

STATE OF GA. Healthcare Facility Regulation Division		PRINTED: 02/25/2021 FORM APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PC1903806	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE PEACHTREE CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSTOWN DRIVE PEACHTREE CITY, GA 30320	
(00) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
A 000	Opening Comments. >>>>The purpose of this visit was to investigate #C400209837. The investigation began on 11/30/20. An unannounced visit was made to the facility on 12/2/20 and the investigation was completed on 12/14/20.	A 000	
A1802 88-D	111-8-62-18(1)(b) Requirements for Memory Care Services. A home which serves residents with cognitive deficits which place the residents at risk of eloping, i.e. engaging in unsafe wandering activities outside the home must do the following: ... (b) Utilize appropriate effective safety devices, which do not impede the residents' rights to mobility and activity choice or violate fire safety standards, to protect the residents who are at risk of eloping from the premises. This RULE is not met as evidenced by: >>>>Based on observation, record review, and interview, the facility failed to ensure that safety devices were properly working while serving a resident with a cognitive deficit for 3 of 3 sampled residents (Resident #1, Resident #2, and Resident #3). Findings include: A review of facility incident report, showed that Resident #1 eloped from the facility on 11/14/20. During a tour of the facility on 12/2/2020, five exits were observed on the second floor with no security devices to alert staff when the doors were open. The bedroom of Resident #1 was observed to be close to exit #5. During an interview at 2:20 p.m., Resident #1	A1802	Safety devices are installed on all stairwell and exit doors. An alarm notification will go off to alert staff if a resident utilizes the exit door. 5/20/2021 The Resident Care Director uses a variety of tools and information to evaluate the cognitive as well as physical needs of residents at move in and during the course of their residence at the community. Residents that exhibit exit seeking behavior or pose a risk of elopement will be identified and care plans will be individualized for their care to ensure safety. If necessary, discharge notice will be given to any resident that cannot be safely cared for in the personal care community. The care department staff along with front desk staff, will be retrained on the Resident Safety module delivered during general orientation which explains the signs of exit seeking behavior, reporting responsibilities and the safety features of the community. 02/19/2021 The Resident Care Director will reassess each resident at least every six months after move in and at the time a change of condition is identified, to ensure the safety and oversight of each resident is maintained.

State of GA Inspection Report
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

Executive Director
TITLE
5/25/2021
DATE
If continuation sheet, 1 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCN068808	(C2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(G3) DATE SURVEY COMPLETED 12/14/2020
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE PEACHTREE CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSTOWN DRIVE PEACHTREE CITY, GA 30289			
(K4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(G3) COMPLETE DATE	
A1802	<p>Continued From page 1</p> <p>stated he/she did not remember leaving the facility on 11/14/20. Resident #1 further stated that he/she did not know where he/she was. Further observation of Resident #1 also showed that the resident was confused.</p> <p>During an interview at at 2:44 p.m., Staff A further stated that there were no safety devices or alarms on the exit doors to alert the staff when the doors were open.</p> <p>During an interview at 2:52 p.m., DD stated that there were no safety devices on the exit doors. DD further stated that Resident #2, and Resident #3 wanders and they were at risk for elopement.</p> <p>A review of the file for Resident #1, admitted 1/12/2019, showed diagnoses of status post joint replacement surgery, unspecified abnormality of gait and mobility, type two Diabetes Mellitus without complication, Hypertension, Hyperlipidemia, and unspecified Dementia. Further review of the file for Resident #1, showed that he/she was diagnosed with a urinary bladder infection on 11/7/20.</p> <p>A review of the file for Resident #2, admitted 2/22/19, diagnoses of Hypertension, and Dementia, showed that on 12/9/20, Resident #2 was confused, wandered the hallways knocking on the doors of other residents, and also on 12/7/2020, Resident #2 was very confused, wandered out of his/her bedroom to the exits stairway door "looking for his/her sister and brother.</p> <p>A review of the file for Resident #3, admitted 11/15/19, diagnoses of anxiety, Alzheimers, chronic kidney disease, and osteoarthritis, showed that 11/29/20, , and on 12/11/20,</p>	A1802			

