p>		

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	<p>A. Amlodipine TAB 5 mg (treat high blood pressure), prescribed to take 1 tablet once daily, scheduled for 8:00 a.m.</p> <ol style="list-style-type: none"> 1. On 9/17/2021, given at 9:32 a.m. by Staff K at 9:32 a.m. 2. On 9/16/2021, given at 10:02 a.m. by Staff K 3. On 9/14/2021, given at 9:05 a.m. by Staff L <p>B. Aspirin Low 81mg (pain relieve), prescribed to chew 1 tablet by mouth once daily, scheduled for 8:00 a.m.</p> <ol style="list-style-type: none"> 1. On 9/17/2021, given at 9:32 a.m. by Staff K 2. On 9/16/2021, given at 10:02 a.m. by Staff K 3. on 9/14/2021, given at 9:05 a.m. by Staff K <p>During an interview on 9/17/2021 at 9:35 a.m., Resident #5 stated that he/she was given Amlodipine and another medication around 9:30 a.m.</p> <p>During an interview on 9/17/2021 at 9:38 a.m., Staff K stated that Resident #5 was with hospice staff during the time of the scheduled dosage.</p> <p>Resident #7:</p> <p>A review of the facility incident reports showed on 8/18/2021 at 6:30 p.m. that Resident #7 had a seizure and was without medications, Lamotrigine and Myrbetriq, since move-in date.</p> <p>A. . Lamotrigine (treat seizures) was not in the facility on 7/19/2021, 7/20/2021, 7/23/2021, 7/24/2021, 7/25/2021, 7/26/2021, 7/27/2021, 7/28/2021, 7/29/2021, 7/30/2021, 7/31/2021, 8/1/2021, 8/2/2021, 8/3/2021, 8/4/2021, 8/5/2021, 8/7/2021, 8/8/2021, 8/10/2021, 8/11/2021, 8/13/2021, 8/15/2021, 8/16/2021, 8/17/2021, and 8/18/2021. The medication was not received from the pharmacy.</p> <p>B. Myrbetriq (control overactive bladder) was not in the facility on 7/23/2021, 7/24/2021, 7/26/2021, 7/28/2021, 7/29/2021, 7/30/2021, 7/31/2021, 8/1/2021, 8/2/2021, 8/3/2021, 8/4/2021, 8/5/2021, 8/6/2021, 8/7/2021, 8/8/2021, 8/9/2021, 8/10/2021, 8/11/2021, 8/12/2021, 8/13/2021,</p>		

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{L 1612} SS= D	<p>8/15/2021, 8/16/2021, 8/17/2021, 8/18/2021, and 8/19/2021. The medication was not received from the pharmacy.</p> <p>A review of the MAR facility charting report showed on 8/18/2021 that Staff A spoke with the relative of Resident #7 about the pharmacy staff was unable to send the medications to the facility due to co-pay and insurance issues. Resident # 7 was admitted to the facility with only a week supply of medications. Resident #7 was seen by the neurologist due to the length of time without his/her medications.</p> <p>During an interview on 9/18/2021 at 9:45 a.m., Resident #7 stated that he/she went to the hospital as a result of having a seizure last month (August 2021).</p> <p>During an interview on 9/30/2021 at 4:30 p.m., Staff A was aware of the above findings.</p> <p>111-8-63-.16(3) Admission Agreements. The assisted living community must provide the resident and representative or legal surrogate, if any, with a signed copy of the agreement. A copy signed by both parties (resident and administrator or on-site manager) must be retained in the resident's file and maintained by the administrator or on-site manager of the assisted living community.</p>		

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{L 1700} SS= J	<p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interview, the facility failed to ensure resident and representative or legal surrogate, if any, had a signed copy of the agreement. A copy signed by both parties (resident and administrator or on-site manager) must be retained in the resident's file for 5 of 19 sampled residents (Resident # 4, Resident #5, Resident #6, Resident #7, and Resident #8). Findings include:</p> <p>A review of files for Resident #4, Resident #5, Resident #6, Resident # 7, and Resident #8 showed no signed admission agreement (AA) available for review.</p> <p>During an interview on 9/20/2021 around 3:00 p.m., Staff A stated that he/she was aware of the finding. He/she will check with another staff to determine the location of the AAs for the residents.</p> <p>111-8-63-.17(1) Services in the Community.</p> <p>The assisted living community must provide assisted living, including protective care and watchful oversight, which meets the needs of the residents it admits and retains.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>****>>>>Based on record review and staff interview, the facility failed to provide protective and watchful oversight to meet the needs of the residents for 1 of 19 sampled residents (Resident #1). Findings include:</p>		

