

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH006944	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/19/2019
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NAME OF PROVIDER OR SUPPLIER HERITAGE OF BROOKSTONE	STREET ADDRESS, CITY, STATE, ZIP CODE 5235 STILESBO ROAD KENNESAW, GA 30162
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A 000	<p>Opening Comments.</p> <p>>>>> The purpose of this visit was to investigate intake # GA00191621.</p> <p>An on-site visit was made to the facility on 7/3/19 and the investigation was completed on 7/19/19.</p>	A 000		
A 938 SS=D	<p>111-8-62-.09(11)(f) Workforce Qualifications And Training.</p> <p>[Personnel file(s)] must include all of the following: ...</p> <p>(f) Written evidence of satisfactory initial and annual work performance reviews, which can take the form of skills competency checklists, for unlicensed staff providing hands-on personal care. Where the unlicensed staff performs specialized tasks, such as health maintenance activities, such performance reviews must include the satisfactory completion of skills competency checklists as specified in applicable rules. Such reviews must be conducted by staff or contractors qualified by education, training and experience to assess that the assigned duties are being performed in accordance with applicable rules and accepted health and safety standards.</p> <p>This RULE is not met as evidenced by: >>>> Based on record review and staff interviews, the facility failed to have work performance reviews, which can take the form of skills competency checklists for 5 of 10 unlicensed staff (Staff D, Staff E, Staff F, Staff I and Staff J) who performed the specialized tasks of medication administration for 4 of 13 sampled residents (Resident #3, Resident #7, Resident #12 and Resident #13). Findings include:</p>	A 938		

State of GA Inspection Report

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

TITLE

(X6) DATE

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A 936	Continued From page 1	A 936		
<p>Reviews of files for Staff D, hired 5/31/19, Staff E, hired 8/22/18, Staff F, hired 4/3/17, Staff I, hired 8/22/18 and Staff J hired 7/28/16, showed no documentation of initial and/or annual work performance reviews on skills competency checklist for medication administration for Resident #3, Resident #7, Resident #12 and Resident #13.</p>				
<p>A review of the file for Resident #3, admitted 4/30/17, showed diagnoses of hyperlipidemia, Dementia, and hypothyroidism.</p>				
<p>A review of the file for Resident #7, admitted 6/7/17, showed diagnoses of Dementia, hypertension, anorexia, weakness, traumatic brain injury, asthma, cerebrovascular accident, Transient ischemic Attack, Coronary Artery Disease and malignant neoplasm of colon.</p>				
<p>A review of the file for Resident #12, admitted 6/24/16, showed diagnoses of Senile Dementia and hyperlipidemia.</p>				
<p>A review of the file for Resident #13, admitted 1/11/19, showed diagnoses of Senile Dementia.</p>				
<p>During an interview at 12:00 p.m., Staff D, stated he/she administered medications to Resident #3, Resident #7, Resident #12 and Resident #13. Staff D further stated he/she had not received the proxy training for medication administration.</p>				
<p>During an interview at 12:10 p.m., Staff B stated proxy training had not been provided for Staff D, Staff E, Staff F, Staff I and Staff J.</p>				

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A2022	Continued From page 2	A2022		
A2022 SS=D	111-8-62- 20(5)(b) Medications.	A2022	<p>The staff providing the assistance or administration of medications must update the MAR each time the medication is offered or taken.</p> <p>This RULE is not met as evidenced by: >>>> Based on record review and interviews, the facility failed to ensure that the staff providing assistance or administration of medications updated the Medications Assistance Record (MAR) each time the medication was offered or taken, for 4 of 13 sampled residents (Resident #1, Resident #6, Resident # 7 and Resident #11). Findings include.</p> <p>A review of the July 2019 Medication Assistance Record (MAR) at 12:12 p.m., 12:14 p.m., and 12:16 p.m., for Resident #1, Resident #6, Resident #7 and Resident #11 showed no documentation to show that the medications ordered below were offered or taken by the resident</p> <p>Resident #1</p> <ol style="list-style-type: none"> 1. Coumadin 9 mg, take one tablet po on 7/2/19 and 7/3/19. There was blank entry on the MAR for 7/2/19 at 5:00 p.m. 2. B complex Cap, take one capsule by mouth daily. There was blank entry on the MAR for 7/2/19 at 5:00 p.m 3. Aspirin 81 mg, take one tablet by mouth daily (for prosthetic Heart Valve). There was blank entry on the MAR for 7/3/19 at 8.00 a.m. 	