State of GA. Healthcare Facility Regulation Division

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FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(N) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH000006	(D) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(C) DATE SURVEY COMPLETED: 12/14/2020
	NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE PEACHTREE CITY		
STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROMSTOWN DRIVE PEACHTREE CITY, GA 30289			

(K) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(L) COMPLETE DATE
A1802	Continued From page 2 Resident #3 made attempts to leave the facility. A review of the email received from Staff A, showed that notification on when the doors were open were sent to the facility pagers from 11:00 p.m. to 6:00 a.m. Cross reference tag 2502.	A1802		
A2502 SS-D	111-8-62-25(1)(a) Supporting Residents' Rights. Each resident must receive care, and services which must be adequate, appropriate, and in compliance with applicable federal and state law and regulations. This RULE is not met as evidenced by: >>>>Based on record review and interview, the facility failed to ensure each resident received care and services which were adequate, appropriate, and in compliance with applicable federal and state law and regulations for 1 of 3 sampled residents (Resident #1). Findings include Facility census showed 51 residents in the facility. six (6) residents were incontinent, and six (6) residents had diagnoses of Dementia. A review facility staff schedule showed six (6) care staff scheduled for first shift, and second shift, and four (4) care staff on the third shift. A review of facility incident report, showed that Resident #1 eloped from the facility on 11/14/20. The 11/14/20 incident report also showed that Resident #1 was last seen at 10:08 a.m. by Staff F during medication assistance, and at 10:45	A2502	A2502 Safety devices are installed on all stairwell and exit doors. An alarm notification will go off to alert staff if a resident utilizes the exit door. 05/20/2021 The Resident Care Director uses a variety of tools and information to evaluate the cognitive as well as physical needs of residents at move in and during the course of their residence at the community. Residents that exhibit exit seeking behavior or pose a risk of elopement will be identified and care plans will be individualized for their care to ensure safety. If necessary, discharge notice will be given to any resident that cannot be safely cared for in the personal care community. The care department staff along with front desk staff, will be retrained on the Resident Safety module delivered during general orientation which explains the signs of exit seeking behavior, reporting responsibilities and the safety features of the community. 02/19/2021 The Resident Care Director will reassess each resident at least every six months after move in and at the time a change of condition is identified, to ensure the safety and oversight of each resident in maintained.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(001) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH000000	(002) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(003) DATE SURVEY COMPLETED 12/14/2020
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE PEACHTREE CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 301 CROSBOW DRIVE PEACHTREE CITY, GA 30269			
(004) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(005) COMPLETE DATE	
A2502	<p>Continued From page 3</p> <p>a.m. the resident was not in his/her bedroom. Further review of facility 11/14/20 incident report, showed that Resident #1 was found near the exit of facility property with a police officer, and at 11:05 a.m., the resident was escorted back into the facility by Staff C.</p> <p>Facility staff schedule for 11/14/20, showed a total of eight (8) care staff during the elopement of Resident #1.</p> <p>During a tour of the facility on 12/20/20, five exit were observed on the second floor with no security devices to alert staff when the doors were open. The bedroom of Resident #1 was observed close to exit #5.</p> <p>During a tour of the facility, resident #1 was observed in his/her bedroom with a rolling walker next to him/her.</p> <p>During an interview at 2:20 p.m., Resident #1 stated he/she did not remember leaving the facility on 11/14/20. Resident #1 further stated that he/she did not know where he/she was. Further observation of Resident #1 also showed that the resident was confused.</p> <p>During an interview at 2:21 p.m., Staff B stated that Resident #1 was on her last dose of antibiotic on the day he/she eloped from the facility.</p> <p>A review of facility security surveillance record, showed Resident #1 with his/her rollator walker exiting the facility on 11/14/20 at 11:48 a.m. through the front entrance. Further review of the facility surveillance record for 11/14/20, showed an unknown male, came into the facility pointing towards the front exit door and then immediately left, and at 12:05 p.m., Resident #1 and Staff C</p>	A2502			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH000000	(Q2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(Q3) DATE SURVEY COMPLETED 12/14/2020
