STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40417 Based on observations, staff interviews, record review, and review of the facility policy titled, Self-Administration of Drugs-F554 revealed the facility failed to ensure two of 40 sampled residents (R33 and R53) had a physician's order and was screened and/or assessed for the self-administration of medications prior to medications being stored at the bedside and self-administered by the residents. Findings include: Review of the facility policy, provided by the facility titled, Self-Administration of Drugs-F554, dated 05/21, revealed, .the staff and practitioner will assess each resident to determine whether a resident is capable of self-administration of medication ., and .self-administration of medications will be stored in a safe secure place . 1. Review of the Face Sheet in the electronic medical record (EMR) under the Clinical tab revealed R33 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS) located in the EMR under the MDS tab with an Assessment Reference Date (ARD) of 12/25/2021 revealed the resident had a Brief Interview Mental Status (BIMS) score of 15 out of 15, indicating the resident was cognitively intact. Review of the EMR for R33 under the Misc. tab revealed no documentation of a self-administration assessment. Review of the Care Plan for R33 located in the EMR under the Care Plan tab revealed there was no documentation regarding the self-administration of medication. Review of R33's Physician's Orders located in the EMR under the Orders tab dated January 2022 and February 2022, revealed no physician order for R33 to be able to self-administer medications. An observation and interview on 1/31/2022 at 4:01 PM revealed R33 had one bottle of Ferrous Sulfate Iron 28 milligrams (mg) 60 tablets on the bedside table. The bottle was one-fourth filled. A bottle of Vitamin E tablets 10000 IU 450 mg, 60 soft gels and a four-ounce tube of pain-relieving cream, was also on the bedside table. R33 stated, I administer the medications to myself. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A second observation 2/01/2022 at 10:29 AM revealed the same observation as on 1/31/2022 at 4:01 PM. Interview and observation on 2/2/2022 at 11:39 AM with Certified Nursing Assistant (CNA) 7 confirmed medication bottles were stored in R33's room. CNA7 confirmed R33 was not supposed to administer medication herself or store medications in her room. CNA7 stated, medication administration comes from the nurse. An interview on 2/4/2022 at 12:08 PM the Director of Nursing (DON) confirmed the facility should not allow residents to store bottles of medications of iron in their room. The DON confirmed the facility should assess the resident for self-administration of medication prior to the resident administering medication to themselves. An interview on 2/4/2022 at 1:50 PM the Administrator stated, we (the facility) cleaned out R33's room and she had iron pills, peroxide and bathroom cleaner stored in her room on 02/03/22. The Administrator confirmed the facility should ensure residents do not store medications or any chemicals in their room. The Administrator confirmed the items including, pills (iron) and chemicals (peroxide and bathroom cleaner) were sitting on R33's floor and bedside table, in open view. 2. Review of the Face Sheet located in the EMR under the Clinical tab revealed R53 was admitted to the facility on [DATE]. Review of the MDS located in the EMR under the MDS tab with an ARD of 12/23/2021 revealed the resident had a BIMS of 15 out of 15 indicating the resident was cognitively in intact. Review of the EMR for R53 under the Misc. tab revealed no documentation of a self-administration assessment. Review of the Care Plan for R53 located in the EMR under the Care Plan tab revealed there was no documentation regarding the self-administration of medication. Review of the Physician's Orders for R53 located in the EMR under the Orders tab dated January 2022 and February 2022, revealed there were no physician order for R53 for self-administration of medications. An observation and interview on 2/1/2022 at 5:06 PM, License Practical Nurse (LPN) 7 entered R53's room and discovered a clear cup containing seven pills on R53's bedside table. R53 stated to LPN7, Sorry, I haven't taken those pills yet. LPN7 verified she had left the medication cup with seven pills on R53's bedside table for R53 to administer to herself. LPN7 verified she was responsible for administering R53's medication. LPN stated, I was supposed to watch resident swallow the pills, I was not supposed to leave R53 medications on her bedside table for R53 to administer herself. LPN7 confirmed R53 was not assessed to self-administer medication and the seven pills (R53's medications) in the plastic cup should not have been left on R53's bedside table. An interview on 2/4/2022 at 1:50 PM the Administrator confirmed, the facility's policy was the nurse had to stay and observe the resident taking the pills during medication administration.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40417 Based on interviews, record reviews, and review of the facility policy titled, Advance Directives F578 the facility failed to ensure a code status (Advance Directive) was consistently recorded accurately throughout the clinical record for three of 15 Residents (R10, R254 and R253) reviewed for advanced directives. Findings include: Review of facility-provided policy titled Advance Directive F 578 dated April 2021 revealed .information about whether or not the resident has executed an advance directive shall be displayed prominently in the medical record . and .The Interdisciplinary Team will review annually with the resident his or her advance directive to ensure such wishes are still the directive of the resident .recorded on the resident assessment instrument (MDS) .and care plan . Review of facility-provided policy titled, Cardiopulmonary Resuscitation . dated January 2022 revealed .verify the presence of advance directives . 1. Review of the Face Sheet in the electronic medical record (EMR) under the Clinical tab revealed R10 had an admitted [DATE] to the facility. The heading Advance Directive revealed Full Code, all measures; Do Not Intubate (DNI). Review of the Clinical tab, under the Profile tab, revealed the heading Code Status, DNI, Full Code, all measures. The Misc tab, revealed no information for R10's advance directives or code status. The Orders tab revealed .DNI . dated 7/27/2021 . and Full Code, all measures . dated 1/3/2021. The Care Plan tab revealed no information regarding the resident's code status was included on the Care Plan. Review of the hard chart (paper) for R10 labeled under the Advance Directives tab, revealed no documents or information. The Social Services tab revealed no information or documentation regarding Advance Directives. An interview on 2/1/2022 at 4:13 PM with Social Services Director (SS)1 confirmed the facility's medical record for residents that desired Full Code status did not contain Advance Directives on their charts. An interview on 2/04/2022 at 12:08 PM with the Director of Nursing (DON) confirmed DNI, and Full Code were not the same code status. The DON confirmed residents' medical records should include their code status, and indicate if a resident was DNR, DNI or Full Code. The DON confirmed the EMR for R10 contained two different code status, (including DNI and Full Code). The DON confirmed with R10 having multiple code status in her EMR could result in R10 receiving the wrong treatment and not respect R10's desired wishes regarding code status treatment. The DON confirmed residents correct code status should be included with the resident's Care Plan. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Review of the EMR under the Clinical tab, Profile revealed R254 had an admitted [DATE] to the facility. Review of the heading Code Status revealed no information was entered. Review of the Misc tab, revealed no information for R 254's advance directives or code status. The Orders tab revealed no orders for code status. The Care Plan tab revealed no information regarding code status included on the Care Plan. An interview on 2/2/2022 at 4:11 PM with SS1 confirmed R254's code status was not in R254's EMR. 3. Review of the Face Sheet in the EMR under the Clinical tab revealed R253 had an admitted [DATE] to the facility. The heading Advance Directive revealed no information was entered or documented. The Code Status revealed no information was entered. The Misc tab, revealed no information for R253's advance directives or code status. The Orders tab revealed .full code, dated 1/18/2022. The Care Plan tab revealed no information regarding code status included on the Care Plan. An interview on 2/2/2022 at 3:02 PM with SS2, confirmed the facility did not complete advance directive form. SS2 confirmed the correct code status should be on the resident's Care Plan. SS2 confirmed R253 code status was Full Code. SS2 confirmed the facility's staff would look in the EMR for the code status of individual residents at the facility in the event of an emergency. SS2 confirmed there was no code status listed for R253 under profile next to code status. SS2 confirmed R253's Care Plan did not contain information regarding code status or advance directives. SS2 confirmed R253 code status should be included in her EMR. SS2 stated, I should have put it in, after the meeting but I did not put the information in the EMR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07342 Based on observations, Staff and Resident interviews, and review of housekeeping procedures the facility failed to ensure that a shower for one of 40 sampled Residents (R16) was repaired in a timely manner, failed to ensure housekeeping and maintenance services were implemented to ensure that the ceiling on the D-unit second floor didn't leak or drip water, failed to ensure that resident rooms were cleaned for four of 40 sampled Residents (R93, R16, R22, R82), failed to ensure that the mattress for one of 40 sampled Residents (R70) was clean and free from stains and soil, and the facility failed to ensure that resident bed sheets were free of holes for 2 of 40 sampled Residents (R30, R69). Findings include: 1. Review of the annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/23/2021, in the electronic medical record (EMR) under the MDS tab revealed R16 was unimpaired in cognition with a Brief Interview for Mental Status (BIMS) score of 15 out of 15 (score of 13 - 15 indicates cognition is intact). R16 was assessed to require one person physical assistance for bathing. During an interview on 2/1/2022 at 4:21 PM, R16 stated there was a shower in her bathroom and she would like to be able to use it, but it had not worked for about a year. R16 stated she had reported it months ago and was told it would be fixed but it had not been fixed. Observation at this time revealed there was a showerhead in the bathroom that was dripping water. An area of approximately two and a half feet in diameter was wet. The knobs to the shower were tested and water sprayed at the connection between the hose and showerhead; the water did not come out of the showerhead. The resident's room and bathroom smelled of urine, and the floor of the bedroom was observed with scattered garbage such as tissue paper and cereal. An interview on 2/1/2022 at 4:53 PM with R16 and her Durable Power of Attorney (DPOA) and they both revealed no one from housekeeping had come to clean her room today and the Certified Nursing Assistants (CNAs) had not assisted with making her bed. Her sheets had been removed and were bunched up and piled on the bed. R16 stated the linens were soiled and she was waiting for the bed to be made. The garbage can was overflowing and R16 stated it had not been emptied since the day before. The DPOA stated she visited the resident regularly and reported, Often it is not very clean. During an interview on 2/2/2022 at 11:32 AM Certified Nursing Assistant (CNA)1 stated R16 had reported to her for nine months her shower did not work. CNA1 and the surveyor went into R16's room and observed two small holes in the fitted bottom sheet on the resident's bed and R16 stated that was not unusual. CNA1 verified there were holes in the sheet and that the bathroom floor was wet and the shower was leaking. Review of all the paper Repair Request forms for R16's room for the past year provided by the facility revealed the Repair Request form dated 10/28/2021 revealed the toilet/bath and wall/ceiling/floor boxes were checked. The narrative section read, Replace shower head. The maintenance section of the form with information regarding whether the concern was corrected, not corrected, parts needed, materials used, and narrative were all blank (not filled out). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. On 02/03/2022 at 2:15 PM an observation in the corridor near the dining room and treatment nurse's office on the D-unit second floor revealed water dripping from the ceiling onto the corridor floor. Trashcans were in place in the corridor to catch the dripping water, with towels on the floor near the trashcans to absorb any additional splashing. There was a rainstorm outside at the time of the observation. Interview with the Maintenance Director at the time of the observation confirmed the above observation and revealed a roofer had come to the facility to inspect the roof for repairs, but he was not aware of the outcome of that report and the facility had no work orders or contracts that he was aware of to repair the roof. An interview with the Administrator on 02/04/2022 at 9:25 AM confirmed a roofer had examined the roof and the outcome of that inspection was the facility needed to clean out the gutters and the roof would be fine. The Administrator was asked for, but did not provide, a copy of the report or evidence of the date which the roofer had completed the inspection. 