AND PLA	of GA, Healthcare Facili BNT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDENCE FLIENCE A IDENTIFICATION NUMBER:	(CZ) MULTE	LE CONSTRUCTION		ORM APPRO
			A. BUILDON	):	DOD DA	TE GURYEY
***************************************		Marie Language			40	reisb
HALE OF	PROVIDER OR SUPPLIER	PCASONON	S. WIND		1.	mic em
		STREET	ADDRESS, CITY, ST	RVE. 22 CODE	1	2/14/2020
KROK.	TERRACE PEACHTREE (	any and ca	OSSTOWN DRAW	<b>F</b>		
668 ID	SUMMERY	PEACH ATEMENT OF DEPICIENCES	TREE CITY, QA	50290		
PREFIX			10	PROVIDERS PLAN OF CORE	Ermau	
		SC DESTEYING INFORMATIONS	TAG	(EACH CONVECTIVE ACTION & GROSS RETERMINED TO THE A	HOULOBE	COMPLETE
A 000	Opening Comments.		-	DEFICIENCY	AMONABUE	DATE
	About of contained in		A000		The state of the s	THE REAL PROPERTY.
	>>>>The purpose of #	nie visit was to investigate	1	N1802		1
1			1			
			9	afoty do :		
	facility on 12/2/20 and ( completed on 12/14/20	The Street and Committee on the same of th		afety devices are installe xit doors. An alarm poti	d on all sta	irwall
- 1				ert staff if a resident utili	fication	well an
A1802	111-6-62-16(1)(b) Requ	inemania for Man	al	ert staff if a resident utili	70c th = -	" go off to
68=D	Care Services.	-increase in Methols	A1802 do	or. 5/20/2021	res tile exi	it
	home while					
d	home which serves re leficite which place the a	sidents with cognitive	The	e Resident Care Director Ormation to evaluate the		•
	PUBLISH, I.B. ROMBAINS IN	Company and a	info	ormation to such	uses a var	iety of to
<b>108</b> 3	cilvities outside the hon	na must do the following:	nee	ormation to evaluate the eds of residents at move	cognitive	as well a
1 100			the	eds of residents at move ir residence at the comm	in and duri	ing the
400	) Utilize appropriate offi hich do not impede the	maldoni-1-1-1-1	ovh:	ir residence at the commi ibit exit seeking behavior	unity. Rec	idont
4100	Schill Billia Statusty Chale	m produčata da	exil)	ibit exit seeking behavior Dement will be identified	Or nose a	riel
			eiop	pement will be identified idualized for their care to	and come	IISK Of
- WI	eloping from the premis	168.	indiv	vidualized for their care to search, discharge notice w	one care p	ians will
			nece	ssary, discharge	o ensure s	atety. If
Thi	la RULE is not met as o	widenced by:	that	essary, discharge notice w cannot be safely cared fo	ni be give	n to any r
	TO DESCRIPTION OF CORRESPONDED IN	t incasuland.	comn	cannot be safely cared for munity.	or in the pe	rsonal ca
day	ices were properly resed	to ensure that eafety		especialists of the second sec		
1 1000	STOKE WILLIAM CONTENTED OF	Mall Zan B . P A	The co	are donam		
100000		Malaud Ma	will ha	are department staff alor retrained on the Reside	ng with fro	nt doal
1 4600	wante). Pinoinga inci	ude:	delivo	e retrained on the Reside red during general original	nt Safety r	nodula
Ares	view of facility incident i	Sport, chouse out	Signs =	red during general orient of exit seeking behavior, r	ation which	th owner
Resi	dent #1 eloped from the	facility on 11/14/20.	318112 O	of exit seeking behavior, in e safety features of the c	enortine -	explain
	ig a four of the facility o		and the	e safety features of the c	-houring h	esponsib
- west	WORD CUSSIONAL AN MAR &	annual diamental			- minumely	. 02/19/2
ALCOHOLD STREET	PLY MOTERIALS BUT SHARING BYOM	and an area all an area area area area area area area a	THE RES	Sident Caro Diago	•	
as for the s	open. The bedroom of it	Downlof- at Hall	at least	sident Care Director will i every six months after m of condition is identified	eassess ea	ach reside
	102 ID 60 CIOSO ID 60UL S	5.	change	of condition is it	iove in and	at the ti
During	an interview at 2:20 p.	m., Regident #1	and over	of condition is identified, rsight of each resident in	to ensure	the safe
			and the same of th	rsight of each resident in	maintaine	ed.