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A2022	<p>Continued From page 3</p> <p>4. Ferrous Sulf 325 mg, take one tablet by mouth daily (for supplement). There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>5. Torsemide 20 mg, take one tablet by mouth every 12 hours at 8:00 a.m., and 8:00 p.m. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>6. Loratidine 10 mg, take one tablet by mouth daily (for allergies). There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>7. Spironolact 25 mg, take one tablet by mouth daily (for congestive heart failure). There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>Resident #6:</p> <p>1. Levothyroxin 75 mcg, take one tablet by mouth daily before breakfast. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>2. Metoprolol 25 mg, take one tablet by mouth daily. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>3. Colesevelm 625 mg, take two tablets by mouth twice daily at 8:00 a.m., and 5:00 p.m. There was blank entry on the MAR for 7/2/19 at 5:00 p.m., and on 7/3/19 at 8:00 a.m.</p> <p>4. Aspirin 325 mg, take one tablet by mouth daily. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>5. Duloxetine cap 30 mg, take one capsule by mouth daily. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p>	A2022		
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A2022	<p>Continued From page 4</p> <p>6. Omeprazole 20 mg, take one capsule by mouth every morning before breakfast. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>7. Vitamin B-12 100 mcg, take one tablet by mouth daily. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>8. Vitamin D tablet 2000 unit, take one tablet by mouth daily. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>9. Gabapentin 100 mg, take one capsule by mouth three times a day at 8:00 a.m., 1:00 p.m., and 5:00 p.m. There was blank entry on the MAR for 7/2/19 at 5:00 p.m., and 7/3/19 at 8:00 a.m.</p> <p>Resident #7:</p> <p>1. Spironolact 25 mg, take one tablet by mouth three times a week at 8:00 a.m. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>2. Vitamin A&D oln, apply small amount to rash on inner thigh twice daily at 8:00 a.m., and 5:00 p.m. There was blank entry on the MAR for 7/1/19 and 7/2/19 at 5:00 p.m., and on 7/3/19 at 8:00 a.m.</p> <p>3. Amlodipine 10 mg, take one tablet by mouth once daily at 8:00 a.m. There was blank entry on the MAR for 7/1 on 7/3/19 at 8:00 a.m.</p> <p>4. Certavie senior/antioxide tablet, take one tablet by mouth daily. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p>	A2022		
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A2022	<p>Continued From page 5</p> <p>5. Furosemide 20 mg, take one tab by mouth daily. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>6. Losartan pot 100 mg, take one capsule by mouth once daily at 8:00 a.m. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>7. Pantoprazole sodium 40 mg, take one tablet by mouth daily. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>8. Sucralfate 1 gm, take one tablet by mouth three times a day. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>Resident #11:</p> <p>1. Albuterol S 04 0.083%, inhale the contents of one vial via nebulizer twice a day at 8:00 a.m., and 8:00 p.m. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>2. Triam/HCTZ tab 37.5-25, take one tablet by mouth daily. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>3. Clonidine HCL .1 mg, take one tablet by mouth twice daily at 8:00 a.m., and 8:00 p.m. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>4. Gabapentin 100 mg, take one capsule by mouth three times a day at 8:00 a.m., 1:00 p.m., and 5:00 p.m. There was blank entry on the MAR for 7/3/19 at 8:00 a.m.</p> <p>During an interview at 12:11 p.m., Staff D stated that he/she forgot to signed the MAR for Resident #1, Resident #6, Resident #7 and Resident #11.</p>	A2022		
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A2502	Continued From page 6	A2502		
A2502 SS=J	<p>111-8-62-25(1)(a) Supporting Residents' Rights.</p> <p>Each resident must receive care, and services which must be adequate, appropriate, and in compliance with applicable federal and state law and regulations.</p> <p>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 5 of 13 residents (Resident #3, Resident #4, Resident #5, Resident #6 and Resident #8). Findings include:</p> <p>A review of the June 2019 facility census showed 15 residents in the memory care unit and 26 residents in personal care unit.</p> <p>During an interview at 12.30 p.m., Staff B stated on 6/9/19, Staff G was the only staff that worked in the facility from 7.00 p.m. to 10.00 p.m. with 41 residents in the memory care unit and personal care unit. Staff B further stated that Resident #3, Resident #4, Resident #5, Resident #6 and Resident #8 did not received some of their 8.00 p.m. medications on 6/9/19.</p> <p>A review of the file for Resident #3, admitted 4/30/17, showed diagnoses of hyperlipidemia, Dementia and hypothyroidism.</p> <p>A review of the file for Resident #4, admitted 6/1/19, showed diagnoses of anorexia, weakness, hypertension, traumatic brain injury, asthma, cardiovascular accident, Dementia,</p>	A2502		