3. Review of the quarterly MDS with an ARD of 1/14/2021, in the EMR under the MDS tab revealed R93 was moderately impaired in cognition with a BIMS score of 11 out of 15 (score of 8 - 12 indicates moderate impairment). During an interview on 1/31/2022 at 4:51 PM, R93 stated her room was not clean. She stated housekeeping had not been in her room today. Observation revealed there was debris covering the floor, including pieces of paper and small brown particles. There was a pillow on floor with multiple brown stains resting on the floor. During an interview on 02/02/2022 at 10:48 AM, R93 stated there were food crumbs on the floor. R93 stated the housekeeper came in earlier and left without cleaning the floor. Observations revealed the soiled pillow with brown stains remained in the room, now placed in a cardboard box on the floor. The same debris was on the floor noted on 01/31/2022 and a soda can, and pieces of plastic. 4. During an observation on 02/01/2022 at 9:13 AM, R30's fitted bottom sheet was observed to be threadbare and there were several small holes in the sheet. 5. On 1/31/2022 at 12:00 PM, R70 was lying in bed on an air mattress that did not have a sheet on it. There was a large white spill/drip on the mattress near the head of the bed. On 01/31/2022 at 4:38 PM, R70 was lying in bed on his back. The soiled area remained on the mattress. On 02/01/2022 at 9:16 AM, there was a foul odor in the room. The soiled area remained on the mattress. R70 was lying in bed. On 02/02/2022 at 10:40 AM, the resident was lying on his back in bed. The bottom of the resident's mattress was observed, where his legs were on the bed, and the mattress was soiled with white soiled areas and white flaky debris around his feet. The soiled area at the top of the mattress remained. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 02/02/2022 at 11:41 AM, the surveyor and CNA1 entered R70's room. The surveyor and CNA1 observed the soiled area on the mattress where the resident laid. CNA1 stated, I have tried to clean it. I agree it (mattress) looks bad. During an observation on 02/03/2022 at 10:33 AM made with the Housekeeping Supervisor (HS), the mattress remained soiled near the head of the bed and at the foot of the bed. The HS stated the mattress was soiled and it needed to be cleaned. He stated housekeeping could not clean the mattress with the resident in the bed. He stated he had a peroxide product he could use to clean the mattress. He stated, They (nursing) should have let me know. I didn't know 6. Review of the MDS with an ARD of 12/21/2021 in the EMR under the MDS tab, revealed R22 was cognitively intact with a BIMS score of 15 out of 15. During an interview on 02/01/2022 at 9:29 AM, R22 was observed lying in his bed. A significant amount of debris and a soda can were observed on the floor under his bed. R22 stated housekeeping swept his room occasionally, but not behind the bed. 7. Review of the Quarterly MDS with an ARD of 12/24/2021 in the EMR and under the MDS tab, revealed R69 was unimpaired in cognition with a BIMS score of 15 out of 15. During an interview and observation on 01/31/2022 at 12:06 PM, with R69 revealed the bottom fitted sheet of the resident's bed was ripped in two places. There was a two-inch rip in the middle section and at the foot of the bed; there was a triangle section approximately six inches by 18 inches that was ripped. R69 verified the sheet was ripped and needed to be changed. On 02/02/2022 at 5:15 PM, R69 called out to the surveyor who was walking down the hall past R69's room. The surveyor entered the room and R69 pointed to the fitted sheet on his bed that continued to be ripped and said staff had not changed the ripped sheet. 8. On 02/02/2022 at 2:25 PM, observation of the laundry room and interview with Housekeeper (HK)1 and HK2 revealed they replaced sheets regularly, and when they were in poor condition, they put new sheets out. They stated if they saw holes in the sheets, they would discard them and not send them to the floor to be used. HK2 was folding a fitted sheet and placed it in the pile to be distributed. The surveyor noted, while HK2 was folding the sheet, there was a hole in it. HK2 unfolded the sheet and verified there was a hole and stated, I did not see the hole in it. HK2 removed this sheet and set it aside to be discarded. There was a stack of six washed and folded fitted sheets on the shelf ready to be distributed to the floors. All six sheets were unfolded and inspected. One out of the six sheets were in good condition. The remaining sheets were in poor condition as follows: the first sheet had a three-inch hole; the second sheet had four holes, the third sheet had one hole; the fourth sheet had a four-inch hole; and the fifth sheet had multiple large yellow stains and was threadbare. HK1 and HK2 verified these sheets were unacceptable and removed them to be discarded. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 2/03/2022 at 10:38 AM, the HS stated his department, which included housekeeping and laundry. He stated on 2/2/2022 one of the housekeepers left early and he had to cover for her to clean B and D halls. The Housekeeping Supervisor stated he filled in frequently due to staffing shortages. He stated he was aware the floors were not adequately cleaned on B and D halls. He stated he had discussed this with the housekeepers assigned to these units. He stated they did not clean the floors under the bed and in the corners. The HS stated he was not aware of the issue with the poor condition of the fitted sheets and stated they had additional supplies of sheets. 9. Review of the EMR under the Face Sheet tab revealed R82 was admitted to the facility on [DATE].Review of R82's MDS located in the EMR under the MDS tab with an ARD date of 12/19/21 revealed R82 had a BIMS score of 15 out of 15, which indicated R82 was cognitively intact. During an observation on 2/1/2022 at 9:20 AM, in R82's room there was a plastic cup, lid, medical gloves and a buildup of dirt and dust under the resident's bed. During an interview on 2/2/2022 at 11:43 AM with R82's Responsible Party (RP), she stated when she visited on Monday (1/31/2022) R82's room was dirty, especially the floor, and there were gloves under his bed. During and observation on 2/2/2022 at 2:15 PM with the HS, he confirmed the area under R82's bed was dirty, and he had cleaned the room himself earlier in the day. HS stated there was not an excuse why R82's room had not been cleaned properly. Review of the housekeeping department's procedure titled, 5-Step Daily Room Cleaning undated stated, .4. Dust Mop The entire floor must be dust mopped, especially behind dressers and beds. Employees should never damp mop a floor before it has been dust mopped. Move all furniture to dust mop .5. As with dust mopping, start in the far corner of the room, move all furniture necessary .Using a figure 8 motion, work your way out of the door . 15406 26190

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15406 Based on observations, record review, staff interviews, and review of the facility policy titled, Care Plans - Comprehensive F656, F657, F658 the facility failed to ensure care plan interventions regarding emergency tracheostomy care were implemented for one of one residents with a tracheostomy (R7). On 2/2/2022, a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation had caused or had the likelihood to cause, serious injury, harm, impairment, or death to residents. The facility's Administrator was informed of the Immediate Jeopardy (IJ) on 2/2/2022 at 9:08 p.m. The noncompliance related to the Immediate Jeopardy was determined to have existed on 1/25/2022. The IJ is outlined as follows: The facility failed to ensure that one of one residents with a tracheostomy had the necessary supplies in the event of a life-threatening emergency and failed to train facility nursing staff on the need and use of emergency tracheostomy kits at the bedside. On 12/10/2021, R7 was hospitalized and was readmitted to the facility on [DATE]. On readmission to the facility on [DATE], R7 had a new tracheostomy (a surgical opening in the neck to allow direct access for oxygen to be administered into the windpipe). R7 was the only resident in the facility with a tracheostomy (trach). Observation on 2/2/2022 at 4:07 p.m. revealed R7's oxygen cannula was observed to be dislodged to the left side of the resident's throat away from the resident's trach collar causing R7 to be unable to receive oxygen via the resident's trach. LPN1 was called into the room and placed the oxygen back on the resident's trach collar. Observations and interviews, at this time, revealed R7 did not have necessary emergency tracheostomy supplies at the bedside and additional supplies were not located in the facility. In addition, interviews on 2/2/2022 with the Director of Nursing (DON), LPN1, and LPN9, nursing staff responsible for providing care for R7, revealed a lack of knowledge and training regarding emergency tracheostomy supplies. The IJ was related to the facility's noncompliance with the program requirements as follows: 42 CFR 483.21(b)(1) -- Develop/Implement Comprehensive Care Plan (F656 Scope/Severity (S/S): J), 42 CFR 483.25(i) -- Respiratory/Tracheostomy Care and Suctioning (F695 S/S: J), 42 CFR 483.35(a)(3)(4)(c) -- Competent Nursing Staff (F726 S/S: J), and 42 CFR 483.70 - Administration (F835 S/S: J). Substandard Quality of Care was identified with the requirements at 42 CFR 483.25(i) -- Respiratory/Tracheostomy Care and Suctioning (F695 S/S: J) Although a removal plan to address the Immediate Jeopardy was submitted prior to the conclusion of the survey on 2/4/2022, it was not approved and the Immediate Jeopardy remained ongoing at the time of exit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Findings include: Review of the facility policy titled, Care Plans - Comprehensive F656, F657, F658 dated November 2017 and provided by the facility revealed, An individualized comprehensive person-centered care plan that includes measurable objectives and time frames to meet the resident's medical, nursing, mental and psychological needs is developed for each resident .The comprehensive care plan is based on a thorough assessment that include, but is not limited to, the MDS and physician's orders . Each resident's care plan is designed to : a. incorporate identified problem areas; b. Incorporate risk factors associated with identified problems; . Aid in preventing or reducing declines in the resident' functional status and/or functional levels; g. Enhance the optimal functioning of the resident . The facility's care planning/interdisciplinary team, in coordination with the resident, his/her family or representative (sponsor), develops and maintains a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain. 1. Review of the Admission Record undated in the electronic medical record (EMR) under the profile tab, revealed R7 was originally admitted to the facility on [DATE]. Admission diagnoses included cerebrovascular disease, hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke) affecting unspecified side, dysphagia (swallowing impairment), aphasia (difficulty expressing and understanding written or spoken language), muscle weakness, and use of a colostomy (an opening in the abdominal wall from surgery due to the colon not functioning properly). Review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/2/2021 in the EMR and under the MDS tab, revealed the Brief Interview for Mental Status (BIMS) test was not completed. R7 was rarely or never understood; he had long and short-term memory impairment, and was severely impaired in decision-making. R7 was impaired in range of motion (ROM) on one side of the upper extremity and both sides of the lower extremities. Review of the undated Admission Record in the EMR under the profile tab, revealed R7 was readmitted to the facility from the hospital on 1/25/2022 with the following diagnoses: tracheostomy status, unspecified convulsions, streptococcal infection, Klebsiella pneumonia, and respiratory failure unspecified with hypoxia. Review of the Care Plan with a target date of 3/13/2022 (the date it was written was not documented) and in the EMR under the MDS tab revealed a focus area of Tracheostomy r/t [related to] impaired breathing. Goals included, no abnormal drainage around trach site . clear and equal breath sounds bilaterally . will have temp [temperature] within normal limits . no s/sx [signs or symptoms] of infection through the review date. Interventions included Give humidified oxygen as prescribed . Monitor the resident for complications such as unexplained removal of the tracheostomy . and airway complications such as tracheal infections, mucous plugging, tracheal erosion and stenosis . Monitor/document respiratory rate, depth and quality. Check and document a [every] shift/as ordered . Suction as necessary .Tube out procedures: keep extra [NAME] tube and obturator [device to keep the airway open] at bedside. If tube is coughed out, if tube cannot be reinserted, monitor/document for signs of respiratory distress. If able to breathe spontaneously, elevate HOB [head of bed] 45 degrees and stay with resident. Obtain medical help immediately .Use universal precautions. Assist with coughing as needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of R7's January 2022 EMR (Medication Administration Record (MAR), Treatment Administration Record (TAR), and Nursing Progress Notes) revealed a lack of documented evidence of monitoring and documenting respiratory rate, depth and quality as directed in the care plan and the area to document suctioning (which was to be completed as necessary per the care plan) was blank or not filled out: b. Review of the MAR for February (up through 2/2/2022) revealed no nursing sign off (boxes were blank) for the order of Suction resident via trach with sterile water every four hours as needed for excessive secretions. On 2/2/2022 at 4:07 PM, R7 was observed without oxygen being administered into his trach. The oxygen cannula was dislodged to the left side of his throat away from the trach collar. The resident was lying on his right side. The DON verified if the trach came out, there was no equipment to keep R7's airway open. During an interview on 2/2/2022 at 5:41 PM, the DON confirmed the resident's current Care Plan was not being implemented. An interview on 2/2/2022 at 6:33 PM with the Nurse Practitioner (NP) if there was no kit at the bedside, there would be no equipment to assist with R7's airway if the cannula became dislodged or came out. Cross refer F695

