

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>12/02/2021</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>		
{L 0000}	<p>The purpose of this visit was to investigate #GA00218875. The onsite visit was made on 11/18/2021, and the investigation was completed on 12/2/2021.</p>		
{L 2058} SS= E	<p>&lt;&lt;&lt;&lt;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 1 of 5 sampled residents (Resident #2). Findings include:</p> <p>A review of the medication administration record for Resident #2 showed that he/she takes the following medication; these medication was not observed in the medication cart. .</p> <ol style="list-style-type: none"> <li>1. A-S pls Sinuscapsule allergies/cough</li> <li>2. Icy Hot, prescribed to the affected area topically three times daily as needed.</li> <li>3. Nitroglycerin sp 0.4 mg, prescribed to use one spray under the tongue every 5 minutes as needed for chest pain for up to three doses.</li> <li>4. Visine Sol 0.55%, prescribed to instill 1 drop into affected eyes as needed.</li> </ol> <p>During an interview on 11/18/2021 at 4:19 p.m., Staff B stated the medications for Resident #2 were not in the medication cart.</p> <p>During an interview on 12/2/2021 at 1:15 p.m., Staff A acknowledged the findings.</p>		

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