

State of GA, Healthcare Facility Regulation Division

PRINTED: 01/25/2021  
FORM APPROVEI

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  PCH008808	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  C 10/19/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ARBOR TERRACE PEACHTREE CITY

201 CROSSTOWN DRIVE  
PEACHTREE CITY, GA 30269

(X4) 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)	(X5) COMPLETE DATE
A 000	Opening Comments.  >>>>The purpose of this visit was to investigate intake GA00217931.  The investigation was started on 10/6/21. An unannounced visit was made to the facility on 10/8/2021, and the investigation was completed on 10/19/2021.	A 000	This plan of correction constitutes my written response for the deficiencies cited.	02/21/2022
A2046 SS=D	111-8-62-.20(11)(a) Storage of Medications.  Storage of Medications. The home is accountable for having an effective system to manage the medications it receives including storing medications under lock and key, or other secure system to prevent unauthorized access, at all times, whether kept by a resident or kept by the home for the resident, except when required to be kept by a resident on his or her person due to need for frequent or emergency use, as determined by the resident's physician, advance practice registered nurse or physician assistant, or when closely attended by a staff member. Additionally, for controlled substances, the secure storage must be a locked cabinet or box of substantial construction and a log must be maintained and updated daily by the home to account for all inventory.  This RULE is not met as evidenced by: >>>>Based on observation, record review and interview, the facility failed to have an effective system to manage the medications it receives including storing medications under lock and key, or other secure system to prevent unauthorized access, at all times for 5 of 6 sampled residents (Resident #1, Resident #3, Resident #4, Resident #5, and Resident #6). Findings include:  A review of facility incident report, showed that 18	A2046	A2046  Identify the methods and procedures to be used in the correction of the deficiencies.  The community will reassess residents who self-medicate every quarter.  Identify the dates correction has or will be completed.  February 21, 2022  Specify how the facility will monitor the corrections to achieve and maintain compliance  The community will in-service resident care staff to ensure compliance with this regulation.  The Resident Care Director or designee will review documentation for compliance.	

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

STATE FORM

6889

YBM111

TITLE

Executive Director

(X6) DATE

2/9/2020

If continuation sheet 1 of 6

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A2046	<p>Continued From page 1</p> <p>Hydrocodone tablets were unaccounted for from the bedroom of Resident #1 on 9/18/2021.</p> <p>During a tour of the bedroom of Resident #1, Resident #3, Resident #4, Resident #5, and Resident #6, medications were observed unsecured. Further observation also showed that the bedroom of Resident #3, a shared apartment, and the bedroom of Resident #6 was observed to be opened with no resident in the bedroom.</p> <p>During an interview at 10:16 a.m., Resident #1 stated that he/she was a self-administer with medication, however, his/her Hydrocodone was missing from his/her bedroom. Resident #1 further stated that he/she did not secure his/her medication in a lock box, and the medication was left in a tray in his/her room. Resident #1 also stated that facility staff are now assisting him/her with medication administration.</p> <p>During an interview at 10:30 a.m., Resident #5 stated that his/her medications were kept in a cupboard in his/her bedroom. Resident #5 further stated he/she leaves his/her apartment open whenever he/she goes out for meals.</p> <p>During an interview at 1:00 p.m., Resident #4 stated that he/she did not lock his/her bedroom, and his/her medications were kept in a bathroom drawer.</p> <p>During an interview between 9:45 a.m. to 1:03 p.m., Staff B stated that medications were supposed to be locked in a lock box for residents who are self-administration with medication. Staff B further stated he/she was working on getting all medications secured in a lock box for all residents who are self-administer with medications.</p>	A2046	<p><b>Identify the methods and procedures to be used in the correction of the deficiencies.</b></p> <p>Resident #1 admitted that s/he hid Hydrocodone tablets which were being self-administered and then forgot where s/he hid them. Subsequently resident was reassessed and our community staff began assisting resident with medications. Resident is no longer a PC resident.</p> <p>Resident #3 is no longer a PC resident.</p> <p>Resident #4's medications are located in a lock box and secured with a key.</p> <p>Resident #5's medications are located in a lock box and secured with a key.</p> <p>Resident #6's medications are located in a lock box and secured with a key.</p> <p><b>Identify the dates correction has or will be completed.</b></p> <p>February 21, 2022</p>	