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26190 Based on observations, record review, Family and Staff interviews, and review of the facility policy titled, Shower/Tub Bath the facility failed to provide Activities of Daily Living (ADLs) assistance for bathing for one of 40 Residents (R82) who was assessed to be totally dependent of staff for bathing. Findings include: Review of facility's policy titled, Shower/Tub Bath effective May 2021 stated, Purpose The purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin .Documentation The following information should be recorded on the resident's ADL record and/or in the resident's medical record: 1. The date and time the shower/tub bath was performed. 2. The name and title of the individual(s) who assisted the resident with the shower/tub bath .5. If the resident refused the shower/tub bath, the reason(s) why the intervention taken .Reporting 1. Notify the supervisor if the resident refuses the shower/tub bath . Review of the electronic medical record (EMR) under the Face Sheet tab revealed R82 was admitted to the facility on [DATE]. Review of R82's Minimum Data Set (MDS) located in the EMR under the MDS tab with an Assessment Reference Date (ARD) of 12/19/2021 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R82 was cognitively intact. R82 was assessed to be totally dependent on staff for bathing requiring the assistance of one person. Review of the facility document, E-Hall Shower List provided by the facility indicated R82 was scheduled to receive a shower on Tuesdays, Thursdays, and Saturdays on the 7 AM - 3 PM shift. Review of the facility document, Bathing Corporate Report provided by the facility documented for the time period of 1/16/2022 through 1/31/2022 that R82 received some type of bath on 1/18/2022, seven days later on 1/25/2022 and then five days later on 1/30/2022. During an interview with R82 on 2/02/2022 at 9:00 AM when asked how often, he received a bath or shower he stated one time a week. During an interview on 2/2/2022 at 11:43 AM with R82's Responsible Party (RP), revealed when she visited on Monday (1/31/2022) R82's room was dirty, especially the floor, and there were gloves under his bed. The RP stated R82 had not had a bath in a month. During an interview on 2/2/2022 at 2:30 PM with Licensed Practical Nurse (LPN) 1, stated if a resident refused to bathe/shower the Certified Nursing Assistant (CNA) should notify her (the nurse) and she goes to the resident to find out why the resident refused and encouraged them to take a bath/shower. She revealed she had not been told R82 had not had a bath or a shower. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/4/2022 at 6:10 PM with CNA8, she stated the Bathing Corporate Report allows a CNA to document Yes or No for the question, Did the resident receive some type of bath. CNA8 said there was not an option to enable a CNA to document if a resident refused to have a bath. CNA8 confirmed there was a lack of showers and/or baths that R82 did not receive during the second half of January 2022. 40417

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15406 Based on observations, record review, resident and staff interviews, and review of the facility policy titled, Goals and Objectives, Restorative Services the facility failed to provide two of two residents (R22 and R69) reviewed for range of motion (ROM) with treatment and services to address and prevent contractures. Actual harm was identified to have occurred when R22 who was admitted to the facility without a contracture developed a contracture to his left hand while in the facility without having received therapy and/or restorative services. Actual harm was also identified when facility staff failed to apply a splint to R69's left hand and the resident's contracture to his left hand worsened. Findings include: Review of the Goals and Objectives, Restorative Services policy dated December 2007 and provided by the facility revealed, Specialized rehabilitative service goals and objectives shall be developed for problems identified through resident assessments . Rehabilitative goals and objectives are developed for each resident and are outlined in his/her plan of care relative to therapy services . Goals may include, but are not limited to . Encouraging the resident to maintain his/her independence and self-esteem. 1. Review of the Admission Record undated, in the electronic medical record (EMR) and under the profile tab, revealed R22 was admitted to the facility on [DATE]. His diagnoses included in pertinent part: hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke) affecting left non-dominant side, fracture of the neck, displaced avulsion fracture of right talus (fragment of bone pulled away from attach of the ankle), and displaced fracture of sternal end of left clavicle (collarbone). Review of the residents Admission Minimum Data Set (MDS) with an assessment reference date (ARD) of 9/23/2017 in the EMR under the MDS tab, revealed R22 was impaired in ROM to the lower extremity only (upper extremity was not documented as having impairment). Review of the Nursing: Contracture Eval dated 12/15/2017 in the EMR and under the Assessment tab, revealed no contracture of the residents left hand was present. Review of the EMR under the MDS tab, dated 12/21/2021 revealed R22 was cognitively intact with a Brief Interview for Mental Status Score (BIMS) of 15 out of 15 (score of 13 - 15 indicates cognition intact). R22 was impaired in ROM to the upper and lower extremity on one side. Review of the Clinical Physician's Orders dated February 2022 in the EMR and under the orders tab, revealed there were no orders for ROM, restorative, or therapy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Actual harm Residents Affected - Few	During an interview and observation on 1/31/2022 at 3:02 PM, R22 stated he had several strokes and had left sided weakness. R22's left hand was contracted with his fingers curled towards his palm. R22 stated he had never been provided with a splint for his hand. R22 stated, I keep it (his hand) balled up and I cannot use it. R22 stated he was not offered restorative services or any type of exercise program but would be interested in participating and having a splint. R22 attempted to open his affected hand (left hand) with the other hand and stated, I can open it a little, but I cannot do it today. R22 moved his fingers minimally when he attempted to open his left hand. During an interview on 2/2/2022 at 2:20 PM, the Restorative Aide (RA) stated R22 had not been on any type of restorative program for at least a year. The RA stated she did not know if a splint had been tried for R22's contracted left hand. She verified she had not seen one in use and had not applied one. During an interview on 2/3/2022 at 3:15 PM, the Therapy Director reviewed the EMR and stated R22 had not been on therapy since 2018. She stated, He had no contractures when he received services (in 2018). When asked about a restorative program, she stated she had been informed by the therapists that there was no restorative program and the restorative program was, on the back burner. The Therapy Director stated there were no current orders for restorative for R22. The Therapy Director stated, We usually get a referral from nursing or CNAs of a new contracture. The Therapy Director stated they (therapists) needed a referral or permission and a physician's order to provide services. The Therapy Director stated if R22 had developed a contracture, he should have been referred to therapy but there was no evidence of this being done per her review of the EMR. When asked about the RA who was providing services to some residents currently, she stated she did not know who this person was and was not aware of restorative services being provided. At 3:44 PM, the Therapy Director and surveyor went into R22's room and R22 stated he had not received therapy in a long time and stated, They did not teach me how to stretch my hand. I cannot open my hand. I would like to be evaluated by therapy. I would like a splint. R22 attempted to open his left hand from the curled position; however, was able to move his fingers only minimally. After leaving the room, the Therapy Director stated R22's left hand was contracted and reported, He needs a splint. During an interview on 2/4/2022 at 5:44 PM, the Director of Nursing (DON) stated the facility previously had a restorative nurse; however, she left a few months ago. The DON stated she was trying to recruit for a restorative nurse. The DON stated the process should be if there was a resident that would benefit from a restorative program, nursing notified therapy and asked if they would evaluate the resident. The DON verified the RA was doing restorative with residents who had pre-existing programs in place prior to the restorative nurse's departure. The DON stated she did not remember him (R22) wearing any splint or device since he was admitted . The DON stated, We have not initiated any new restorative programs since the previous restorative nurse left. 2. Review of the Admission Record undated in the EMR under the profile tab, revealed R69 was admitted to the facility on [DATE]. Current diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting the left non-dominant side, and muscle weakness. Review of the Quarterly MDS with an ARD of 12/24/2021 in the EMR and under the MDS tab, revealed R69 was unimpaired in cognition with a BIMS score of 15 out of 15. R69 was impaired to the lower and upper extremities on one side. R69 was not documented as being on therapy, or a restorative nursing program including a ROM or receiving splint/brace assistance. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Actual harm Residents Affected - Few	Review of the Clinical Physician's Orders dated February 2022 in the EMR and under the orders tab revealed there was no order for therapy or restorative. Review of the paper Occupational Therapy [OT] Discharge Summary dated 10/05/2021 and provided by the Therapy Director, revealed R69 was most recently on therapy from 8/24/2021 through 10/05/2021. The document documented Patient will safely wear a resting hand splint on left hand for up to 5 hours w/[with] minimal s/s [signs and symptoms] of redness, swelling, discomfort or pain. During an interview on 1/31/2022 at 3:58 PM, R69 stated his left hand was contracted and he could not straighten his fingers. He stated it had gotten worse. His left hand was observed with his fingers curled towards his palm. The resident stated he had a splint for his left hand, but he had not worn it since receiving therapy a few months ago and did not know where it was. Observations revealed R69 was not wearing his hand splint on 1/31/2022 at 12:06 PM, on 2/02/2022 at 2:16 PM, R69's left hand splint was observed hanging off his wheelchair and the resident stated staff found his splint. R69 verified staff had not assisted him to put it on since it was located. Continued observation on 2/2/22 at 5:15 PM R69 was observed in his room without the splint on. The splint was observed hanging off the resident's wheelchair. On 2/3/2022 at 2:19 PM, R69 was observed in his room without the splint on. It was hanging off the wheelchair. R69 stated staff had not help to put it on since it was found. On 2/4/2022 at approximately 3:00 PM, R69 was observed in his room without the splint on. The splint was observed to be hanging off the residents wheelchair. During an interview on 2/2/2022 at 11:32 AM, CNA1 stated the resident did not wear a splint on his contracted left hand. She stated the CNAs did not apply splints; the restorative aide (RA) did this. During an interview on 2/2/2022 at 1:54 PM, LPN2 stated R69 had a hand splint, and it was in his room hanging off his chair. LPN2 stated the nurses and CNAs could put it on. LPN2 verified there was no order for the splint, but normally night shift would put splints on when residents got up. LPN2 stated she had seen R69's splint on only a couple of times. LPN2 stated R69 could not put the splint on by himself that Staff would have to assist him. During an interview on 2/2/2022 at 2:16 PM, the RA stated it had been a while since R69 had worn his hand splint and he was not currently receiving restorative services. The RA verified there was no Restorative Nurse currently and no new programs had been set up in at least a few months. She stated, No new people have come on restorative. The RA stated, I will be putting it (hand splint) on R69. There should be a program for him. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Actual harm Residents Affected - Few	During an interview on 2/3/2022 at 3:30 PM, the Therapy Director stated R69 received therapy (PT and OT) three different times last year with most recent service of OT (Occupational Therapy) being provided between 08/24/2021 through 10/18/2021. The Therapy Director confirmed that R69 had a splint for his hand. The goal was for the resident to increase the length of time he wore the splint to decrease the risk of further contractures. The Therapy Director stated nursing should put the splint on or the CNA, but not restorative staff. The Therapy stated splint application was part of day-to-day maintenance and it should be part of the daily routine. At 3:42 PM, the Therapy Director and the surveyor entered R69's room and R69 stated, Nobody going to put it on for me as he pointed to the splint that was hanging on his wheelchair. R69 showed the Therapy Director his left hand that was in a fist and tried but could not open it. The Therapy Director stated after leaving the room that the staff should put the splint on and verified the resident would not be able to put the splint on himself without assistance. The Therapy Director stated R69's hand was contracted and could get worse without a splint in place. During an interview on 2/4/2022 at 5:44 PM, the DON stated both the CNAs and RA could apply splints. Splint application should be on the care plan and documented as an assignment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07342 Based on observations, interviews, record review, facility policy review, review of bed safety check documentation, review of the Food and Drug Administration (FDA) guidance the facility failed to ensure that one of 40 sampled Residents (R62) was appropriately assessed for the use of side rails. The facility failed to ensure that there was not a gap between the mattress and side rail for R62's bed. The facility failed to ensure that the side rails for R16's bed were securely fastened and were not loose. The facility failed to ensure one resident (R6) Geri-chair (a large, padded, reclining chair with wheels) was in safe condition for use. Additionally, the facility failed to ensure hazardous solutions (hydrogen peroxide and bathroom cleaner) were not stored in one of 40 sample resident rooms (R33) that were reviewed for accidents and hazards. Findings include: 1. Review of diagnoses for R62, located in the electronic medical record (EMR) under the Profile tab, revealed cognitive communication deficit, muscular weakness, and right leg amputation below the knee with no prosthesis. Review of the Annual Minimum Data Set (MDS) for R62 with an Assessment Reference Date (ARD) of 7/22/2021 and quarterly MDS with an ARD of 12/19/2021, located in the EMR under the MDS tab revealed the resident required extensive assistance from two staff members for bed mobility and transfers. Review of the Brief Interview of Mental Status (BIMS) in the MDS under the MDS tab revealed R62 had a score of three out of 15, on both assessments, indicating severe cognitive impairment. Review of the EMR for R62 revealed there were no side rail safety assessments within the past 12 months. Review of the Care Plan for R62 located in the EMR under the Care Plan tab dated 12/19/2021 revealed a goal that the resident would not sustain an injury from falling from the bed. Further review of the Care Plan revealed no mention of side rails. An observation on 1/31/2022 at 2:00 PM revealed R62 in a bed low to the ground with fall mats on either side of the bed. The resident was lying flat on his back with quarter side rails on both sides of his bed in the up position. There was a gap noted between the side rails and mattress. An observation of R62's bed on 1/31/2022 at 2:10 PM with the Maintenance Director and Director of Nursing (DON) revealed the measurements of the distance between the bedside rails and mattress was four inches. While taking the measurements the Maintenance Director stated that the side rail had been damaged and was bent. The Maintenance Director was asked for, but did not provide, manufacturer's specifications for the bed and related side rail use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 1/31/2022 at 3:00 PM with the facility Maintenance Director and review of the facility's preventive maintenance log entitled Work History Report provided by the Maintenance Director at this time revealed a check of all the side rails was completed that day for the entire facility. The item was checked as completed by the Maintenance Director. Upon interview, the Maintenance Director stated that he requested that one of his two assistants complete the task and marked the task as complete when it was assigned. The Maintenance Director stated that he was not sure which of his assistants completed the task that day or what the findings were. The Maintenance Director stated that his staff did not always go into resident rooms when completing the side rail checks because they were in a hurry to complete the task. Further review of the maintenance records revealed no information on which specific beds were inspected or what the inspection entailed. The Maintenance Director also provided a Logbook Documentation form directing that the bed entrapment grid would be followed and, if bedrails are used, check the correct height side rails are used. Review of the form revealed no direction to check the gap between the mattress and the side rail. Further review of the form revealed only one line for all of the resident beds in the facility, so it was not possible to tell what had been checked regarding R62's bed and side rails, or what the outcome of that inspection was. 2. Review of the Admission Record undated, in the EMR under the Profile tab revealed R16 was admitted to the facility on [DATE]; diagnoses included in part Parkinson's disease, and muscle weakness. Review of the Nursing: Side Rail Evaluation dated 5/22/2021 in the EMR under the Assessment tab revealed R16 utilized side rails for bed mobility. Partial upper left and partial upper right side rails were documented as being used. The lower partial rail was not documented on the Assessment. The form indicated there was a physician's order, alternatives had been attempted, and consent had been obtained. Review of the annual MDS with an ARD of 6/23/2021, in the EMR under the MDS tab revealed R16 was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15 out of 15. R16 required extensive assistance of two or more persons for bed mobility and transfers. No restraints, including use of side rails was documented on the MDS. Review of the Care Plan dated 9/13/2021, in the EMR under the MDS tab, revealed R16 was at risk for falls due to gait/balance problems and a history of falls. The goal was for R16 to be free from serious injury from falls. Interventions in pertinent part included the provision of a safe environment, which included the use of side rails as ordered. Review of the Clinical Physician's Orders dated February 2022, in the EMR under the Orders tab, revealed no physician's order for side rails. During an interview on 2/3/2022 at 1:20 PM, the Nurse Consultant stated there should be an order for R16's side rails; however, she looked but could not find it. During an interview on 1/31/2022 at 11:44 AM, R16 stated the rails on the bed were very loose and she had requested maintenance staff tighten the rails a couple of weeks ago. R16 stated the top rails were dangerous because they were so loose. R16 stated she used the side rails to reposition herself in the bed and for getting in and out of the bed. The bed was noted with three partial rails (quarter side rails); in place one at the top of each side of the bed and one at the foot on the right side. The side rails were checked and there were two inches of play side to side and forwards and backwards on the top right rail, with one of two bolts fastening the rail, missing. The top side rail on the left side was also loose with an inch and a half play side-to-side, forwards, and backwards. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the paper Repair Request form dated 2/1/2022 at 9:50 AM, in the maintenance repair log at the B unit nursing station, revealed in pertinent part Side rails need to be tightened. During a subsequent observation on 2/2/2022 at 11:44 AM, the side rails continued to be loose to the same degree as on 1/31/2022 at 11:44 AM. R16 stated no one had come to tighten them. On 2/2/2022 at 11:44 AM, Certified Nursing Assistant (CNA)1 and the surveyor entered R16's room. CNA1 checked the side rails and stated the side rails had been in that condition for a while and she had reported it to maintenance. CNA1 verified there was approximately two inches of play to both the right and left upper side rails side-to-side and forward and backward. CNA1 stated, The bolt is not tight enough. On 2/2/2022 at 1:45 PM, Licensed Practical Nurse (LPN)2 and the surveyor went into R16's room and the side rails continued to be loose. LPN2 stated R16 used the rails to reposition herself in bed and they needed to be tightened. LPN2 stated she knew the rails were loose and had put in a work order to get them tightened. LPN2 showed the surveyor the maintenance request book at the nurses' station and there was a request dated 2/2/2022 to get R16's side rails tightened. During an interview on 2/3/2022 at 2:28 PM, the Maintenance Director stated when he heard about the side rails, he sent Maintenance Staff1 to fix them right away. He stated maintenance requests were typically addressed right away. During an interview on 2/4/2022 at 11:24 AM, Maintenance Staff1 stated, I tightened the rails yesterday. I did not know about it (prior to 2/3/22). During an interview on 2/4/2022 at 5:32 PM, the Director of Nursing (DON) stated she did not know about R16's side rails being loose. The DON stated R16 used the rails for repositioning and to help her get up and out of bed. The DON stated if the side rails were loose and nursing staff was aware, it should have been added to the maintenance log. Review of the paper Bed Safety F689, Side rails F700, F909 policy dated November 2017 and provided by the facility revealed, Our community shall strive to provide a safe sleeping environment for the resident . The resident's sleeping environment shall be assessed by the interdisciplinary team, considering the resident's safety, medical conditions, comfort, and freedom of movement, as well as input from the resident and family regarding previous sleeping habits and bed environment. Review of the facility policy retrieved from the facility policy manual titled Bed Safety, revised November of 2017 revealed that the resident's sleeping environment would be assessed by the Interdisciplinary Team (IDT), including assessments for safety, when the resident was admitted and at least quarterly with the MDS assessment schedule thereafter. Further review of the policy revealed that to prevent deaths/injuries related to the bed, the frame, mattress, and side rails, maintenance staff would inspect all beds and related equipment as part of the regular bed safety program to identify risks and problems including potential entrapment risks. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the FDA (Food and Drug Administration) Guidance for Industry and FDA Staff, Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment, dated March 10, 2006 (https://www.fda.gov/media/71460/download, p17.) Revealed: A review of the manufacturers' supplied measurements documents that the horizontal gap between the rail and the uncompressed mattress for bed models involved in entrapments . between . 38mm (1 1/2 inches) and 127mm (5 inches) . 3. Review of the diagnoses, for R6, located under the Profile section of the EMR revealed cerebral infarction, muscle weakness, unspecified lack of coordination, ataxic gait, unspecified convulsions, aphasia following cerebral infarction, dysphagia following stroke and unspecified glaucoma. R6's Care Plan, located under the Care Plan section of the EMR revealed no reference to the use of a Geri-chair. Review of the Quarterly MDS for R6 with an ARD date of 11/01/21 located in the MDS section of the EMR revealed the resident required extensive assistance of one staff member for bed mobility, and transfers. Further review of the MDS revealed the resident did not ambulate, and had a BIMS score of zero, indicating severe cognitive impairment. Review of the Physician Orders for R6 located in the EMR under the Orders tab for the month of February 2022 revealed no orders for the use of a Geri chair. Observations on 2/1/2022 at 9:35 AM, R6 was observed seated in a Geri-chair. The chair was broken at the footrest, causing the footrest to buckle and his upper body and torso to lean severely to the right when he was reclined in the chair. He was observed in this position in the Geri chair again on 2/1/2022 at 11:15 AM, 11:40 AM and 4:40 PM. During the 4:40 PM observation, R6 had slid down into the right lower side of the Geri chair with his legs in between the broken section of legs of the Geri chair. An interview on 2/1/2022 at 4:40 PM with Licensed Practical Nurse (LPN) 10 revealed that R6's Geri chair was missing a bolt. LPN 10 stated she did not know if a work order had been submitted to repair the chair. Observations of R6 on 2/2/2022 revealed the resident was in the Geri chair at 9:20 AM, 9:45 AM, 10:10 AM, 10:35 AM and 11:05 AM, sliding down in the Geri chair to his right side, 11:28 AM, 12:15 PM, 12:45 PM, 2:01 PM all in the broken chair in the corridor outside of the dining room on D-unit. He was observed again in the same broken Geri chair on 02/03/22 at 9:40 AM and 2:10 PM and on 02/04/22 at 1:50 PM and 2:15 PM all on the D-unit outside of the dining room. An interview with the DON on 2/4/2022 at 2:15 PM revealed the observations of R6 with his legs between the broken leg mechanism of the Geri chair presented no danger to the resident. She stated that if the legs of the chair were pushed down, the staff would hold up R6's legs with a pillow so they would not get lodged in between the broken parts. She then instructed CNA5 to get another Geri chair for R6 immediately. 4. Review of facility-provided paper policy titled, Storage Areas, Environmental Services, dated 05/21 revealed .Cleaning supplies, etc., shall be stored .as instructed on the labels of such products . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Face Sheet for R33 located in the EMR under the Clinical tab, revealed R33 was admitted to the facility on [DATE]. Review of the MDS with an ARD of 12/25/2021 revealed a BIMS score of 15 out of 15, indicating the resident was cognitively intact. An observation and interview on 1/31/2022 at 4:01 PM revealed R33 had two bottles of chemicals to include Lysol spray bathroom cleaner and an eight-ounce bottle of hydrogen peroxide topical spray on her floor in her room. R33 stated, I clean my own bathroom. R33 had a roommate who was mobile and cognitively impaired. A second observation was conducted on 2/1/2022 at 10:29 AM and revealed the same observation as above. An interview and observation on 2/2/2022 at 11:39 AM revealed CNA7 confirmed R33 had a bottle of Lysol cleaner and a bottle of hydrogen peroxide stored on the floor in her room. CNA7 confirmed R33 should not have those items stored in her room. An interview on 2/4/2022 at 12:08 PM with the DON confirmed the facility should not allow peroxide or bathroom cleaner to be stored in a resident's room (R33). The DON confirmed residents storing those items in her room was a potential for accident or hazards. An interview on 2/4/2022 at 1:50 PM with the Administrator stated, we (the facility) cleaned out R33's room she had iron pills, peroxide, and bathroom cleaner stored in her room on 2/3/2022. The Administrator confirmed the facility should ensure residents did not store medications or any chemicals in their room. The Administrator confirmed the items including, pills (iron) and chemicals (peroxide and bathroom cleaner) were sitting on R33's floor and bedside table, in open view. Findings revealed there were not any adverse outcomes related to the side rails, Geri-chair, medications or chemicals. 15406 26190