	) //	ESTESSADATIVES SHOWATURE			-	
			2 Kean	the Diaeston	CONTRACTOR OF THE PARTY OF THE	E / .

AND PLA	ENT OF DEHOLENCES W OF CORPECTION	(CI) PROVIDER/SUPPLIENCLIA IDENTIFICATION MUNISER	(02) MULTIPLE	E CONSTRUCTION	The same of the sa	RM APP	
			A SALDING	-	COM COM	PLETED	
Constitution of the last of th		PCHIOGRAPS	B. WOLG				
NAME OF PROVIDER OR SUFFLIER						12/14/2021	
ARBOR	TERRACE PEACHTREE	oncera core 204 cos	DOREDA, CITY, STIC SETTOWN DRIVE	TE, ZP CODE		The state of the s	
(44) (D		PEACHT	REE CITY, QA	State a			
PREFIX		VICES LOS DELICIENCIES	D	The same of the sa			
MAKE	REGULATORY OR	T MUST BE PRECEDED BY FULL LBC (DEMTFYING INFORMATION)	PREPOX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION		COMP	
A1802	Combused C.			CROSS RESERVED TO THE DEPICENCY	APPROPRIATE	DAT	
	Animistra Light beds		A1802			-	
	stated he/she did not	remember leaving the	1 1				
[		ediantes forward the edited			1		
-		onused.					
<b>1</b> 1	During an interview at a	at 2:44 p.m., Staff A further					
					1		
	he doors were open.	to aiest the sixif when			1		
1					· ·		
: D	urug an Interview at 2	52 p.m., DD stated that					
D	D further stated that D	roldent die endi docus,			4		
献	wenders and they we	re at risk for etopement.					
A	review of the Me for the	oldon Ma	1		- Harris		
97.1	Wasy ID. BINDWAN Minor	Printed and reference to a second			1		
	t and mobility, type two				1		
1 4414	THE RESERVE OF THE PROPERTY OF	Make malaus !			1		
וערו ו	PRINCIPALITY OF THE BOOK SERVE	and Read Phone			1		
that	helshe was discussed to	or Resident #1, showed i with a urinary bladder					
Info	ceon on 11/7/20.	ANY OF THE A DISTRICT.	1		1		
Are	view of the file for Real	dant the					
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Margin I	PER LUCY, A PERSONNY THAN AND A	19800 b			ļ		
on th	o doors of other make.	9 hallways knooling			1	1	
Henry E D.	ANDOLYTISCH 1879 III III III III III III III III III I	temps accept					
stalm	ay door looking for his	room to the exits				1	
broth	al'	MINOR WESTST SING					
Ame	mu of the fire from					N. Street, Spirit	
1 14 644	ew of the file for Reside 19, diagnoses of ander	Al-A-L					
- STEERED	y wuinen decades and -	and a market war and a second				1	
specificn F	U MAT 11/2/1/20	n 12/11/20	1		1	1	

State	of GA, Healthcare Facil	ky Requision Division			PRINTED: 02/23 FORM APPR	/2021 CMED		
DEC COL SE SECONO	ENT OF DESCRIPTION	(XI) PROVIDENCEPPLIEROLIA IDENTIFICATION MANDER:	POD MULTON	LE COMSTRUCTION	grand and a second	NAME OF THE PARTY		
				A BULDING:		COMPLETED		
Minteresconage come		PCHroseco	a. wow					
IAME OF	PROVIDER OR SUPPLIER				12/14/2020			
	TERRACE PEACHTREE	WINEE	ADDRESS, CITY, ST	ATE, ZP GODE				
	- STANDER PENGH ( NGE	GTY PEACS	ioestown drivi Tribe <b>City, o</b> a :	00000		4		
PREFIX	BUAMARY B	TAYET GET OUR PROPERTY PROPERT	B	THE RESERVE OF THE PARTY OF THE				
TAG	REGULATORY OR	TY MUST BE PRECEDED BY FULL LOC IDENTIFYING INFORMATION)	PREFIX	PROVIDENTS PLAN OF CONNECTION (EACH CORRESTING ACTION BROULD B CROSS-REFERENCED TO THE APPROPRIA (GENCENCY)	OOMPLE DATE	TE		
A1802	Anistrance t total beild		A1602			-		
	Resident #3 made att	iompts to leave the facility.		A2502				
	A review of the email	received from Staff A.		12302				
	enowed that not home	TO THE WORLD AND WORLD TO THE		afoty doub				
	p.m.to 6:00 e.m.	facility pagers from 11:00	1 4	afety devices are installed on	all stairwell a	and exit		
			į.	TOTAL AND GIGHTIN HOUSE CATION W	ill an off +-	lert staf		
Mark Volument of the	Cross reference tag 25	502.	1	esident utilizes the exit door.	05/20/2021			
A2502	111-8-62-,25(1)(a) Sup	porting Residents' Rights.	A2502 The Resident Care Director uses a veriety of					
		27.0						
1,	Each resident must req Which must be adequate	civo care, and services	The country of the co					
1.4	which must be adequate, appropriate, and in compliance with applicable faderal and state law			The state of the s				
1	and regulations.	Control of the Contro	1		ar Destate			
1			1	more exit seeking behavior or	2000!-!	•		
13	This RULE is not mate	s evidenced by:	1	Actually Mill be identified and	care al-			
į re	>>>Based on record re acilly failed to ensure e	Ant maident made at		madification their care to a	ncura f .			