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	<p>A review of the facility incident reports showed an elopement on 9/4/2021 at 7:40 p.m. for Resident #1. Resident #1 left the facility and walked to a restaurant, approximately 0.7 miles from the facility, the road opposite side of the facility. The facility received a phone call from Resident #1's relative and stated that Resident #1 was not in facility. Resident #1 was found and returned to the facility by DD and EE on 9/4/21. The resident had no visible injuries. On 9/4/2021 at 10:30 p.m., Resident #1 was taken to the emergency room for evaluation. On 9/5/21, Resident #1 was moved to the MCU. At the time of the elopement the facility exit door alarm was not activated.</p> <p>A review of the facility timecards showed the following staff were scheduled to work on 9/4/2021:</p> <ol style="list-style-type: none"> 1. Staff O worked the 3:00 p.m. to 11:00 p.m. shift. 2. Staff R worked the 7:00 p.m. to 2:00 a.m. shift. 3. Staff Q worked the 7:00 a.m. to 7:00 p.m. shift 4. Staff P worked the 2:45 p.m. to 11:30 p.m. shift. 5. Staff S worked the 2:30 p.m. to 11:00 p.m. shift. <p>A review of the facility's Elopement Risk Assessment dated 8/21/21 showed that Resident #1 had wandering behaviors. Resident #1 was provided care and services on a non-memory care unit until 9/5/21. The facility did not provide documentation to show an increase of staffing and other support for Resident #1. Additional review of the risk assessment dated 9/4/21 showed that the assessment was updated; the resident wandered from the community unsupervised on 9/4/21. Following the elopement on 9/4/21, Resident #1 was moved to the memory care unit on 9/5/21.</p> <p>A review of the facility investigation (no date listed) of the elopement of Resident #1 showed that Resident #1 was last seen in the dining room between 6:30 p.m. until 7:00 p.m. by Staff P, Staff O, Staff N and Staff Q. No staff had seen Resident #1 on 9/4/21 after 7:00 p.m., nor were they aware he/she was missing from the facility. Resident #1 was seen walking to a restaurant by DD and EE on 9/4/21. DD and EE used Resident #1's cell phone to contact a relative. Resident #1 was returned to the facility on 9/4/21 by DD and EE after speaking to the relative. Staff A assessed Resident #1 when he/she returned to the facility on 9/4/21. No injuries were observed. Later that evening on 9/4/21, per the relative request, Resident #1 was taken by ambulance to the hospital at 10:30 p.m. for evaluation and treatment. Resident #1 was also moved to the MCU after being evaluated and discharged from the hospital on 9/5/21 with no injuries around midnight. Primary physician was notified of the elopement on 9/5/21 after 8:00 a.m.</p> <p>During an interview on 9/20/2021 at 4:35 p.m., Resident #1 stated that he/she was feeling fine. Resident #1 stated that he/she did not remember anything about leaving the facility on 9/4/21. The resident did not respond to other questions appropriately.</p>		

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	<p>During interviews on 9/29/21, at 11:00 a.m., Staff O stated that he/she last seen Resident #1 in the dinning room on 9/4/21 at 6:50 p.m. During an interview at 11:18 a.m., Staff N stated that he/she last saw Resident #1 in the dinning room on 9/4/21 at 7:00 p.m. Both staff stated that he/she was not aware that Resident #1 had left the facility</p> <p>During an interview on 9/30/2021, Staff A stated that he/she was aware of the above findings.</p> <p>A review of the file for Resident #1, admitted on 7/16/21 showed diagnoses of dementia and hypertension.</p>		

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{L 1922} SS= D	<p>111-8-63-.19(1)(c) Staffing and Initial Staff Orientation.</p> <p>Staffing and Initial Staff Orientation. The assisted living community must ensure that the contained unit is staffed with sufficient specially trained staff to meet the unique needs of the residents in the unit.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interviews, the facility failed to ensure that the contained unit was staffed with sufficient specially trained staff to meet the unique needs of the residents in the unit for 2 of 19 sampled staff (Staff C and Staff I) Findings include:</p>		