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15406 Based on observations, interviews, record review and policy review, the facility failed to have emergency tracheostomy supplies readily available at the bedside for one of one residents receiving tracheostomy care (R7) and the facility failed to ensure they had Physician orders for oxygen for one of three residents (R7) On 2/2/2022, a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation had caused or had the likelihood to cause, serious injury, harm, impairment, or death to residents. The facility's Administrator was informed of the Immediate Jeopardy (IJ) on 2/2/2022 at 9:08 p.m. The noncompliance related to the Immediate Jeopardy was determined to have existed on 1/25/2022. The IJ is outlined as follows: The facility failed to ensure that one of one residents with a tracheostomy had the necessary supplies in the event of a life-threatening emergency and failed to train facility nursing staff on the need and use of emergency tracheostomy kits at the bedside. On 12/10/2021, R7 was hospitalized and was readmitted to the facility on [DATE]. On readmission to the facility on [DATE], R7 had a new tracheostomy (a surgical opening in the neck to allow direct access for oxygen to be administered into the windpipe). R7 was the only resident in the facility with a tracheostomy (trach). Observation on 2/2/2022 at 4:07 p.m. revealed R7's oxygen cannula was observed to be dislodged to the left side of the resident's throat away from the resident's trach collar causing R7 to be unable to receive oxygen via the resident's trach. LPN1 was called into the room and placed the oxygen back on the resident's trach collar. Observations and interviews, at this time, revealed R7 did not have necessary emergency tracheostomy supplies at the bedside and additional supplies were not located in the facility. In addition, interviews on 2/2/2022 with the Director of Nursing (DON), LPN1, and LPN9, nursing staff responsible for providing care for R7, revealed a lack of knowledge and training regarding emergency tracheostomy supplies. The IJ was related to the facility's noncompliance with the program requirements as follows: 42 CFR 483.21(b)(1) -- Develop/Implement Comprehensive Care Plan (F656 Scope/Severity (S/S): J), 42 CFR 483.25(i) -- Respiratory/Tracheostomy Care and Suctioning (F695 S/S: J), 42 CFR 483.35(a)(3)(4)(c) -- Competent Nursing Staff (F726 S/S: J), and 42 CFR 483.70 - Administration (F835 S/S: J). Substandard Quality of Care was identified with the requirements at 42 CFR 483.25(i) -- Respiratory/Tracheostomy Care and Suctioning (F695 S/S: J) Although a removal plan to address the Immediate Jeopardy was submitted prior to the conclusion of the survey on 2/4/2022, it was not approved and the Immediate Jeopardy remained ongoing at the time of exit. Findings include: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the Tracheostomy Care policy dated October 2020 and provided by the facility revealed, The purpose of this procedure is to guide tracheostomy care and the cleaning and sterilization of reusable metal tracheostomy tubes . Provide tracheostomy care as often as needed, at least twice daily for old, established tracheostomies, and at least once per shift for residents with new tracheostomy sites . A replacement tracheostomy tube must be available at the bedside at all times. Review of the Suctioning the Upper Airway (Oral Pharyngeal Suctioning) policy dated December 2020 and provided by the facility revealed, The purpose of this procedure is to remove secretions, maintain a patent airway, and prevent infection of the lower respiratory tract . Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for suctioning . Obtain information about the resident's medical history, including the date of intubation (tracheostomy), respiratory signs and symptoms, and risk factors for increased secretions, decreased airway clearance and/or airway obstruction . Complications of suctioning the lower airway include trauma to the airway, infection, hypoxia, hypoxemia, and cardiac dysrhythmias (resulting from hypoxemia) . Hyperoxygenate the resident by increasing the oxygen flow (as ordered) before the procedure and after suctioning. (Note: After the procedure, oxygen should be readjusted as ordered to prevent oxygen toxicity and C02 [carbon dioxide] retention in COPD residents.) Review of the Oxygen Administration policy dated June 2021 and provided by the facility revealed, The purpose of this procedure is to provide guidelines for safe oxygen administration . Verify there is a physician's order. 1. Review of the Admission Record undated in the electronic medical record (EMR) under the profile tab revealed R7 was originally admitted to the facility on [DATE]. Admission diagnoses included cerebrovascular disease, hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke) affecting unspecified side, and dysphagia (swallowing impairment). Review of the Quarterly Minimum Data Set (MDS) for R7 with an Assessment Reference Date (ARD) of 11/2/2021 in the EMR and under the MDS tab, revealed the Brief Interview for Mental Status (BIMS) test was not completed. R7 was rarely or never understood; he had long and short-term memory impairment, and was severely impaired in decision making. No behavioral indicators were present. R7 was impaired in range of motion (ROM) on one side of the upper extremity and both sides of the lower extremities. Review of a Nursing Note dated 12/10/2021 at 2:47 PM in the EMR and under the progress notes tab, revealed R7 was sent to the emergency room (ER) to be evaluated and treated. Review of the undated Admission Record in the EMR under the profile tab, revealed R7 was readmitted to the facility from the hospital on 1/25/2022 with the following diagnoses: tracheostomy status, unspecified convulsions, streptococcal infection, klebsiella pneumonia, and respiratory failure unspecified with hypoxia. Review of the Nursing Admission Evaluation, Respiratory Section, dated 1/25/2022 at 1:45 PM in the EMR and under the assessment tab, revealed R7's respirations were normal, he had frothy white sputum, breath sounds were diminished, the resident was administered 10 LPM (liters per minute) of oxygen with an oxygen saturation level of 95% via the trach collar. The trach was a #8 Shiley. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the Nursing Note dated 1/25/2022 at 4:47 PM in the EMR and under the progress notes tab, revealed the resident arrived at the facility at 1:30 PM. The resident had a #8 Shiley trach in place and was on 10 LPM of oxygen. The note indicated R7 had a contracture to his right arm. Review of a Therapy Note dated 1/25/2022 at 6:14 PM in the EMR and under the progress notes tab, revealed the Respiratory Therapist (RT) assessed R7 and wrote a note under a LPN's entry. The progress note read in full, Respiratory Therapy Note: Pt [patient] in bed resting currently on 4 LPM 02 [oxygen] via trach mask with humidity. BBS [bilateral breath sounds] reveal coarse crackles pt [patient] suctioned for copious amounts of thick white secretions. Stoma site is clean and dry, Inner cannula changed at this time. O2 sats [saturations] 96-97%, HR [heart rate] 110, RR [respiration rate] 18. Pt has an 8CN85H Adult Flexible Tracheostomy Tube. Trach is secure and patent. Respiration are even and unlabored. Review of the readmission Physician's Orders dated 1/26/2022 in the EMR and under the orders tab, revealed the trach collar was to be changed weekly on Sunday night shift and the resident was to be suctioned via the trach with sterile water every four hours as needed for excessive secretions. There were no orders for the use of the oxygen and no orders for trach care (cleaning). The size of the trach was not specified in the orders. Observations on 1/31/2022 at 4:36 PM, 2/1/2022 at 9:13 AM and on 2/2/2022 at 4:15 PM. revealed R7's right arm and hand were severely contracted with the right fist naturally located by the trach insertion site while the resident was lying in bed. During an interview on 2/2/2022 at 11:26 AM, Certified Nursing Assistant (CNA)1 stated R7 was dependent on staff for all care. She stated she used pillows to reposition R7; however, reported He won't stay how you turn him. He likes to stay on the right side, and he will turn back to the right. CNA1 stated, He takes it (trach) off; he will move it. During an interview on 2/2/2022 at 1:36 PM, Licensed Practical Nurse (LPN)2 stated she just changed R7's trach collar due to mucus and stated R7 had a lot of secretions. LPN2 and the surveyor entered the resident's room and LPN2 stated, It gets messy quick. LPN2 showed the surveyor the resident's ambu bag (handheld tool that is used to deliver positive pressure ventilation to a person with insufficient or ineffective breaths. It consists of a self-inflating bag, one-way valve, mask, and an oxygen reservoir) located in a drawer in the room. While in the room, R7 coughed vigorously several times. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 2/2/2022 at 4:07 PM, R7 was observed without oxygen being administered into the trach. The oxygen cannula was dislodged to the left side of his throat away from the trach collar. The resident was lying on his right side. R7's assigned nurse, LPN1, was called to the room and she placed the oxygen back on the resident's trach collar, verifying the resident had not been getting oxygen. LPN1 stated the oxygen concentrator was set at 3.5 LPM (Liters Per Minute). LPN1 was asked about an emergency trach and a hemostat (scissor-like device to keep the airway open used when inserting an emergency trach) that was supposed to be at the bedside. She stated she did not know what a hemostat was. She looked in the room but could not find the trach or device to keep the airway open and stated she did not know if there was an emergency kit in the building. The Director of Nursing (DON) entered the room at 4:15 PM and looked for the emergency trach kit in the room; however, she could not find a replacement trach kit in the room. The DON verified the emergency trach kit should be in the resident's room and stated she would go and look for one on the emergency cart. The DON verified if the trach came out, there was no equipment in the resident's room to keep R7's airway open. The DON stated the resident was readmitted to the facility on 10 LPM of oxygen, but the level had been decreased. She stated she was going to contact the RT who had assessed the resident on 1/25/2022 when R7 was readmitted . The DON stated the RT was not an employee of the facility; however, when R7 was admitted an RT came onsite and assessed R7 On 2/2/2022 at 5:03 PM, after leaving R7's room to look for emergency equipment on the emergency cart, the DON was only able to return with a size 7.5 mm trach. The DON reviewed the physician's orders and stated there was no order for use of oxygen and no specification on the order regarding the size of the trach. The DON said the oxygen was initially supposed to be at 10 LPM, but it had been titrated down. The DON stated she was not sure what level it should currently be. When asked to provide a trach kit, the DON provided a trach care cleaning kit, which did not contain the emergency trach or obturator (device for insertion). The DON stated she had not called the RT yet. During an interview on 2/2/2022 at 5:41 PM, the DON stated the RT assessed R7 and provided training to one LPN (LPN2) on R7's admitted ; however, she verified there was no record of the training. LPN2 was supposed to train the rest of the nursing staff; however, the DON confirmed there was no evidence staff were trained. The DON stated there was no ongoing contract for the RT or provision of respiratory services. The DON confirmed she was unaware of what supplies were required to be kept at the bedside for trach emergency and verified staff had not been trained on emergencies for the trach. The DON was unsure if the facility had a policy regarding trach emergencies. The DON confirmed the facility should have staff 24 hours a day that were trained and able to care for a resident with a trach. The DON confirmed R7 did not have an order for oxygen and was being administered oxygen per trach collar. The DON confirmed R7 breathed through the trach site. An interview on 2/2/2022 at 6:33 PM with the Nurse Practitioner (NP) and she stated there should be orders for administration of oxygen through the trach collar. The NP stated oxygen should be administered at 10 LPM through the stoma through the trach collar and there should be an emergency trach kit at R7's bedside. She stated if there was no kit at the bedside, there would be no equipment to assist with R7's airway if the cannula became dislodged or came out. During an interview on 2/2/2022 at 7:35 PM with the Administrator revealed, he did not have a contract in his possession for the RT that came to the facility. He stated the RT who came to the facility when R7 was admitted was not contracted for ongoing services. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Observation on 2/2/2022 at 8:09 PM, revealed R7 was lying in bed on his right side. The oxygen cannula was in place and oxygen was being delivered at 3.5 LPM. The suction container was approximately one third full of sputum. On 2/2/2022 at 10:30 PM, an ambulance arrived and R7 was transported to the hospital. During an interview on 2/3/2022 at 11:39 AM, the DON confirmed the facility was not equipped or trained to care or manage residents with trachs. During an interview on 2/3/2022 at 2:38 PM, the Administrator stated he found out prior to R7's readmission that a 10-liter oxygen concentrator was needed. He stated the facility did not have one, so he ordered one. He stated he was not aware of additional trach supplies that were needed. During an interview on 2/4/2022 at 11:37 PM, LPN9 confirmed she had not received any hands-on trach care and management training at the facility. LPN9 confirmed there were no trach emergency supplies at R7's bedside on 01/31/22. LPN9 confirmed in an emergency (trach dislodged) staff could not provide treatment without the emergency supplies at R7's bedside. During an interview on 2/4/2022 at 12:28 PM, the RT stated she came to the facility and assessed R7 shortly after he was admitted . She stated she listened to his breath and did an oxygen saturation it was about 100%. She stated R7 was on a high liter oxygen tank. The RT stated she was informed R7 was on 10 LPM of oxygen. The RT stated R7 should have been on a percentage, not a liter flow rate. She stated when a resident left the hospital and went to a nursing home, the oxygen should be changed to a percentage, for example four liters would be about 36%, so that would be the order. She stated she decreased the oxygen setting because 10 liters was too much. She stated, If you require 10 liters, you should not be admitted (to a nursing home). The RT stated, I walked him down . I put him on 4 liters and his sats [oxygen saturations] were at about 98%. The RT stated she did trach care and suctioned R7 while she was there. She stated she reported to the nurse on duty what she did and wrote a note under the nurse's name. The RT stated the typical order for suctioning was PRN. The RT stated there should be orders for cleaning the trach, such as every shift and PRN. During an interview on 2/4/2022 at 6:23 PM, the Medical Director stated proper equipment should be in R7's room. and training regarding management of the trach should have taken place before he was readmitted and on an ongoing basis. The Medical Director stated the facility should have used the hospital discharge order for oxygen (10 liters). The Medical Director stated there should be a current physician's order for the oxygen. The Medical Director stated the facility should have emergency equipment in the room or readily available nearby. The Medical Director stated trach care should be on the physician's orders and on the care plan. The Medical Director stated staff should be trained to suction a resident with a trach. The Medical Director stated nursing staff should hyperoxygenate the resident prior to suctioning to the extent it could be achieved.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0726 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15406 Based on observations, record review, staff interviews, and review of the facility policy titled, Staff Competency F726, F947, F941 the facility failed to ensure nursing staff were appropriately trained to provide competent nursing care for one of one residents admitted to the facility with a new tracheostomy (R7) On 2/2/2022, a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation had caused or had the likelihood to cause, serious injury, harm, impairment, or death to residents. The facility's Administrator was informed of the Immediate Jeopardy (IJ) on 2/2/2022 at 9:08 p.m. The noncompliance related to the Immediate Jeopardy was determined to have existed on 1/25/2022. The IJ is outlined as follows: The facility failed to ensure that one of one residents with a tracheostomy had the necessary supplies in the event of a life-threatening emergency and failed to train facility nursing staff on the need and use of emergency tracheostomy kits at the bedside. On 12/10/2021, R7 was hospitalized and was readmitted to the facility on [DATE]. On readmission to the facility on [DATE], R7 had a new tracheostomy (a surgical opening in the neck to allow direct access for oxygen to be administered into the windpipe). R7 was the only resident in the facility with a tracheostomy (trach). Observation on 2/2/2022 at 4:07 p.m. revealed R7's oxygen cannula was observed to be dislodged to the left side of the resident's throat away from the resident's trach collar causing R7 to be unable to receive oxygen via the resident's trach. LPN1 was called into the room and placed the oxygen back on the resident's trach collar. Observations and interviews, at this time, revealed R7 did not have necessary emergency tracheostomy supplies at the bedside and additional supplies were not located in the facility. In addition, interviews on 2/2/2022 with the Director of Nursing (DON), LPN1, and LPN9, nursing staff responsible for providing care for R7, revealed a lack of knowledge and training regarding emergency tracheostomy supplies. The IJ was related to the facility's noncompliance with the program requirements as follows: 42 CFR 483.21(b)(1) -- Develop/Implement Comprehensive Care Plan (F656 Scope/Severity (S/S): J), 42 CFR 483.25(i) -- Respiratory/Tracheostomy Care and Suctioning (F695 S/S: J), 42 CFR 483.35(a)(3)(4)(c) -- Competent Nursing Staff (F726 S/S: J), and 42 CFR 483.70 - Administration (F835 S/S: J). Substandard Quality of Care was identified with the requirements at 42 CFR 483.25(i) -- Respiratory/Tracheostomy Care and Suctioning (F695 S/S: J) Although a removal plan to address the Immediate Jeopardy was submitted prior to the conclusion of the survey on 2/4/2022, it was not approved and the Immediate Jeopardy remained ongoing at the time of exit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0726 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Findings include: The Facility Admission Capabilities document, undated, stated under the heading Respiratory, the facility would admit a resident with a new tracheostomy that needed complex (copious drainage) tracheostomy care. In addition, the facility would admit a resident who required suctioning hourly or less frequently. Review of the Primary Nurse RN/LPN job description revealed the primary nurse Performs any or all professional nursing duties as determined by qualifications and training . Maintains quality resident care in compliance with established policies and procedures . Review of the job description for the DON revealed the position was, Accountable for all functions, activities, training, and education of all nursing employees . Review of the facility policy titled, Staff Competency F726, F947, F941 dated May 2021 and provided by the facility revealed, Nursing staff will demonstrate competency in skills and techniques necessary to care for the resident's needs, as identified through resident assessments and resulting care plans . Premises of the competency based program include: a. Evaluation of current program to identify needs and opportunities; b. Identification of gaps in education that may lead to poor outcomes; c. Outlines what education is needed based upon the resident population served; d. Delineates specific training needed based upon the facility assessment; e. Details the tracking system utilized, and f. Ensures the competency based education is not reliant on one source, e.g. online training. Review of the Admission Record undated in the electronic medical record (EMR) under the profile tab, revealed R7 was originally admitted to the facility on [DATE]. Admission diagnoses included cerebrovascular disease, hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke) affecting unspecified side, dysphagia (swallowing impairment), aphasia (difficulty expressing and understanding written or spoken language), muscle weakness, and use of a colostomy (an opening in the abdominal wall from surgery due to the colon not functioning properly). Review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/2/2021 in the EMR and under the MDS tab, revealed the Brief Interview for Mental Status (BIMS) test was not completed. R7 was rarely or never understood; he had long and short-term memory impairment, and was severely impaired in decision-making. No behavioral indicators were present. R7 was dependent on two or more staff for activities of daily living (ADLS) such as bed mobility, transfers, dressing, toilet use, and hygiene. R7 was fed via a feeding tube. R7 was impaired in range of motion (ROM) on one side of the upper extremity and both sides of the lower extremities. Review of a Nursing Note dated 12/10/2021 at 2:47 PM in the EMR and under the progress notes tab, revealed R7 was sent to the emergency room (ER) to be evaluated and treated. Review of the undated Admission Record in the EMR under the profile tab, revealed R7 was readmitted to the facility from the hospital on 1/25/2022 with the following diagnoses: tracheostomy status, unspecified convulsions, streptococcal infection, klebsiella pneumonia, and respiratory failure unspecified with hypoxia. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0726 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the readmission Physician's Orders dated 1/26/2022 in the EMR and under the orders tab, revealed the trach collar was to be changed weekly on Sunday night shift and the resident was to be suctioned via the trach with sterile water every four hours as needed for excessive secretions. There were no orders for use of the oxygen and no orders for trach care (cleaning). The size of the trach was not specified in the orders. Further review revealed there was not any evidence that nursing staff contacted the physician to obtain an order for the residents oxygen. Review of the Care Plan for R7 with a target date of 3/13/2022 (the date it was written was not documented) and in the EMR under the MDS tab revealed Interventions for the residents tracheostomy included keeping the extra trach tube and obturator (device to keep the airway open) at R7's bedside. Review of R7's EMR (Medication Administration Record (MAR), Treatment Administration Record (TAR), and Nursing Progress Notes) from January 2022 until 2/2/2022 revealed a lack of documented evidence of nurse assessments of lung sounds, as well as the color, amount, and consistency of secretions following R7's readmission to the facility on [DATE]. a. Review of the MAR dated January 2022 in the EMR under the order tab revealed no nursing sign off (boxes were blank) for the order of Suction resident via trach with sterile water every four hours as needed for excessive secretions. The order for Vital signs every shift revealed R7's oxygen saturations were varied, from a low of 86% on day shift on 01/26/22 up to 97% on 01/31/22. There was no nursing note associated with the oxygen saturation of 86%. The resident's respirations were documented at 18 breaths per minute in every instance. b. Review of the MAR for February (up through 2/2/2022) revealed an oxygen saturation of 92%, 97% and 98% on 02/01/02. None were recorded on 2/2/2022. Review of the MAR dated February 2022 revealed no nursing sign off (boxes were blank) for the order of Suction resident via trach with sterile water every four hours as needed for excessive secretions. On 02/02/22 at 4:07 PM, R7 was observed without oxygen being administered into his trach. The oxygen cannula was dislodged to the left side of his throat away from the trach collar. R7's assigned nurse, LPN1, was called to the room and she placed the oxygen back on the resident's trach collar, verifying the resident had not been getting oxygen. LPN1 was asked about an emergency trach and a hemostat (scissor-like device to keep the airway open used when inserting an emergency trach) that was supposed to be at the bedside. She stated she did not know what a hemostat was. The Director of Nursing (DON) entered the room at 4:15 PM and looked for the emergency trach kit in the room; however, she could not find the replacement trach kit in the room. The DON verified the emergency trach kit should be in the resident's room. and stated she would go and look for one on the emergency cart. The DON was asked what the emergency trach kit consisted of and stated sponges, a cannula, and the trach. During an interview on 2/3/2022 at 11:39 AM, the DON confirmed the facility did not provide training for the licensed staff for care or management of residents with trachs and verified R7 was the only resident in the facility with a trach. The DON confirmed the last time the facility provided hands on training for licensed staff for management of resident with a trach was in 2019 and that training had been provided by the Staff Development Department. The DON confirmed she completed computer training called Trach Management. The DON confirmed she had not had hands on training for trach care in over five years. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0726 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 2/3/2022 at 5:20 PM, LPN1 stated she worked for a staffing agency. LPN1 stated the facility had not provided her with any training for caring for residents with a trach. LPN1 stated, she did not suction R7's trach on 2/2/2022 (from 3:00 PM until he went to the hospital at 10:30 PM) and stated, I am unsure of what time he was suctioned on 2/2/2022. LPN1 further stated, I am not 100% sure what equipment that should be at the bedside for residents that have a trach. LPN1 confirmed R7 did not have an order for oxygen. LPN1 confirmed R7's oxygen was set at 3.5 liters flow rate per trach collar. LPN1 confirmed that there was not a trach emergency kit was at the resident's bedside. LPN1 confirmed R7 was assigned to her care on 2/2/2022 starting at 3:00 PM (LPN worked the 3:00 p.m. to 11:00 p.m. shift). LPN1 confirmed she suctioned R7's trach on 2/1/2022. She stated she turned the oxygen up a little prior to suctioning by about two liters. LPN1 stated she did not ambu or hyper oxygenate the resident prior to suctioning. LPN confirmed residents should be hyperoxygenated with ambu prior to suctioning. LPN1 stated she did not know if the facility had a policy regarding suctioning trach residents. LPN1 stated R7 was supposed gets trach care every four hours and prn (as needed). During an interview on 2/4/2022 at 11:37 PM, LPN9 confirmed she had not received any hands-on trach care and management training at the facility. She confirmed she did not hyperoxygenate prior to suctioning and she was not aware hyperoxygenation was required prior to suctioning R7. LPN9 stated R7 was under her care on the 3 p.m. to 11 p.m. shift on 1/31/2022 and that this care included trach management. LPN9 stated, I performed suction to his trach tube on 1/31/2022 and I was not competent to perform the task. During an interview on 2/4/2022 at 12:28 PM, the RT denied conducting staff training while she was in the facility. The RT verified she was not on staff and there was no formal contract for her services. She stated she could come into the facility if they called her. The RT stated there should be specific training and competency check offs with agency nurses who worked with residents that have trachs. During an interview on 2/4/2022 at 6:23 PM, the Medical Director stated training regarding management of the trach should have taken place before R7 was readmitted to the facility with a new trach and that training should be provided on an ongoing basis. The Medical Director stated staff should be trained to suction a resident with a trach. Cross refer to F695

