

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>115579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HEALTHCARE AT COLLEGE PARK, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1765 TEMPLE AVENUE COLLEGE PARK, GA 30337</b>	
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 0584  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</b>  Based on observations and interviews, the facility failed to maintain a safe and clean wheelchair for one Resident (R)#1 and failed to maintain clean enteral tube feeding pump poles and bases for two residents, R#6 and R#17 of 36 sampled residents. Findings include: Observations made on [DATE] at 1:43 p.m., 3/3/2020 at 9:55 a.m. and 2:00 p.m., 3/4/2020 at 10:33 a.m., and 3/5/2020 at 8:43 a.m. and 8:50 a.m. revealed Resident (R)#6 and R#17 poles and bases of their enteral tube feeding pump poles and bases were heavily soiled with a dry tan substance. Observations made on [DATE] at 1:43 p.m., and 3/3/2020 at 9:55 a.m. and 1:52 p.m. revealed that R#1's wheelchair was heavily soiled with dried crusty debris and the left wheelchair arm rest was partially off exposing a screw which was sticking up. An interview and observation on 3/3/2020 at 1:52 p.m. with the Maintenance Director verified that the left arm rest on R#1's wheelchair had an exposed screw protruding up, with the potential to cause injury. He stated that he taped foam over the screw, because he did not have an arm rest to replace it with. He further stated he does not do the ordering of supplies, although he will alert the Administrator about the situation. An interview and observation on 3/5/2020 at 8:43 a.m. with the Central Supply/Medical Records (CS/MR) Clerk revealed she is responsible for ensuring patient care equipment is clean. She confirmed, at this time, that the enteral tube feeding pump poles/bases for R#6 and R#17 were dirty. Additionally, she indicated she tries to clean the equipment monthly but does not have a cleaning schedule in place. An interview and observation on 3/5/2020 at 8:50 a.m. with the Director of Nursing (DON) and Administrator confirmed the condition of the enteral tube feeding pump poles and bases. An interview on 3/5/2020 at 10:05 a.m. with the Administrator revealed the Maintenance Director informed her yesterday regarding R#1's arm rest. She reported the repair he made was unacceptable. She stated that he could have put a temporary arm rest (if available) or use a temporary/back up wheelchair for the resident until the armrest could be properly repaired.		
F 0640  <b>Level of harm</b> - Potential for minimal harm  <b>Residents Affected</b> - Some	<b>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</b>  Based on record review and staff interviews, the facility failed to ensure that Minimum Data Set (MDS) Assessments were transmitted within 14 days of completion to CMS's (Centers for Medicare and Medicaid Services) Quality Improvement Evaluation System (QIES) Assessment and Submission and Processing (ASAP) system for ten residents (R) R#1, R#9, R#5, R#6, R#7, R#3, R#4, R#11, R#22 and R#10 and a Discharge Assessment for one resident R#8 of 36 sampled residents. Findings include: An interview was conducted on 3/3/2020 at 1:30 p.m. with the Administrator and the Corporate Minimum Data Set (MDS) Coordinator (by phone) who stated she had been helping the facility with 100% of their MDS transmissions because the facility did not have a fulltime MDS Coordinator. She further revealed that she oversees the MDS for timeliness and completion. She further stated she had pulled a Missing Assessment Report on Friday (1/28/2020) and reviewed it over the weekend and realized the facility had several assessments with issues. An interview and record review on 03/3/2020 at 3:00 p.m. with the Regional MDS Coordinator of the Validation reports revealed that there were no transmitted and accepted reports for January 2020. An interview was conducted on 3/4/2020 at 9:00 a.m. with the facility MDS Coordinator who verified the MDS Assessments were completed for the following residents in January 2020 but was unable to provide transmission dates for any of the assessments completed in January. 1. R#1-A Quarterly Assessment was due on 12/18/19 and was completed on 1/1/2020. 2. R#9-An Admission Assessment was completed on 10/4/19. A Quarterly Assessment was completed on 1/9/2020. 3. R#5-A Quarterly Assessment was completed on 7/10/19 and 10/9/19. The next Quarterly Assessment was due on [DATE] and was completed on 1/19/2020. 4. R#6-An Annual Assessment was completed on 7/13/19 and a Quarterly Assessment was completed on 10/12/19. A Quarterly Assessment was due on 1/11/2020 and completed on 1/19/2020. 5. R#8-An Annual Assessment was completed on 7/10/19 and Quarterly Assessment was completed on 10/9/19. A Discharge Return Anticipated Assessment was due on 12/12/19 and completed on [DATE]. 6. R#7-A Quarterly Assessment was completed on 7/9/19. An Annual Assessment was completed on 10/8/19 with a Quarterly Assessment due on 1/7/2020 which was completed on 1/14/2020. 7. R#3-A 60 day Assessment was completed on 8/12/19 with a Quarterly Assessment completed on 9/13/19. A Quarterly Assessment was due on 12/20/2020 and was completed on [DATE]. 8. R#4-A Quarterly Assessment was completed on 6/29/19 and on 9/20/19. An Annual Assessment was due on 12/20/19 and completed on [DATE]. 9. R#11-A Quarterly Assessment was completed on 8/26/19 and 10/20/19. An Annual Assessment was due on 12/28/19 and was completed on [DATE]. 10. R#22-An Admission Assessment was completed on 10/4/19 with a Quarterly Assessment completed on 1/17/2020. 11. R#10-An Annual Assessment was completed on 10/12/19 with a Quarterly Assessment completed on 1/19/2020. An interview with the facility MDS Coordinator and Administrator on 3/4/2020 at 3:30 p.m. revealed that all of the above MDS Assessments were completed timely but when transmitted there was a 'glitch' and none were transmitted. The Administrator stated since October or November 2019 they had new software installed for MDS, Activities of Daily Living (ADL), and Electronic Charting. The Administrator also stated the Regional MDS Coordinator is responsible for checking the Validation Reports once the assessments were completed and transmitted. In an interview on 03/5/2020 at 10:39 a.m. with the Administrator who stated the Regional MDS Coordinator was not able to provide the Validation Reports for the assessments that were transmitted in January 2020.		