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A2502	<p>Continued From page 7</p> <p>Transient Ischemic Attack.</p> <p>A review of the file for Resident #5, admitted 11/20/15, showed diagnoses of hypertension, Transient Ischemic Attack, hypercholesterolemia, allergic rhinitis, urinary incontinence, cellulitis, and abnormal heart sounds.</p> <p>A review of the file for Resident #6, admitted 10/22/18, showed diagnoses of hypertension, vertigo, anemia, ataxia, irritable bowel syndrome Transient Ischemic Attack, history of depression, urinary track infection, osteoporosis, hyperlipidemia, sleep apnea and acquired hyperthyroidism.</p> <p>A review of the file for Resident #8, admitted 8/31/17, showed diagnoses of hyperlipidemia, osteoarthritis, insomnia and depression.</p> <p>A review of the 6/2019 Medication Administration Records (MAR) for the following residents, showed no staff initials as given or refused for the following medications on 6/9/19.</p> <p>Resident #3.</p> <ol style="list-style-type: none"> 1. Aricept 10 mg, take one tablet by mouth at bedtime, at 8:00 p.m. 2. Meloxicam 7.5 mg, take one tablet by mouth once daily, at 8:00 p.m. 3. Thera-M tab, take one tablet by mouth once daily at 8:00 p.m. 4. Vitamin B 12 1000 mcg tabs, take one tablet by mouth once daily, at 8:00 p.m. 5. Combigan sol 0.2/0.5%, instill one drop into both eyes every night, at 8:00 p.m. 6. Lantanoprost 0.005% SOLN, instill one drop into each eyes at bedtime, at 8:00 p.m. 	A2502		

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A2502	<p>Continued From page 8</p> <p>Resident #4:</p> <ol style="list-style-type: none"> Gabapentin cap 300 mg, take one capsule by mouth every night, at 8:00 p.m. Mirtazapine tab 15 mg, take one tablet by mouth every night, at 8:00 p.m. <p>Resident #5:</p> <ol style="list-style-type: none"> Atorvastatin 10 mg, take one tablet by mouth at bedtime, at 8:00 p.m. Clopidogrel 75 mg, take one tablet by mouth once daily, at 8:00 p.m. Metoprolol 50 mg, take one tablet once daily, at 8:00 p.m. Ipratropium Bromide 0.03% nasal spray, spray two sprays into each nostril three times a day, 8:00 a.m., 12:00 p.m. and 8:00 p.m. <p>Resident #6:</p> <ol style="list-style-type: none"> Quetiapine tab 25 mg, take one tablet by mouth at bedtime, at 8:00 p.m. Melatonin 5 mg, take one tablet under the tongue once daily at bedtime, at 8:00 p.m. Mirtazapine 30 mg, take one tablet by mouth at bedtime, at 8:00 p.m. Pravastatin Sodium 40 mg, take one tablet by mouth every night, at 8:00 p.m. <p>Resident #8:</p> <ol style="list-style-type: none"> Senna 8.6 mg, take one tablet at bedtime, at 8:00 p.m. Atorvastatin 20 mg, take one tablet by mouth every night, at 8:00 p.m. <p>During an interview at 5:00 p.m., Staff B stated that the families of Resident #3, Resident #4, Resident #5, Resident #6 and Resident #8 were</p>	A2502		
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A2502 Continued From page 9

not notified of the medications they did not received on 6/9/19.