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 40417 Based on observations, interviews and review of the facility policy titled, Storage of Medication-F761 the facility failed to remove expired medications and medical supplies from two of five medication carts and one of four medication storage rooms. Findings include: Review of facility policy titled, Storage of Medication-F761, dated May 2021 revealed, The facility shall store all drugs and biologicals in a safe, secure and orderly manner . 1. An observation and interview on 2/4/2022 at 11:18 PM with Licensed Practical Nurse (LPN) 8 of the facility's medication cart for Hall A, revealed the following medications and supplies were expired: -Glucagon Emergency Kit (used for residents with low blood sugar in emergent situations] with expiration date of January 2021 was found in the top right drawer. -Two boxes of glucose control solution [used to ensure the glucometer results were accurate] each contained two opened 5 ml [milliliters] bottles 3/4 remained in the two bottles in one box, with expiration dates of 5/8/2021. The second box contained two opened bottles both bottles were half full of expiration date of 9/8/2021. -Three medication cards labeled Resident (R) 60 Carbamazepine [anticonvulsant] 200 milligrams (mg) tablet with the following expirations: a. One card had 30 tablets with an expiration date of 10/31/2021 B. Twenty-four tablets with an expiration date of 10/31/2021 c. Card two had 14 pills with an expiration date of 10/31/2021 LPN8 confirmed the above medications and supplies were in the medication cart on Hall A. The LPN further revealed R60 was no longer taking the Carbamazepine. 2. An observation and interview on 2/4/2022 at 4:54 PM with LPN 2 of the facility's medication cart for Hall B revealed the following medications and supplies were expired: -One opened almost full bottle of Ultra Tuss (cough medicine) safe four fluid ounces with an expiration date of July 2021. This was a stock medication, not prescribed to any specific resident. -One opened bottle of Geri Lanta (for GERD) regular strength 12 fluid ounces with an expiration date of November 2020. This was a stock medication, not prescribed to a specific resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Two boxes containing four bottles of Even care glucose control solutions with expiration dates of 10/7/2021 and 3/19/2021. -One unopened package containing suction toothbrush suction catheter with an expiration date of 9/30/2017. LPN2 confirmed the above expired medications and supplies were in the medication cart on Hall B. 3. An observation and interview on 02/04/2022 at 5:20 PM with LPN2 of the medication storage room for Halls A and B revealed the following expired medications and supplies: -Three unopened 100 milliliters (ml) bags of 0.9% Sodium Chloride Injection USP with expiration dates of August 2021. This was not prescribed to any specific resident. -Ten unopened 20-gauge, one-inch yellow hypodermic safety needles with expiration date of June 2020 -Twelve unopened female luer lock caps (used to lock a needle in place) unopened with expiration date of 6/29/2021. -Four unopened female luer lock caps with an expiration date of 1/5/2020. -Sixteen unopened female luer lock caps with an expiration date of 12/21/2019. -Eight unopened bags of Vancomycin [antibiotic] 750 mg prescribed to R3 with an expiration date of 12/11/2021. The resident is no longer on the antibiotic. LPN2 confirmed the above expired medications and supplies were in the medication storage room for Halls A and B. An interview on 2/4/2022 at 6:21 PM with the Director of Nursing (DON) confirmed expired medication should not be stored on medication carts. The DON stated the facility had a destruction bin in the medication room. The DON confirmed the expired medications and supplies were available for use by staff for residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 15406 Based on observations, staff interview, and review of the facility's policy titled, Plant Ops [Operations] Staff Job Description the facility failed to ensure the garbage dumpster area was free of accumulated garbage and the dumpsters were fitted with lids so the dumpsters could be closed on three of the five days of the survey. This had the potential to affect all the residents in the facility. Findings include: A request was made for the policy regarding maintaining the dumpster area. The paper Plant Ops [Operations] Staff Job Description dated June 2021 and provided by the facility was identified as being the pertinent policy. The document the Plant Operations Staff would, Keep facility grounds clean of refuse. 1. Observations on 1/31/2022 at 8:51 AM revealed three large metal dumpsters were observed in an area adjacent to the main facility parking lot. The first dumpster contained cardboard boxes. The dumpster was overflowing with boxes piled approximately two feet (approximately 20 intact cardboard boxes) above the top horizontal metal edge of the dumpster. The dumpsters each were designed to have two plastic lids, each covering half of the top surface area of the dumpster. The dumpster with cardboard was missing one of the lids. The second lid was hanging behind the dumpster; the lid not closed. The third dumpster was observed with one of the two lids closed and the second lid on the left side was missing, leaving half of the top surface area of the dumpster open. A plastic bag of garbage was hanging out of the dumpster on the side that did not have a lid. The paved area around the dumpsters had garbage strewn around the front and back of the dumpsters. There were isolation gowns, multiple disposable gloves (at least 20), paper products, a mattress, miscellaneous paper and plastic items, a garbage bag full of garbage, an incontinence brief, the mattress, and several pop cans. 2. Observation on 2/1/2022 at 8:48 AM the first dumpster with cardboard was closed on the right side. However, the left lid was missing, and the dumpster could not be closed. The lid for the third dumpster continued to be missing. The dumpster was 3/4 full of garbage bags observed near the top edge of the dumpster. Half of the top surface area of the dumpster was exposed. The garbage on the ground, located behind all three dumpsters that was observed on 1/31/2022, remained including the mattress, gloves, plastic, paper, cardboard, bags, pop cans, the mattress, plastic lids to cups, an incontinence brief, and a garbage bag with garbage inside. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 2/1/2022 at 4:08 PM, the Dietary Manager and the surveyor observed the dumpster area together. The Dietary Manager verified the first and third dumpsters were each missing one lid each, which left the garbage, exposed in these dumpsters. The lid for the third dumpster was hanging behind the dumpster exposing the entire top surface area. The Dietary Manager stated the lid should be closed and he closed it. The Dietary Manager verified the presence of the garbage on the ground behind the dumpsters that was noted at 8:48 AM, including the incontinence brief on ground. The Dietary Manager stated the dumpster area was a potential problem because it could allow rodents access. The Dietary Manager stated the Maintenance Department was responsible for keeping the garbage area cleaned up. He stated the facility would have to order to more lids so the dumpsters could be closed. On 2/1/2022 at 5:30 PM, the third dumpster was observed with garbage piled to the top of the horizontal edge. The lid on the right side was closed but the lid on the left was missing leaving half of the top surface exposed. During an interview on 2/3/2022 at 2:28 PM, the Maintenance Director stated the dumpster area was cleaned on a weekly basis. During an interview on 2/3/2022 at 5:21 PM, the Administrator verified there had been garbage on the ground. The Administrator stated, It was not up to standard.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07342 Based on observations, staff interviews and review of facility Job Description for the Administrator and Director of Nursing (DON) Administration failed to ensure that the facility was administered in a way that enabled it to use its resources effectively and efficiently to maintain the highest practicable level of well-being for one of one residents (R7) receiving tracheostomy care. Specifically, Administration failed to ensure that competent nursing staff were available and trained to care for R7 who was admitted with a tracheostomy. The facility also failed to ensure staff had adequate supplies in the event R7 had an emergency related to his tracheostomy. On 2/2/2022, a determination was made that a situation in which the facility's noncompliance with one or more requirements of participation had caused or had the likelihood to cause, serious injury, harm, impairment, or death to residents. The facility's Administrator was informed of the Immediate Jeopardy (IJ) on 2/2/2022 at 9:08 p.m. The noncompliance related to the Immediate Jeopardy was determined to have existed on 1/25/2022. The IJ is outlined as follows: The facility failed to ensure that one of one residents with a tracheostomy had the necessary supplies in the event of a life-threatening emergency and failed to train facility nursing staff on the need and use of emergency tracheostomy kits at the bedside. On 12/10/2021, R7 was hospitalized and was readmitted to the facility on [DATE]. On readmission to the facility on [DATE], R7 had a new tracheostomy (a surgical opening in the neck to allow direct access for oxygen to be administered into the windpipe). R7 was the only resident in the facility with a tracheostomy (trach). Observation on 2/2/2022 at 4:07 p.m. revealed R7's oxygen cannula was observed to be dislodged to the left side of the resident's throat away from the resident's trach collar causing R7 to be unable to receive oxygen via the resident's trach. LPN1 was called into the room and placed the oxygen back on the resident's trach collar. Observations and interviews, at this time, revealed R7 did not have necessary emergency tracheostomy supplies at the bedside and additional supplies were not located in the facility. In addition, interviews on 2/2/2022 with the Director of Nursing (DON), LPN1, and LPN9, nursing staff responsible for providing care for R7, revealed a lack of knowledge and training regarding emergency tracheostomy supplies. The IJ was related to the facility's noncompliance with the program requirements as follows: 42 CFR 483.21(b)(1) -- Develop/Implement Comprehensive Care Plan (F656 Scope/Severity (S/S): J), 42 CFR 483.25(i) -- Respiratory/Tracheostomy Care and Suctioning (F695 S/S: J), 42 CFR 483.35(a)(3)(4)(c) -- Competent Nursing Staff (F726 S/S: J), and 42 CFR 483.70 - Administration (F835 S/S: J). Substandard Quality of Care was identified with the requirements at 42 CFR 483.25(i) -- Respiratory/Tracheostomy Care and Suctioning (F695 S/S: J) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Although a removal plan to address the Immediate Jeopardy was submitted prior to the conclusion of the survey on 2/4/2022, it was not approved and the Immediate Jeopardy remained ongoing at the time of exit. Findings include: Review of the policy titled, Administrator Job Description date May 2021 as the last revision date indicates under job summary supervises, plans, develops, monitors and maintains appropriate standards of care throughout all departments in the nursing home. Review of the job description for the DON revealed the position was, Accountable for all functions, activities, training, and education of all nursing employees . 