F 0755  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</b>  Based on record review, staff interviews, Pharmacist interview, and review of the facility policy Medication Destruction, the facility failed to establish a system of records of receipt for destroying unused controlled medications. In addition, the records of controlled medication destruction were not readily accessible for review. The facility census was 80 residents. Finding include: Review of the undated policy titled Medication Destruction revealed: Discontinued medications, medications left in the facility after a patient's discharge, and expired medications are to be destroyed. Procedure: Reverse Distributor Destruction If a long-term care facility (LTCF) obtains a qualified collection receptacle set up through an authorized collector and licensed reverse distributor, the following policy and procedure for drug destruction will apply. The collection receptacle must contain within: a numbered, waterproof, tamper-evident resistant inner liner. Collection receptacles can only be used in facilities where a Consultant Pharmacist's services are required. Only authorized, designated personnel will have access to the inner liner, one of which is a pharmacist. 4. When		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 0755  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p>(continued... from page 1)</p> <p>medications are expired, discontinued from use, or the patient/resident for whom they are ordered is no longer a patient/resident, the medication shall immediately be removed from active stock and inventoried by two who shall be licensed as nurses, licensed practical nurses, or pharmacist. Once inventoried, these same two people must sign the inventory then place these medications in the collection receptacle at the facility. 5. The original inventory record shall be maintained by the facility for two years by one designated, supervisor-level employee. A copy will be kept with the drugs until their final disposition. 6. Upon each monthly visit, the consultant pharmacist and the designated, supervisor level employee will inspect the collection receptacle to determine if the inner liner should be replaced and all procedures are being followed correctly. 7. If the inner liner should be replaced, the designated supervisor-level employee and the consultant pharmacist will review all inventory. After review and satisfied completion of all inventory requirements the locked container may be entered and the inner liner sealed immediately. 8. Upon sealing the inner liner, the consultant pharmacist will arrange for transfer and pick up of sealed inner liners with authorized reverse distributor with current permits issued by the board. 10. A log will be maintained by the facility and by the reverse distributor for two years. The log will contain at a minimum. A. Each sealed inner liners transferred; B. The date and time the liners were taken from the facility; D. The name and signature of the responsible person representing the reverse distributor physical removing the inner liner; and E. The name and signature of the person transferring the sealed inner liner to the reverse distributor. An interview was conducted on 3/3/2020 at 2:05 p.m. with the Director of Nursing (DON) revealed that controlled and uncontrolled medication destruction is the responsibility of the DON. She revealed when a medication is discontinued, changed or the resident is no longer in the facility the medication is removed immediately from active stock. The medication is logged on to the certificate of inventory and destruction and placed in the double locked collection receptacle. She revealed that medication destruction is completed no less than every two weeks. She revealed that herself and the Administrator hold the key to the collection receptacle. She also revealed the reverse distributor conducted a pick up on 3/3/2020. An interview was conducted on 3/3/2020 at 3:45 p.m. with the DON which revealed that she could not find the policy or the certificate of inventory and destruction sheets. She stated that this information has been requested and it will be available tomorrow for the surveyor to review. An interview on 3/4/2020 at 3:35 p.m. with the DON revealed she does not have the Certificate of Inventory and Destruction sheets for controlled drugs (narcotic). The DON revealed she was not aware that the original sheets should be kept on file in the facility and a copy keep with the medication until destroyed. She also, revealed she was not aware that documentation of the reverse distribution should be obtained when the inner liner is picked up with a tracking number and kept on file. An interview on 03/5/20 at 12:16 p.m. with the Administrator, DON, and the Regional Representative revealed that they confirmed the Certificate of Inventory and Destruction sheets could not be located. The Administrator confirmed that she is holding the key to the collection receptacle and was not aware that the keys should be held by the consultant pharmacy. A telephone interview was conducted on 3/5/2020 at 1:05 p.m. with the owner of the pharmacy with the Administrator and Regional staff present who revealed the following controlled and non-controlled medication should be reconciled, logged on the certificate of inventory form and destruction and signed by two nurses then the medication should be placed in the double locked collection receptacle. The key to the receptacle should be held by the DON and Pharmacy Consultant. The container can only be opened when the consultant is in the facility to determine if the inner liner should be replaced and if all procedures are being followed. When the receptacle is open and the inner is determined to be full the liner must be sealed by the Pharmacy Consultant who will arrange for a pickup of the sealed inner liner with an authorized reverse distributor. The sealed liner must pick up the within 72 hours and a signature is required from the reverse distributor along with a tracking number and a signature from the DON/nurse. He also, revealed all paper (destruction sheets and the name and signatures removing the sealed liner) work must be kept in the facility for two years. The owner revealed he was not aware the both keys to the collection receptacle container was being held by the DON and the Administrator rather than the DON and the Consultant Pharmacist. He revealed that both keys should not be in the facility. The owner revealed that medication destruction was discussed in a meeting that was conducted by himself on 10/2019.</p>		