C	are and services which	Miller priesuose	,	ressary, discharge notice will t	10 min			
fe	ppropriets, and in comp daret and state law an	dience with applicable	1	and of salely caled for in	the persona	care		
1 53	empled residents (Reak	sent #1). Findings	COI	nmunity.		w8/90/16/67/6		
In	olude		The	sara da				
Fe	cilly census showed 5	1 residents in the facility,	will	care department staff along the retrained on the R	vith front de	sk staff.		
180	K (O) residente word inn	Andinossi and al- sas		~ Culdingu Oll The Recident	Cafat	•		
1	sidents had diagnoses			"C' CU UUI IIIR REDETAI Oriontati	on while			
Ar	eview facility staff sche	dule showed six (6)	0	o call seeking penavior ran	awin			
§ (788)	re staff scheduled for fir it, and four (4) care sta	whether and account	unu	the safety features of the com	munity. 02/	19/2023		
Re	eview of facility incident sident #1 eloped from ti	report, showed that	at lea	Resident Care Director will rea	ssess each re	esident		
FINE	17/19/20 inclosed rang	77 Siza showed that	at ice	ast every SIX months after mou	in and	1000		
FUEL	Hoani of was last reen	MI 10-0R mm by Class		be at condition is libertities to	Oncies M.	safety		
- 126	uring medication assists	inco, and at 10:45	and t	oversight of each resident in m	aintained.			

Minne	NT OF DEFICIENCIES	y Requestion Division			FO	RLI APPROV
AND PLAN OF CORRECTION		(CI) PROVIDENSUPPLIENCIA IDENTIFICATION MARKET:	A BLEENE	ECONSTRUCTION	(CO) ENT	E SURVEY PLETED
		PCHaneseu	EL WING	•		
wat of P	ROVIDER OR SUPPLIER	\$79Per	ADARCTO AUTO		12	/14/2020
IRBOR T	ERRAGE PEACHTREE C	201 600	adoress, city, etc destroum drive	TE, ZIP CODE		
No. of Contrast of	-	PEACH	TREE CITY, OA M	nome.		
PREFOR		VIEWENT OF DEPICIENCIES	I D I			
700	ALL DUON OR L	NC IDENTIFYING INFORMATIONS	PREFIX TAB	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOIL CROSS-REFERENCED TO THE AFTR DEFICIENCY)	A	OOMPLETE DATE
A2502	Continued From page	3	A2502		THE STREET	-
- 1	A.M. the resident was	not in his/her bedroom.	1242			
1	rungles review of facility	v 11/14/20 leadent				
1.1	BEFOREOUT THE SECRETARY I	14 stemmer from many other many				
11	of IECREY Property with .	A DOTTO Afflere and at				
1 1	I I JUD SIM IN THE PERIORY	was essisted back into			1	
18	he facility by Staff C.				1	
1.	acillo stell enhance s	r 11/14/20, showed a total				
0	f eight (8) care staff du	r 11/14/20, showed a total				
R	exident#1.	and assemblation at				
1_	1 20		1 1		-	
D	uring a tour of the facili	lly on 12/2020, five endt			1	- 1
1997	are doserved on the ex	MANUAL MA	1 1		i	- 1
190	scurity devices to siert (	staff when the doors				
ob	are open. The bedroom served close to exit #5	of Resident #1 was			1	1
i	and the cross in soft 80	•				1
Du	ring a tour of the facilit	V. resident il vene			-	1
03	Perved in higher badro	om with a rolling walker			Î	1
ne	d to him/her.	The state of the s	1		ļ	1
- Char	dan en let				į	1
ni ori	ring an interview at 2:2	0 p.m., Resident #1				
faci	ied ha/she did not remo lity on 11/14/20, Resid	amber leaving the	1		1	
100.00	nevene did not know w	Mana hadiba			1	1
run	Net observellen of Rec	delant did mina at	1		i	
that	the resident was confu	led.				