During an interview on 7/12/19 at 5:00 p.m., Staff C stated he/she worked at the facility on 6/9/19 from 7:00 a.m. to 7:00 p.m. with two other staff. Staff C further stated when he/she left the facility at 7:00 p.m., on 6/9/19, there were no staff to relieved him/her.

During an interview on 7/19/19 at 12:30 p.m., CC stated on 6/9/19 one staff worked at the facility from 7:00 p.m. to 11:00 p.m. CC further stated that on 6/9/19, there were no medication aide in the facility to administer the night medications.

A2502

P 435 111-8-100-.04(4)(c) Services Through Proxy
SS=D Caregivers.

P 435

Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must do the following: ...

(c) Ensure that the individual with a disability or the legally authorized representative has executed a written informed consent which meets the requirements of rule 111-8-100-.04(2) ...

This RULE is not met as evidenced by:
>>>>Based on record review and staff interview, the facility failed to have a written informed consent for 4 of 13 sampled residents (Resident #3, Resident #7, Resident #12 and Resident #13) Findings include:

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P 435 Continued From page 10

P 435

A Review of the files for Resident #3, Resident #7, Resident #12 and Resident #13 showed no documentation of informed consent for proxy caregiver services.

During an interview at 3:00 p.m., Staff B stated he/she could not locate the informed consent for proxy.

P 436 111-8-100-.04(4)(d) Services Through Proxy SS=D Caregivers.

P 436

Where the licensed facility employs, contracts or refers proxy caregivers to deliver health maintenance activities to individuals with disabilities receiving services through the licensed facility, the licensed facility must do the following: ...

(d) Ensure that a written plan of care is developed for the individual with a disability by a licensed healthcare professional in accordance with the written orders of an attending physician, an advanced practice registered nurse or physician's assistant working under a nurse protocol agreement or job description respectively, and that such plan of care specifies the frequency of training and evaluation requirements for the proxy caregiver and when additional training will be required for new duties added to the written plan of care for which the proxy caregiver has not been previously trained. The licensed facility must either use the written plan of care form made available by the Department or another form containing all the required elements. ...

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P 436	<p>Continued From page 11</p> <p>This RULE is not met as evidenced by: >>>>Based on record review and staff interview, the facility failed to ensure a plan of care for proxy caregiver services was written for each resident receiving such services for 4 of 13 sampled residents (Resident #3, Resident #7, Resident #12 and Resident #13). Findings include:</p> <p>A Review of the files for Resident #3, Resident #7, Resident #12 and Resident #13 showed no documented plan of care for proxy caregiver services.</p> <p>During an interview at 3:00 p.m., Staff B stated he/she could not locate the plan of care for Proxy.</p>	P 436		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH009871	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/16/2019
NAME OF PROVIDER OR SUPPLIER HERITAGE OF BROOKSTONE		STREET ADDRESS, CITY, STATE, ZIP CODE 5235 STILESBORO ROAD KENNESAW, GA 30152	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 000}	Opening Comments. >>>>The purpose of this visit was to investigate intake #GA00201356. No rule violations were cited as a result of this investigation.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH009871	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/05/2019
NAME OF PROVIDER OR SUPPLIER HERITAGE OF BROOKSTONE		STREET ADDRESS, CITY, STATE, ZIP CODE 5235 STILESBORO ROAD KENNESAW, GA 30152	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 000}	Opening Comments. >>>>The purpose of this visit was to conduct the initial inspection. No rule violations were cited as a result of this inspection.		