State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED
		ALC000706	B. WING		02/06/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
ARBOR AT BRIDGEMILL, THE CANTON, GA 30114					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
L 000	. 000 Initial Comments.			Exhibit "A"	
L1132 SS=D	>>>> The purpose of this administrative review for GA00231946 was to determine facility compliance with the fire and safety rules and regaulations for assisted living facility.  111-8-6311(9)(a) Fire Safety.  The assisted living community must comply with applicable fire and safety rules published by the Office of the Safety Fire Commissioner.  This RULE is not met as evidenced by: >>>> Based on record review, the facility failed to comply with applicable fire and safety rules, specifically addressing fire safety rules and regulations.  A review of the Fire Safety Inspection Report dated January 27, 2023 showed outstanding violations from the Fire Marshall indicating that the facility is not in compliance with applicable fire and safety rules and regulations. Instructions on this Fire Safety Inspection Report require that the facility submit an acceptable plan of correction within 30 days to the Fire Marshall's office.		L1132	1) Egress not to be blocked – corred 1/30/23  2) Open J Box – all pull boxes, jun boxes & conduit bodies shall be prwith covers – completed 2/24/23  3) Riser Room to have sign – complexed 2/3/23	ction ovided
				<ul> <li>4) Extension Cords &amp; flex cords not as permanent wiring – corrected 1/2</li> <li>5) Fire Alarm inspection report aval examination – Inspection complete 4/19/23</li> <li>6) Sprinkler Inspection required – Sinspection completed 4/19/23</li> <li>7) Sprinkler System has been repairs fully operational as of 1/30/23.</li> <li>8) External Leak that caused dama Fire Panel completed 2/15/23.</li> <li>9) Fire Panel components replaced repaired - work completed 2/28/23</li> </ul>	27/23 ilable for d prinkler ired and
State of GA Inspection Report					
State of GA Inspection Report  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE					

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

**Executive Director** 

TITLE

4/19/2023

Bude Figuros