1. Administration failed to ensure care plan interventions regarding tracheostomy care were implemented for one of one residents with a tracheostomy (R7). Cross refer F656 2. Administration failed to have emergency tracheostomy supplies readily available at the bedside for one of one residents receiving tracheostomy care. The facility failed to ensure they had Physician orders for oxygen for one of three residents (R7). In addition, the facility failed to label the tubing with date of change for two residents (R53 and R10) and the facility failed to ensure Physician Orders were followed for R10's flow rate of oxygen. Cross refer F695 3. Administration failed to ensure nursing staff were appropriately trained to provide competent nursing care for one of one residents admitted to the facility with a tracheostomy (R7). Cross refer F726 An observation on 2/2/2022 at 4:07 PM of R7 revealed the resident was lying in bed on his right side. He had a trach; however, the supplemental oxygen had become detached so that the resident was not receiving oxygen through his tracheostomy. Further observation revealed there were not any supplies available at R7's bedside for emergency tracheostomy care. Licensed Practical Nurse (LPN) 1, who was assigned to care for R7, was asked to assist. LPN1 stated that she was not familiar with managing an emergency with R7's tracheostomy. A concurrent interview on 2/2/2022 at 4:15 PM with LPN1 and the Director of Nursing (DON) revealed neither knew where to access emergency supplies for R7's tracheostomy if they were not in the resident's room. The DON looked around R7's room and verified there were no emergency tracheostomy supplies available; although she was not; sure, what supplies would be needed to address an emergency with a tracheostomy. The DON stated that the facility did not have a Respiratory Therapist (RT) either contracted or employed by the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the nursing training records provided by the facility revealed that there was not any evidence of documentation that training had been provided to the nursing staff regarding tracheostomy care. There was not any evidence that competency check offs had been completed to verify that the nurses caring for R7 knew how to care for his tracheostomy. During an interview on 2/2/2022 at 5:41 PM, the DON confirmed there was no evidence staff were trained in providing care for R7's trach. The DON confirmed she was unaware of what supplies were required to be kept at the bedside for an emergency related to a tracheostomy and verified staff had not been trained on emergencies related to tracheostomies. The DON was unsure if the facility had a policy regarding trach emergencies. The DON confirmed the facility should have staff 24 hours per day that were trained and able to care for a resident with a trach. An interview on 2/3/2022 at 11:45 AM with Central Supply Clerk (CS) 1 revealed she was responsible for ordering supplies for resident care. CS1 stated there was no system to ensure emergency tracheostomy supplies were on hand. CS1 stated that there had not been any specialized supplies requested for R7's tracheostomy. An interview on 2/3/2022 at 12:00 PM with the Administrator confirmed that he was responsible for ordering medical supplies, but the facility had no policy for ordering, and no system for obtaining tracheostomy supplies for R7. The Administrator produced an invoice, which verified tracheostomy supplies for R7 were ordered on 2/2/2022, which was seven days after R7 was admitted with a tracheostomy. The Administrator stated the facility's system for ordering supplies, including specialized tracheostomy supplies for R7, met his expectations and did not need to be changed. Cross refer to F695 15406

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07342 Based on observations, staff interviews, review of personnel files, and review of the facility policy titled, Screening Staff and Visitors the facility failed to ensure staff screening for COVID-19 was properly completed to potentially help prevent the transmission of COVID-19. Additionally, the facility failed to ensure, Transmission-Based Precautions (TBP/isolation precautions) were implemented to prevent the potential spread of COVID-19 including ensuring that Personal Protective Equipment (PPE) was readily available for one of three Residents (R) 254 newly admitted residents on quarantine status Findings include: 1. Review of the facility policy titled, Screening Staff and Visitors dated as last revised January 2022 documented on page one staff will be screened at the point of entry into the community. Employees and visitors will be screened for signs and symptoms of COVID-19 and denied entry if they exhibit signs and symptoms. The screening includes temperature checks, questions about signs and symptoms, observations of signs and symptoms and questions regarding close contact with someone with COVID-19. Observation and interview on 2/3/2022 at 9:50 AM revealed Registered Nurse 1 (RN1) was passing medications on the A-Hall. The Infection Preventionist (IP) nurse approached RN1 about her name missing on the Employee Screening form dated 2/3/2022. When asked if she was screened in this morning at the front desk or anywhere, she stated no and continued passing medications. Review of RN1's personnel record revealed she was not vaccinated. Observation and interview on 2/3/2022 at 9:55 AM revealed Certified Nurse Aide 5 (CNA5) was working with residents in the main common area near the dining room of the D-unit. The IP nurse approached CNA5 about her name missing on the Employee Screening form dated 2/3/2022. She replied she forgot to sign in and be screened this morning at the front desk. Observation and interview on 2/3/2022 at 10:00 AM revealed Receptionist 1 was seated at the front desk in charge of screening all staff prior to entering the building. The IP nurse approached R1 about her name missing on the Employee Screening form dated 2/3/2022. She stated she forgot to sign in and began signing her name on the form and taking her own temperature. 2. Facility-provided paper policy titled, E-0007 Emergency Plan: admitted d June 2021 .New admission . will quarantine in a yellow zone if ., They are not fully vaccinated . Review of the CDC guidelines on the CDC website titled, Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes Nursing Homes & Long-Term Care Facilities Updates as of February 2, 2022 revealed .In general, all residents who are not up to date with all recommended COVID-19 vaccine doses and are new admissions and readmissions should be placed in quarantine, even if they have a negative test upon admission, and should be tested as described in the testing section above; COVID-19 vaccination should also be offered . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of a facility Face Sheet located in the electronic medical record (EMR) under Clinical tab revealed R254 was admitted to the facility on [DATE] from the hospital. The facility-provided a paper document, untitled, which revealed R254, had the first of two doses of a vaccination for COVID-19 on 1/26/2021 revealing that R254 was not fully vaccinated. Review of the Care Plan for R254 located in the EMR under the Care Plan tab revealed Admission / Re-admission Quarantine, defined as Resident out of the community for 24 hours or greater. The resident will receive appropriate transmission-based precautions based upon their vaccination or exposure status. Target Date: 5/1/2022 Quarantine 14 days if unvaccinated, partially vaccinated or unsure of vaccination status . An observation on 1/31/2022 at 10:46 AM revealed R254 was laying on the bed in her room. There was no sign on the open door to her room indicating the resident was on TBP (Transmission Based Precautions). There was no personal protective equipment (PPE) at or near the entry or door to her room. An observation on 1/31/2022 at 1:10 PM revealed there was no sign on R254's door indicating the resident was TBP. There was no PPE at or near R254's door. An interview on 1/31/2022 at 2:20 PM, with Licensed Practical Nurse (LPN) 7 confirmed there were no PPE supplies at or near R 254's door. LPN 7 confirmed there was no TBP signs on resident's door informing staff of isolation or quarantine. An interview on 1/31/2022 at 4:42 PM with Family of R254 revealed, we were not aware R254 was on quarantine. An observation and interview on 2/4/2022 at 11:37 PM with LPN9 confirmed there was not a sign on R254's door to indicate that R254 was on TBP and LPN confirmed that there was not any PPE outside of the room for use by staff or residents. LPN9 was not aware the resident was on TBP. An interview on 2/4/2022 at 12:08 PM with the Director of Nursing (DON) confirmed that rooms used for quarantine should have signs on the door to ensure staff and visitors were aware of the residents quarantine and/or TBP status and aware of PPE requirements. The DON confirmed the rooms did not have PPE supplies at or near the door until today, 2/4/2022. The DON confirmed that resident rooms that were used as quarantine rooms, which included R254's room, were used for newly admitted residents. The DON further confirmed R254 was not fully vaccinated for COVID-19. An interview on 2/4/2022 at 1:50 PM with the Administrator confirmed, newly admitted residents and readmitted residents to the facility were put on the yellow zone (the end of Hall A). The Administrator confirmed the yellow zone should have a sign on the resident doors indicating status and required PPE. The Administrator further confirmed prior to today, 2/4/2022 there were no signs on (yellow zone) the doors of the rooms that were used as quarantine rooms and confirmed there not any PPE at, or near the entry or doors, of the rooms being used for quarantine. 40417

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. 07342 Based on record review, staff interviews, and review of the facility policy titled, Infection Control Program-Antibiotic Stewardship F881 the facility failed to ensure it developed and implemented an antibiotic stewardship program to include antibiotic use protocols and a system to monitor antibiotic use. This had the potential to affect all 103 residents of the facility. Findings include: Review of the facility policy titled, Infection Control Program-Antibiotic Stewardship F 881, revised November 2017, revealed the facility was responsible for implementing policies and procedures to improve antibiotic use, track measures for antibiotic use and resistance, and to educate and reports results to relevant staff such as prescribing clinicians and nursing staff. Review of the antibiotic stewardship program review revealed there was no documentation that antibiotic use was being tracked, resistance to antibiotics was being communicated to relevant clinicians and nursing staff, or of any education on antibiotic use. An interview on 2/3/2022 at 2:30 PM with the Infection Prevention (IP) Nurse revealed she used the Corporate computer program to log and store information on antibiotic use, but the program had limitations, which prevented the facility from effectively tracking antibiotic use. An interview on 2/03/2022 at 6:20 PM with the Registered Nurse (RN) Consultant revealed the facility had no additional information to provide regarding their antibiotic stewardship program. An interview on 2/4/22 at 6:35 PM with the Medical Director revealed it was his expectation that the facility would have an antibiotic stewardship program. When the above information was shared with the Medical Director, he stated, I don't know how that could happen when we have someone overseeing it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115561	A. Building B. Wing	02/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Health and Rehab	4608 Lawrenceville Highway Tucker, GA 30084

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0885 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Report COVID19 data to residents and families. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07342 Based on review of facility records and interview, the facility failed to inform residents, their representatives, and families of those residing in the facility by 5:00 PM the next calendar day following the occurrence of either a single confirmed infection of COVID-19 or three or more residents or staff with new onset of respiratory symptoms with 72 hours related to the last five COVID-19 cases. This had the potential to affect all 103 residents of the facility. Findings include: 1. The Human Resource Director produced a record of the most recent resident or staff cases of COVID-19 in the past 30 days. The facility listed five names, one receptionist, two Certified Nurse Aides (CNAs), one Registered Nurse (RN) and one agency Licensed Practical Nurse (LPN) on a Meadowbrook COVID-19-Tracking updated 2/1/2022. Interview on 2/3/2022 at 6:10 PM with the Administrator revealed he lacked any documentation regarding contacts with families, representatives, and residents regarding these five COVID-19 cases of facility staff in January 2022. He indicated he was not aware he was required to make these contacts based on each COVID-19 case, but only does contacts periodically with family, representatives, and residents. The facility had no policy for such contacts. 2. Review of the Admission Record undated, in the electronic medical record (EMR) under the profile tab, revealed Resident (R)16 was admitted to the facility on [DATE]. The Admission Record revealed a friend was designated as Emergency Contact #1 and was her Durable Power of Attorney (DPOA). Review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/23/2021, in the EMR under the MDS tab revealed R16 was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15 out of 15 (score of 13 - 15 indicates cognition is intact). During an interview on 2/1/2022 at 4:53 PM, R16 revealed she made her own health care decisions; however, she had a friend who was her DPOA. R16 and her DPOA (on the phone) were interviewed together on 2/1/2022 at 4:53 PM. R16 stated the facility notified her family member who was financial POA, but they did not notify her. The resident's DPOA for health care stated she should be notified because she was the health care POA and first emergency contact; however, the facility had not informed her directly of any COVID outbreaks that the facility may have had. During an interview on 2/4/2022 at 5:32 PM, the Director of Nursing (DON) stated the Administrator sent a letter to families notifying them of COVID outbreaks. She stated, There is no system for notifying residents. The DON verified R16's notification (a letter) would be sent to the POA, the family member (financial POA). During an interview on 2/4/2022 at approximately 3:00 PM, the Administrator stated he could not find any additional documentation to show R16 or the DPOA for health were notified of the current COVID status. 15406