Daniel	no on later two at a se		1			1
that	ng an Inisrview et 2:21 Resident #1 was on he	p.m., Staff 8 stated or last done of antibiotic	1			
on th	e day he/sha eloped fi	rom the facility.			1	- 1
-		- 1			ļ	Mention
shree	riew of facility accurity a red Resident #1 with hi	surveillance record,	1		1	1
about u	o me teckiy on 19 <i>MAR</i>	20 at 44.40 a.m.	1		-	
0.000	on the front enforce. I	Fifther mordon, of the	1			
1 March 100	y guive isance record fo	P 44MAISO about 1	1		į	
au m	KNOWN Maië, cama info	the fortific materials			e de la companya de l	l
SOMOTO	us uns mont audi door a	nel finan leamandlatel.			Talker	1
ntpection	nd at 12:06 p.m., Resid	ent#1 and Staff C	1		Ĭ	1

		ity Regulation Division				: 02/23/20 I APPROV
AND PLAN OF CORRECTION		(XI) PROVIDENCIA IDENTIFICATION MUSICER:	QCQ) MULTIPLI A BUILDING:	E CONSTRUCTION	00) DATE SURVEY	
ericonomico, depos	POSICION		B. WING			
AME OF	PROVIDER OR SUPPLIER	STREET!	LODRESS, CITY, STA	TE TO ANAL	127	1/2020
REOR 1	PERACE PRACTIFIES	CNY SH CRE	STOWN DRIVE			
(X4) ID PREFIX	BUSINESS B	TAY TAKE THE PARTY OF THE PARTY	REE CITY, QA 9	0249		
TAG	REGULATORY OR	LOC IDENTIFYING REPORTATION)	PREFIX TAG	PROVIDERS PLAN OF CON GEACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEPICIENCY)		COMPLETE CATE
A2502	Continued From page		A2502		***************************************	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUM
	were observed enteri	ng into the facility.			1	
1	During an Interview of	et 2:44 p.m., Staff A stated			İ	
- 1	WHAT LONG HORSELL IN MINES	BANG FOR Informati Alfa				
1	ARRIT M MALTINES, SUBSORT A	hat there were per perture.	1 1			
	davices on the sidt do	om to alent the staff when all A stated that Resident	1 1			
2.5	PI WEE TOLING WICHIN th	A facility managed a Court a	1 1			
1 4	1999 Brace of that Reside	int it! all and beam now	1 1		1	
12	145 City of elabernant s	First had ned end Sale man, and	1 1		f	
0	he security surveitions	A stated that the time on			a de la companya de l	
d	lay light caving time.	A SECOND INCIDENT OF SECOND				
A	mondays ad the datasea				1	1
R	isoldent #1, showed no	888888ment completed on				ľ
1		1	1			1
A	review of the 7/28/20	service plan for Realdent	1	•0	1	-
ef	ehowed that the reside	and no history of				1
-			1			and the same of th
Re	Fing an interview at 4;	95 p.m., SB stated that es of Dementis and the	l		l	1
rea	HOSTI Was recovering	tame conduct a men			i i	1
2000	scuon on the day hale!	to triad in signad form			j	
me	ractiny. 88 further sta	had that Booking the me	1		1	- 1
1001	have any history of el	opement.	1			- 1
Du	ing an Interview at 4:5	0 p.m., Staff D stated			1	- 1
1 0 100	CONGRESS WILLIAM	til med manifestation i to the	1			- 1
, GILD	went scross the stres	from the facility fourth			Í	1
DA	40 Station that Residen	I All was on own to			1	1
nous	re check prior to his/he dent is currently on eve	P Miritanani and Mar			1	1
1						
Durb	ng an Interview at 5:05	p.m., Staff E stated	1			1
mati	Resident #1 had diagn	oses of Dementia.			l	
Durk	ng an Interview at 5:16	p.m., FF stated that			į	1
napaciton	Report					1

O THIS CASE	r GA, Healthcene Facili MTOFDEFICIENCES	(X1) PROVIDERIBUPPLIERICLIA	The same of the sa		10	RM APPRO
AND PLAN OF CORRECTION DENTIFICATION NUMBERS		DENTIFICATION NAMED:	OC) MULTIPLE CONSTRUCTION A SURDING:		(PR) EACH COM	lauwey Name
nancy named designation of the last of the		PCHooseg	B. Wand	4		
ME OF	PROVIDER OR SUPPLIER					14/2020
MEOR 7	TERRACE PEACHTREE	914 601	ADDRESS, CITY, STA DESTOWN DRIVE	TE, ZP CODE		