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NAME OF PROVIDER OR SUPPLIER  ARBOR TERRACE PEACHTREE CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSTOWN DRIVE PEACHTREE CITY, GA 30289		
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A2046	<p>Continued From page 2</p> <p>During an interview at 1:39 p.m., Staff E stated that on 9/18/2021 he/she received a call from EE about missing Hydrocodone from the bedroom of Resident #1. Staff E further stated that he/she was told by EE that Staff D went into the bedroom of Resident #1 and dropped the Hydrocodone pills from the tray, and the pills spilled all over the floor.</p> <p>During an interview at 4:57 p.m., EE stated that Hydrocodone 7.5/325 mg was missing from the bedroom of Resident #1. EE further stated that Resident #1 was supposed to lock his/her medication, however the medications was left in a tray next to the bed of the resident. EE also stated that the facility is now assisting Resident #1 with his/her medications.</p> <p>During an interview at 5:21 p.m., Staff D stated that on one occasion he/she observed Resident #1 knocked off some medications from a tray his/her bedroom, however, he/she did not assist the resident to pick up the medications from the floor. Staff D further stated that he/she could not tell what medications the resident spilled on the floor.</p> <p>During an interview at 5:53 p.m., FF stated that Resident #1 did not lock his/her medications. FF further stated that the Hydrocodone 7.5/325 mg for Resident #1 was filled on the following days; thirty (30) tablets was filled on 8/13/2021, 8/23/2021, and on 9/9/2021 and the resident was supposed to take one tablet every four hours as needed. FF stated that the resident was in the hospital from 8/14/2021 to 8/18/2021, and the Hydrocodone was left in the bedroom of Resident #1 unsecured.</p>	A2046	<p><b>Specify how the facility will monitor the corrections to achieve and maintain compliance</b></p> <p>The community shall reassess residents who self-medicate and ensure such residents and any new residents who self-medicate are knowledgeable and capable of consistently storing their personal medications under lock and key or other secure system to prevent unauthorized access.</p> <p>The RCD or designee(s) will conduct compliance rounds, not less than weekly, to ensure that residents who self-medicate continue to consistently store their personal medications under lock and key or other secure system to prevent unauthorized access. Immediate appropriate interventions will be instituted if medication(s) of such resident(s) are found to be unsecured.</p> <p>The ED or designee will review documentation of compliance</p>	

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**ARBOR TERRACE PEACHTREE CITY**

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A2046	Continued From page 3  During an interview on 10/13/2021 at 3:50 p.m., KK stated that EE reported to him/her of missing pain medications from the bedroom of Resident #1. KK further sated that he/she could not tell what medications were missing from the bedroom of Resident #1.  A review of facility medication policy showed the following "For those residents who manage their own medications, medications must be secured in a safe manner, out of sight, in the resident's room." Further review of facility medication policy also showed that the medications should be kept in a lock box or behind a locked door.	A2046	rounds to ensure that residents who self-medicate continue to consistently store their personal medications under lock and key or other secure system to prevent unauthorized access. In addition, s/he will validate that immediate appropriate interventions were instituted if medication(s) of such resident(s) were found to be unsecured. Interdepartmental in-services will be held for general staff to discuss the responsibilities of all staff members to immediately report to the proper authority, any observations of unsecured medications in residents' apartments so that appropriate action(s) can occur.	
A2048 SS=D	111-8-62-.20(11)(b) Storage of Medications.  Medication kept by a resident may be stored in the resident's bedroom, in a locked cabinet or other locked storage container. Single occupancy bedrooms which are kept locked at all times are acceptable. Duplicate keys for the resident's locked storage container and room must be available to the resident and the administrator, on-site manager or designated staff.  This RULE is not met as evidenced by: >>>>Based on observation, record review, and interview, the facility failed to ensure that medication kept by the residents were stored in a locked cabinet or other locked storage container, and single occupancy bedrooms which are kept locked at all times, and duplicate keys for the resident's locked storage container made available to the the administrator, on-site manager or designated staff for 5 of 6 sampled residents (Resident #1, Resident #3, Resident #4, Resident #5, and Resident #6). Findings include:	A2048	A2048  It is our policy that medications kept by residents are stored in a locked cabinet or other storage container which are consistently locked and that duplicate keys for the residents' locked cabinet or other storage containers are made available to the administrator, on-site manager, or designated staff.	