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{L 1930} SS= D	<p>A review of files for Staff C, hired on 10/24/2020, and Staff I, hired on 8/17/2020, showed no training on behavior- management skills, communication skills, therapeutic intervention and activities, role of the family, environment modifications, ISP development, develop in diagnosis and therapy, recognize cognitive and physical changes, and safety maintenance of residents.</p> <p>During an interview on 9/20/2021 at 9:50 a.m., AA stated that staff had not received any specialized training for the MCU.</p> <p>During an interview on 9/20/2021 at 10:12 a.m., Staff C stated that he/she had not received any of the specialized training in caring for residents in the MCU.</p> <p>During an interview on 9/30/2021 at 4:30 p.m., Staff A stated that he/she was aware of the above findings.</p> <p>111-8-63-.19(1)(d)3. Initial Staff Training. Within the first six months of employment, staff assigned to the unit shall receive training in the following topics: ...</p>		

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{L 1931} SS= D	<p>3. communication skills that facilitate better resident-staff relations; ...</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interview, the facility failed to ensure staff assigned to the unit received training on communication skills that facilitated better resident-staff relations for 1 of 19 sampled staff (Staff D). Findings include:</p> <p>A review of the file for Staff D showed no training as required by the above rule.</p> <p>During an interview on 9/20/2021 at 9:50 a.m., AA stated that staff had not received any specialized training for the MCU in communication skills.</p> <p>During an interview on 9/30/2021 at 4:30 p.m., Staff A was aware of the findings.</p> <p>111-8-63-.19(1)(d)4. Initial Staff Training. Within the first six months of employment, staff assigned to the unit shall receive training in the</p>		

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	<p>following topics: ...</p> <p>4. positive therapeutic interventions and activities such as exercise, sensory stimulation, activities of daily living skills; ...</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interview, the facility failed to ensure that staff was trained within the first six months of employment on positive therapeutic interventions and activities such as exercise, sensory stimulation, activities of daily living skills for 1 of 19 sampled staff (Staff D). Findings include:</p> <p>A review of the file for Staff D showed no training as required by the above rule.</p> <p>During an interview on 9/20/2021 at 9:50 a.m., AA stated that Staff D did not receive any specialized training to work in the MCU.</p> <p>During an interview on 9/30/2021 at 4:30 p.m., Staff A was aware of the above findings.</p>		

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<p>{L 1932} SS= D</p>	<p>111-8-63-.19(1)(d)5. Initial Staff Training.</p> <p>Within the first six months of employment, staff assigned to the unit shall receive training in the following topics: ...</p> <p>5. the role of the family in caring for residents with dementia, as well as the support needed by the family of these residents; ...</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interview, the facility failed to ensure that staff received training within the first six months of employment on the role of the family in caring for residents with dementia, as well as the support needed by the family of these residents 1 of 19 sampled staff (Staff D). Findings include:</p> <p>A review of the file for Staff D, hired 7/1/2020, showed no training as required by the above rule.</p> <p>During an interview on 9/20/2021 at 9:50 a.m., AA stated that staff had not received any specialized training for the MCU.</p> <p>During an interview on 9/30/2021 at 4:30 p.m., Staff A was aware of the above findings.</p>		

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<p>{L 1933} SS= D</p>	<p>111-8-63-.19(1)(d)6. Initial Staff Training.</p> <p>Within the first six months of employment, staff assigned to the unit shall receive training in the following topics: ...</p> <p>6. environmental modifications that can avoid problematic behavior and create a more therapeutic environment. ...</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interview, the facility failed to ensure that staff was trained on environmental modifications that can avoid problematic behavior and create a more therapeutic environment for 1 of 19 (Staff D) for sampled staff. Findings include:</p> <p>A review of the file for Staff D showed no training in environmental modifications that can avoid problematic behavior and create a more therapeutic environment.</p> <p>During an interview on 9/20/2021 at 9:50 a.m., AA stated that staff had not received any specialized training for the memory care unit.</p> <p>During an interview on 9/30/2021 at 9:30 p.m., Staff A was aware of the findings.</p>		