-		PEACH	MEE CITY, GA 24	1960		
(DAY) ID PREEFOX	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	80	PROVIDERS PLAN OF		
TAS	TECHNICAT OR	LEC IDENTE YING IN FORMATION)	PREPOR TAG	GEACH CORRECTIVE ACTIV CROSS REFERENCED TO THE DEFICIENCY	ON SHOULD IN	OOMPLETE DATE
A2502	Continued From page	5 .	A2502		•	
	Resident #1 was forgeths, comband and had diagnoses of Dementia. FF further stated that on 11/14/20, Resident #1 was found outside the facility by the police and the resident was not missing for a long time.  During an interview on 12/09/20 at 11:32 a.m., BB stated that Resident #1 was found in front of the facility at 10:59 a.m. by a Peachtree police officer who happened to be patroling the area at that time. BB further stated that 911 was not called, and there were no police records.		Page			
1						
11 he	ust novene was assigne 1/14/20. Staff F further a/she leat Resident #1	stated that on 11/14/20, at 10:00 a.m., in his/her				The second secon
nes get wit	review of the file for Res 12/2019, showed diagn alacement surgery, una it and mobility, type two hout complication, Hyp partipklemia, and unap	pecified abnormality of plantage of planta				
the	THE review of the file f	oched Damentie. or Resident #1, showed d with a urinary bladder			World James	
Ans for s	view of facility policy d admitting residents with	id not show any policy Dementia.				Service Constitution Committee Spring
Atter and call.	mpt made to Interview on 12/09/20, message	Staff C, on 12/8/20 s left with no telum			Annual Control of Cont	Management of the Control of the Con
MON	190 a high of 71 dames	r website on 11/14/20, es Fahrenheit (F) and wrest where Resident	National Control of the Control of t		After an annual contract of the contract of th	

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If continuetion cheet 7 of 7

(XI) PROVIDERBUPPLIERICUA				M APPROV
IDENTIFICATION NUMBER:	603) MULTIPLE CONSTRUCTION A. BUILDING:		(03) DATE SURVEY COMPLETED	
PCH008808	B. WINS			
GINGETA	DORESS ONV. STO	E TID SORE	12/	42020
ECTY 201 CRO	SSTOWN DROVE			
PEACHT	ree city, ga 30	603		
OR LOC IDENTIFYING INFORMATION)	PRISPIK TAG	CROSS-REFERENCED TO THE APPROPRIE		OOMPLETE DATE
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iv less then a will from the				
			Comment (comment of comment of co	
	PCHOOSESS STREETA	PCHOSEGS B. WINS  STREET ADDRESS. CITY, STATE  EE CITY 201 CROSSTOWN DRIVE  PEACHTREE CITY, GA 30  Y STATEMENT OF DEFICIENCES  ENCYMIST SE PRECEDED BY FILL  OR LOC IDENTIFYING INFORMATION)  TAG  TAG  ABULCING:  A WINS  FRACTION  PREFOR  TAG  A2502  TWO-wey street which was not ont was found at the stop sign  The lace there are the stop sign	PCHOGSEGS  B. WINS  STREET ADDRESS, CITY, STATE, ZIP CODE  201 CROSSTOWN DRIVE PEACHTREE CITY, GA 36500  Y STATEMENT OF DEFICIENCES ENCY MUST BE PRECEDED BY FULL OR LOC IDENTIFYING INFORMATION)  TAG  PREFIX EACH CONTECTION SHOULD CROSS-REFERENCES TO THE APPROVE DEFICIENCY)  TAG  A2802  TWO-Way street which was not only was found at the stop sign	PCHOGSEGS  B. WIND  STREET ADDRESS, CITY, STATE, ZIP CODE  STREET ADDRESS, CITY, STATE, ZIP CODE  STATEMENT OF DESCRIPTION  PEACHTREE CITY, GA 38690  Y STATEMENT OF DESCRIPTION  Y STATEMENT OF DESCRIPTION  OR LOC IDENTIFYING INFORMATION)  PAISFOX  FROM CONFECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  DESCRIPTION OF DESCRIPTION OF CONFECTION  EACH CONFECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  SEE 6  A2502