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE PEACHTREE CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSBOW DRIVE PEACHTREE CITY, GA 30289		
(Q4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(Q5) COMPLETE DATE	
A2502	<p>Continued From page 4</p> <p>were observed entering into the facility.</p> <p>During an interview at 2:44 p.m., Staff A stated that Resident #1 was gone for about 10 minutes. Staff A further stated that there were no safety devices on the exit doors to alert the staff when the doors are open. Staff A stated that Resident #1 was found within the facility property. Staff A also stated that Resident #1 did not have any history of elopement, and had not exhibit any exit seeking behavior. Staff A stated that the time on the security surveillance was an hour back due to day light saving time.</p> <p>A review of the 11/4/20 assessment completed on Resident #1, showed no new injuries.</p> <p>A review of the 7/28/20 service plan for Resident #1 showed that the resident had no history of elopement.</p> <p>During an interview at 4:35 p.m., BB stated that Resident #1 had diagnoses of Dementia and the resident was recovering from a urinary tract infection on the day he/she tried to eloped from the facility. BB further stated that Resident #1 did not have any history of elopement.</p> <p>During an interview at 4:50 p.m., Staff D stated that Resident #1 is forgetful and confused. Staff D further stated that Resident #1 left the facility and went across the street from the facility. Staff D also stated that Resident #1 was on every two hours check prior to his/her elopement, and the resident is currently on every one hour check.</p> <p>During an interview at 5:05 p.m., Staff E stated that Resident #1 had diagnoses of Dementia.</p> <p>During an interview at 5:18 p.m., FF stated that</p>	A2502			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCN000000	(C2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(C3) DATE SURVEY COMPLETED 12/14/2020
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE PEACHTREE CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSTOWN DRIVE PEACHTREE CITY, GA 30269			
(K4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(C5) COMPLETE DATE	
A2502	<p>Continued From page 5</p> <p>Resident #1 was forgetful, confused 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.</p> <p>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 10:58 a.m. by a Peachtree police officer who happened to be patrolling the area at that time. BB further stated that 911 was not called, and there were no police records.</p> <p>During an interview at 3:08 p.m., Staff F stated that he/she was assigned to Resident #1 on 11/14/20. Staff F further stated that on 11/14/20, he/she last saw Resident #1 at 10:00 a.m., in his/her bedroom eating, and 45 minutes later the resident was not in his/her bedroom.</p> <p>A review of the file for Resident #1, admitted 1/12/2019, showed diagnoses of status post joint replacement surgery, unspecified abnormality of gait and mobility, type two Diabetes Mellitus without complication, Hypertension, Hyperlipidemia, and unspecified Dementia. Further review of the file for Resident #1, showed that he/she was diagnosed with a urinary bladder infection on 11/7/20.</p> <p>A review of facility policy did not show any policy for admitting residents with Dementia.</p> <p>Attempt made to interview Staff C, on 12/8/20 and on 12/09/20, messages left with no return call.</p> <p>A review of the accuweather website on 11/14/20, showed a high of 71 degrees Fahrenheit (F) and a low of 47 degrees F. The street where Resident</p>	A2502			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PC1008806	(02) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(03) DATE SURVEY COMPLETED 12/14/2020
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE PEACHTREE CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 291 CROSSTOWN DRIVE PEACHTREE CITY, GA 30268			
(04) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(05) COMPLETE DATE	
A2502	Continued From page 6 #1 was found on a two-way street which was not busy, and the resident was found at the stop sign of the facility property less than a mile from the front entrance of the facility.	A2502			