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<p>{L 1935} SS= D</p>	<p>111-8-63-.19(1)(d)8. Initial Staff Training. Within the first six months of employment, staff assigned to the unit shall receive training in the following topics: ... 8. new developments in dementia care that impact the approach to caring for the residents in the special unit; ...</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interviews, the facility failed to ensure that staff was trained within the first six months of employment on new developments in dementia care that impact the approach to caring for the residents in the special unit for 1 of 19 sampled staff (Staff D). Findings include:</p> <p>A review of the file for Staff D showed no training as required by the above rule.</p> <p>During an interview on 9/20/2021 at 9:50 a.m., AA stated that Staff D did not received any specialized training for the MCU.</p> <p>During an interview on 9/30/2021 at 9:30 p.m., Staff A was aware of the above findings.</p>		

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<p>{L 1936} SS= D</p>	<p>111-8-63-.19(1)(d)9. Initial Staff Training.</p> <p>Within the first six months of employment, staff assigned to the unit shall receive training in the following topics: ...</p> <p>9. skills for recognizing physical or cognitive changes in the resident that warrant seeking medical attention; ...</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interview, the facility failed to ensure that staff was trained within the six months of employment in skills for recognizing physical or cognitive changes in the resident that warrant seeking medical attention for 1 of 19 sampled staff (Staff D). Findings include:</p> <p>A review of the file for Staff D showed no training as required by the above rule.</p> <p>During an interview on 9/20/2021 at 9:50 a.m., AA stated that Staff D did not receive any specialized training for the MCU.</p> <p>During an interview on 9/30/2021 at 9:30 p.m., Staff A was aware of the above findings.</p>		

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<p>{L 1937} SS= D</p>	<p>111-8-63-.19(1)(d)10. Initial Staff Training.</p> <p>Within the first six months of employment, staff assigned to the unit shall receive training in the following topics: ...</p> <p>10. skills for maintaining the safety of residents with dementia.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interview, the facility failed to ensure staff received training within the first six months of employment on skills for maintaining the safety of residents with dementia for 1 of 19 sampled staff (Staff D) Findings include:</p> <p>A review of the facility policy and procedures showed no policy of when staff shall receive training on the topic of skills for maintaining the safety of residents with dementia.</p> <p>A review of the file for Staff D showed no training as required by the above rule.</p> <p>During an interview on 9/20/2021 at 9:50 a.m., AA stated that Staff D did not receive any specialized training.</p> <p>During an interview on 9/30/2021 at 9:30 p.m., Staff A was aware of the above findings.</p>		

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<p>{L 2013} SS= D</p>	<p>111-8-63-.20(5)(b) Certified Medication Aide Requirements.</p> <p>An assisted living community using certified medication aides to administer specific medications must do all of the following: ...</p> <p>(b) Administer Skills Competency Checks. Determine and document that the medication aides who have been certified for more than one year upon hiring, continue to have the knowledge and skills necessary to administer medications properly for the particular community. The community must use a skills competency checklist which meets the requirements contained in the standardized clinical skills competency checklist used to certify medication aides. ...</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interview, the facility failed to ensure certified medication aides who administered specific medications had the skills competency checklist for 1 of 19 sampled staff (Staff H). Findings include:</p> <p>A review of the facility medication policy and procedures showed that skills competency checks will be used to determine and document that the nurses and med aides continued to have the knowledge and skills necessary to administer.</p> <p>A review of the file for Staff H provided no documentation to show that he/she had skills competency checklist.</p> <p>During an interview on 9/17/2021, Staff H stated that he/she was not given the skills competency checklist determination.</p> <p>During an interview on 9/30/2021 at 4:30 p.m. Staff A was aware of the above findings.</p>		

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<p>{L 2014} SS= D</p>	<p>111-8-63-.20(5)(c) Certified Medication Aide Requirements.</p> <p>An assisted living community using certified medication aides to administer specific medications must do all of the following: ...</p> <p>(c) Quarterly Observations. Use a licensed registered professional nurse or a pharmacist to conduct quarterly random medication administration observations to determine that the aides are administering medications correctly and in compliance with these rules and report any issues to the assisted living community administration for resolution. ...</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p><<<<Based on record review and interview, the facility failed to use a licensed registered professional nurse or a pharmacist to conduct quarterly random medication administration observations to determine that the certified medication aides (CMAs) were administering medications correctly for 2 of 19 sampled staff (Staff E and Staff F).. Findings include:</p> <p>A review of the facility medication policy and procedures showed that quarterly observations will be conducted by a nurse.</p> <p>A review of the files for Staff E and Staff F showed no quarterly observations of medication administration.</p>		