F 0812  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b></p> <p>Based on observation, interviews and reviews of policy titled Cleaning Instructions: Microwave Oven, the facility failed to appropriately label and date sealed and opened, food items, in the refrigerator and freezer, maintain clean microwave ovens, a trash bin with foot peddle and lid near the hand wash sink, and failed to allow air dry kitchen ware to air dry. This had the potential to affect 74 residents receiving an oral diet. Findings include: A review of policy titled Cleaning Instructions: Microwave Oven, dated 2017 revealed, Policy: The microwave oven will be kept clean, sanitized and odor free. The microwave oven interior should be cleaned after each use as needed, and at a minimum, after each meal service. Procedure: 3. Remove any food particles from the interior of the microwave oven with a clean, wet cloth. An observation and interview on [DATE] at 9:45 a.m. with the Food Service Director (FSD) revealed a hand wash station with no trash bin with foot peddle or lid near it. The FSD motioned for staff to bring the large trash bin from across the room so the surveyor could deposit the used paper towel. An observation on [DATE] at 9:50 a.m. of the reach in freezer revealed French fries, tater-tots, pancakes and gumbo in clear packages with no label, date or use by date. An observation on [DATE] at 9:54 a.m. of the bread holders revealed an opened bag of buns, opened bag of sliced bread and an opened bag of rolls with no labels, open dates or use by dates. During further observation revealed that the microwave was noted with dried food debris on ceiling and sides. An observation on [DATE] at 9:57 a.m. of the reach in refrigerator revealed three bags of lettuce, undated and with no use by date, and two packages of cheese with an open date and without a use by date. An observation on [DATE] at 10:02 a.m. in the dish machine area revealed plates, dome bases and lids, stacked one on top of the other, with visible moisture noted. An observation on [DATE] at 1:20 p.m. and 1:42 p.m. revealed the microwave ovens in the first and second floor pantries were heavily soiled with dried reddish-brown substance. The second-floor pantry microwave, front inside panel, was damaged and peeling away. An observation and interview on 3/05/2020 at 8:03 a.m. with the FSD revealed the hand wash sink remained without a trash can with foot peddle and lid. Reviewing the findings with the FSD, he verified the unlabeled and undated food items, the stacked wet dishes coming out of the dish machine, and the hand wash station with no trash bin with lid and foot peddle nearby. An interview and observation on 3/05/2020 at 8:50 a.m. with the Director of Nursing (DON) and Administrator confirmed the condition of the microwave ovens in the pantry of the first and second floors. The damage to the inside front panel of the microwave oven in the second floor pantry was also verified at this time. The DON reported the nurses are responsible for cleaning these after use and night shift cleans daily. The Administrator indicated housekeeping should also be cleaning the microwave ovens. An interview on 3/5/2020 at 10:05 a.m. with the Administrator reported that housekeeping is responsible for cleaning the microwave ovens and they are aware this is their responsibility. She stated that the third shift staff clean the microwave ovens daily and they should be cleaned after each meal. An interview on 3/5/2020 at 10:22 a.m. with the Housekeeping/Laundry Supervisor stated that prior to today (3/5/2020) the housekeeping staff were not responsible for cleaning the microwaves and refrigerators in the nurse station pantries. He reported that nursing had previously been responsible for maintaining the cleanliness of the pantries, including the microwave ovens behind the nurse stations. During further interview he revealed he is now taking it over and will be responsible for it moving forward. A review of an undated document titled Deep Cleaning List provided by the Administrator revealed housekeeping is responsible for cleaning the microwaves on each floor. The Administrator verified they do not have a policy on food labeling and storage, dish washing or cleaning. They utilize the Food Service Tip Sheet as their guidance. A review of an undated document titled Food Service Tip Sheet revealed that opened or leftover food items are dated and labeled and that dishes, glasses, etc., are not stacked while wet. An interview and review of the undated Deep Cleaning List on 3/5/2020 at 11:08 a.m. with the Housekeeping/Laundry Supervisor revealed the form Deep Cleaning List he uses is not the same as the one provided by the Administrator and is not the what his staff goes by for cleaning. A review of an undated Daily Cleaning Schedule revealed the microwave oven is not listed as one of the items to be cleaned in the kitchen.</p>		