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A2048	<p>Continued From page 4</p> <p>During a tour of the bedroom of Resident #1, imodium 2 mg tablets was observed by his/her bedside unsecured.</p> <p>During a tour of the bedroom of Resident #3 (shared bedroom with Resident #2), the bedroom was observed to be opened with no resident in the bedroom. Medications were observed under the bathroom sink, and medications were also observed in a cup on top of the table in the living room of the apartment of Resident #3. Further observations also showed a lock box with a key attached in the bathroom of Resident #3.</p> <p>During a tour of the bedroom of Resident #4, medications were observed in the drawers of the resident bathroom.</p> <p>During a tour of the bedroom of Resident #5, a medication bottle of Tramadol was observed on the kitchen counter.</p> <p>During a tour of the bedroom of Resident #6, the bedroom was observed to be opened and the resident was not in his/her bedroom. Further observation of the apartment of Resident #6, also showed a bottle of a prescription for Amoxicillin 500-mg on the kitchen counter unsecured, and some over the counter medications in the closet of Resident #6 unsecured.</p> <p>During an interview at 10:16 a.m., Resident #1 stated prior to the facility assisting him/her with medications, he/she did not secure his/her medication in a lock box, and the medication were left in a tray in his/her room.</p> <p>During an interview at 10:30 a.m., Resident #5 stated that his/her medications were kept in a cupboard in his/her bedroom, and his/her</p>	A2048	<p><b>Identify the methods and procedures to be used in the correction of the deficiencies.</b></p> <p>Resident #1 is no longer a PC resident.</p> <p>Resident #3 is no longer a PC resident.</p> <p>Resident #4's medications are located in a lock box and secured with a key. RCD or designee has access to the duplicate key.</p> <p>Resident #5's medications are located in a lock box and secured with a key. RCD or designee has access to the duplicate key.</p> <p>Resident #6's medications are located in a lock box and secured with a key. RCD or designee has access to the duplicate key.</p> <p><b>Identify the dates correction has or will be completed.</b></p> <p>February 21, 2022</p>		

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STATE FORM

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YBM111

If continuation sheet 5 of 6

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A2048	<p>Continued From page 5</p> <p>bedroom was left opened whenever he/she goes out.</p> <p>During an interview at 1:00 p.m., Resident #4 stated that he/she did not lock his/her bedroom, and his/her medications were kept in his/her bathroom in a drawer.</p> <p>During an interview between 9:45 a.m. to 1:03 p.m., Staff B stated that medications were supposed to be locked in a lock box for residents who are self-administration with medication. Staff B further stated that the facility did not keep a duplicate key for the lock box.</p> <p>During an interview at 4:57 p.m., EE stated that Resident #1 was supposed to lock his/her medication, however the medications were left in a tray next to the bed of the resident.</p> <p>During an interview at 5:53 p.m., FF stated that Resident #1 did not lock his/her medications.</p> <p>A review of facility medication policy showed that medications should be kept in a lock box or behind a locked door.</p> <p>Cross reference tag #2046.</p>	A2048	<p><b>Specify how the facility will monitor the corrections to achieve and maintain compliance</b></p> <p>The community shall reassess residents who self-medicate and ensure such residents and any new residents who self-medicate are knowledgeable and capable of consistently storing their personal medications under lock and key or other secure system to prevent unauthorized access.</p> <p>In addition, the RCD or designee shall have access to the duplicate keys.</p> <p>The RCD or designee(s) will conduct compliance rounds, not less than weekly, to ensure that residents who self-medicate continue to consistently store their personal medications under lock</p>		

and key or other secure system to prevent unauthorized access.

Immediate appropriate interventions will be instituted if medication(s) of such resident(s) are found to be unsecured. At such time, it shall be confirmed that the RCD or designee has access to duplicate keys.

The ED or designee will review documentation of compliance rounds to ensure that residents who self-medicate continue to consistently store their personal medications under lock and key or other secure system to prevent unauthorized access. In addition, s/he will validate that immediate, appropriate interventions were instituted if medication(s) of such resident (s) were found to be unsecured. In addition, the ED or designee will review documentation which validates that the RCD or designee has access to duplicate keys.

Interdepartmental in-services will be held for general staff to discuss the responsibilities of all staff members to immediately report to the proper authority, any observations of unsecured medications in residents' apartments so that appropriate action(s) can occur.