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{L 2058} SS= J	<p>During an interview on 9/30/2021 at 4:30 p.m., Staff A stated that he/she was aware of the above finding.</p> <p>111-8-63-.20(11) Timely Management of Medication Procurement.</p> <p>Timely Management of Medication Procurement. Where the assisted living community procures medications on behalf of the residents, the community must obtain new prescriptions within 48 hours of receipt of notice of the prescription or sooner if the prescribing physician indicates that a medication change must be made immediately. If the pharmacy does not have the medication needed for the immediate change, available and has not obtained further directions from the physician, the community must notify the physician of the unavailability of the prescription and request direction. Refills of prescribed medications must be obtained timely so that there is no interruption in the routine dosing. Where the assisted living community is provided with a new medication for the resident, the MAR must be modified to reflect the addition of the new medication within 48 hours or sooner if the prescribing physician indicates that the medication change must be made immediately.</p>		

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	<p>This REQUIREMENT is not met as evidenced by:</p> <p>****<<<<Based on interview and record review, the facility failed to ensure refills of prescribed medications were obtained timely so that there was no interruption in the routine dosing for 2 of 19 sampled residents (Resident #5 and Resident #7). Findings include:</p> <p>A review of a facility reported incident submitted to the Department on 8/20/21 showed Resident #7 was admitted on 7/15/2021. The pharmacy vendor for Resident #7 did not send two of his/her medications (Lamotrigine and Myrbetriq). It was discovered on 8/18/2021 that the pharmacy never sent the medications due to co-payment issue with family. On 8/4/2021 Resident # 7 had a seizure episode and he/she was transferred to the emergency room..</p> <p>A review of the facility medication policy and procedures showed that refills of prescribed medications and will be obtained timely so that there will be no interruption in the routine dosing.</p> <p>A review of the July 2021 and September 2021 MARs for Resident #5 and Resident #7 showed the following information:</p> <p>Resident #5:</p> <p>Resident #5 was prescribed the following medications, and were not available in the medication container on 9/3/21, 9/9/21, 9/10/21, 9/18/21, 0/19/21 and 9/20/2021:</p> <p>On 9/3/2021, Aspirin Low chew 81 mg (pain relief) was not in the facility.</p> <p>On 9/9/2021, Atorvastatin 10 mg, Culturelle Cap, Memantine HCL 10 mg, and Risperidone 0.5 mg, were not in the facility.</p> <p>On 9/10/2021, Memantine HCL 10 mg, Atorvastatin 10 mg, Culturelle Cap, and Risperidone 0.5 mg were not in the facility.</p> <p>On 9/18/2021, Memantine HCL 10 mg, Atorvastatin 10 mg, Culturelle Cap, and Risperidone 0.5 mg were not in the facility.</p>		

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	<p>On 9/19/2021, Memantine HCL 10 mg, Amlodipine 5 mg, Aspirin low chew 81 mg, Atorvastin 10 mg, Culturelle Cap, and Risperidone 0.5 mg were not in the facility.</p> <p>9/30/21:</p> <ol style="list-style-type: none"> 1. Amlodipine 5 mg,(control high blood pressure) take 1 tablet by mouth once daily, schedule dosage at 8:00 a.m. 2. Aspirin Low chew 81 mg,(pain relief) take 1 tablet by mouth once daily, schedule dosage at 8:00 a.m. 3. Culturelle Cap, take 1(prevent diarrhea) capsule by mouth twice daily 4. Memantine HCL 10 mg, (treat symptoms of Alzheimers and dementia) take 1 tablet by mouth twice daily 5. Risperidone 0.5. mg (treat mood disorders), take 1 tablet by mouth twice a daily <p>A review of the file for Resident #5, admitted 8/31/2021, showed diagnoses of enterocolitis, altered mental status, hypertension, and hypoglycemia.</p> <p>Resident #7:</p> <p>A review of the July 2021 MAR for Resident #7 showed the following medications were not available at the facility:</p> <ol style="list-style-type: none"> 1. Lamotrigine (treat seizure) - 7/19/2021, 7/20/2021, 7/23/2021,7/24/2021,7/25/2021, 7/26/21,7/27/2021,7/28/2021,7/29/2021,7/30/2021,7/31/2021, 8/1/2021, 8/2/2021,8/3/2021, 8/4/2021,8/5/2021,8/7/2021, 8/8/2021, 8/10/2021, 8/11/2021,8/13/2021, 8/15/2021, 8/16/2021, 8/17/2021, and 8/18/2021. 2. Myrbetriq (treat overactive bladder) - 7/23/2021,7/24/2021,7/26/2021,7/28/2021,7/29/2021, 7/30/2021, 7/31/2021, 8/1/2021,8/2/2021, 8/3/2021, 8/4/2021, 8/5/2021, 8/6/2021, 8/7/2021, 8/8/2021, 8/9/2021, 8/10/2021, 8/11/2021, 8/12/2021, 8/13/2021, 8/15/2021, 8/16/2021, 8/17/2021, 8/18/19, and 8/19/2021. 		

