State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMER:				DATE SURVEY COMPLETED	
		ALC000194			05/09/2022		
	PROVIDER OR SUPPLIER	77 BETHA		STATE, ZI P CODE			
(X4) D PREF X TAG	SUMMARY STATEMENT OF DEF C ENC ES (EACH DEFICIENCY MUST B E PRECEDED B Y FULL REGULATORY OR LSC I DENTIFYING NFORMATION)		D PREF X TAG	PROVIDER S PLAN OF CORRECTI ON (EACH CORRECTIVE ACTION SH OULD B E CROSS-REFERENCED TO TH E APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
L 000	>>>The purpose of	of this visit was to conduct the	L 000			06/ 08/ 2022	
L1924 SS=D	At a minimum, the reprovide the following (ii) One registered practical nurse, or on site at all times; This RULE is not measured to ensure a second professional nurse, certified medication times. Findings incomplete on the unit were not an interview, State of the unit for the measurement of the unit for	nemory care center must g staffing: professional nurse, licensed pertified medication aide onnet as evidenced by: professional nurse, licensed professional nurse, or a servation and interview, the nurse that at a minimum, the result provide one registered licensed practical nurse, or a aide (CMA) on-site at all lude: 30 a.m. on the locked memory taff G, caregiver, working ith 10 residents present. 31 G stated he/she was be unit. Staff G stated he/she CMA. 32 ff C, LPN, stated he/she had be unit with Staff G but had to	L1924	 The Memory Care Center will provide, at a minimum, the strequirements outline in the regulations as follows: One registered professional nurse, practical nurse, or certified medication aide on-site at all compliance with these require have been educated according through attending in-services through staff scheduling. New will receive this education in onboarding training. All staff responsible for main compliance have acknowledg understanding of the regulator requirements, including recog that the MCC will have a CM times. Aggressive recruiting efforts continue to provide additional support in staffing to meet the requirements. 	licensed times. Intaining ements gly whires their staining ged an ory gnition LA at all will al		

State of GA Inspection Report

LAORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

TITLE (X6) DATE