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{L 2063} SS= D	<p>A review of the MAR facility charting report showed documentation that on 8/18/2021 Staff A spoke with the relative of Resident #7 in regards to the fax that the pharmacy staff were unable to reach the family. As a result, the pharmacy staff were unable to sent the medications due to a co-pay and insurance issues. Resident # 7 was admitted to the facility with a week's supply of medications. Resident #7 was seen by the neurologist due to the length of time the resident was without his/her medications, and the medication prescribed for the seizure disorder was changed. The resident was referred to home health to help with medication management.</p> <p>A review of the after visit summary dated 8/4/2021, showed that the diagnoses for Resident #7 were accidental fall and a breakthrough seizure.</p> <p>During an interview on 9/17/2021 at 9:45 a.m., Resident #7 stated that he/she went to the hospital as a result of having a seizure last month (August).</p> <p>A review of the file for Resident #7, admitted 7/15/2021, showed diagnoses of epilepsy, high cholesterol, enlarged benign prostate, high blood pressure, depression, and seizure disorder.</p> <p>During an interview on 9/30/2021 at 4:30 p.m., Staff A was aware of the above findings.</p> <p>111-8-63-.20(12)(d) Storage and Disposal of Medications. The assisted living community must ensure that it properly disposes of unused medications using the current U.S. Food and Drug Administration or U.S. Environmental Protection Agency</p>		

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	<p>guidelines for the specific medications.</p> <p>Authority O.C.G.A. §§ 31-2-7,31-2-8, and 31-7-1 et seq.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p><<<<Based on observation, record review, and interviews, the facility failed to properly dispose of unused medications for 1 of 9 sampled residents (Resident # 5). Findings include:</p> <p>A review of the facility medication policy and procedures showed the facility staff will remove any expired medications and discontinued medications.</p> <p>During medication audit on 9/20/2021 for Resident #5, the following discontinued medications were in observed in the facility's medication cart:</p> <ol style="list-style-type: none"> 1. Acetaminophen 500 mg TAB,(pain relief) prescribed to take one tablet by mouth every 8 hours as needed for pain 2. Acetaminophen TAB 325 mg, (pain relief) prescribed to take two tablets by mouth as needed for pain 3. Amitriptylin TAB 25 mg, (treat depression) prescribed to take one tablet by mouth at bedtime as needed for restless legs <p>A review of the September 2021 MAR for Resident #5 showed the above medications were discontinued on 9/15/2021.</p> <p>During an interview on 9/20/2021 at 12:43 p.m., Staff K stated that the discontinued medications for Resident #5 had not been removed from the medication cart.</p> <p>During an interview on 9/20/2021 at 1:05 p.m., Staff A stated he/she was aware of the above findings.</p>		

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<p>{L 2417}</p> <p>SS= D</p>	<p>111-8-63-.24(2)(q) Residents' Files.</p> <p>Each resident's file must include the following information: ...</p> <p>(q) a copy of any findings from a search of the National Sex Offender Registry maintained through the Department of Justice, etc.; ...</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>>>>>Based on record review and interviews, the facility failed to ensure the file of the resident included a copy of any findings from a search of the National Sex Offender Registry (NSOR) for 5 of 8 sampled residents (Resident #4, Resident # 5, Resident #6, Resident #7, and Resident #8). Findings include:</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000660	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/30/2021
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	<p>A review of files for Resident #4, Resident #5, Resident #6, Resident #7, and Resident #8 showed no copy of a search result from NSOR.</p> <p>During an interview on 9/20/2021 around 3:00 p.m., Staff A stated that he/she was aware of the above finding.</p>		