

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 126030011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2021
NAME OF PROVIDER OR SUPPLIER WOODS SENIOR LIVING COMMUNITY, THE				
STREET ADDRESS, CITY, STATE, ZIP CODE 1401 MACON ROAD GRIFFIN, GA 30224				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Opening Comments. >>>>The purpose of this inspection was to conduct a compliance inspection and investigate intake GA00213393. The investigation-began on 4/15/21 and was completed on 4/22/21.	A 000		
A 933 SS=D	111-8-62-.09(11)(c) Workforce Qualifications And Training. [Personnel file(s)] must include all of the following: ... (c) Evidence of trainings, skills competency determinations and recertifications as required by these rules and, if applicable, the Rules for Proxy Caregivers, Chapter 111-8-100. This RULE is not met as evidenced by: >>>>Based on review of records and interviews, the facility failed to maintain evidence of trainings, skills competency and recertification as required by these rules, for 1 of 3 sampled staff (Staff C). Findings include: A review of facility' training records for Staff C with a hired dated of 11/11/19 showed no cardiopulmonary resuscitation (CPR) /first aid (FA) certification. During an interview at 10:00 a.m. Staff A stated Staff C was scheduled to take the CPR/FA class on 4/30/21.	A 933	1. Staff C was trained on 6/11/2021 for CPR/First Aid and successfully completed her certification course. Staff C certification will expire on 6/11/2023. 2. All employees have the potential to be affected. 3. The home will meet this rule by ensuring that ALL personnel are trained upon hire for CPR/First Aid and that their certification is updated before renewal date. Quarterly training classes will be provided by a qualified trainer. 4. The Executive Director or her designee will ensure compliance by creating a tickler file listing all employee CPR/First Aid renewal dates. This file will be reviewed quarterly in preparation for the quarterly training classes. *Staff C has a hire date of 1/19/2021 with an expiration date of 6/11/2023 for CPR/FA re-certification. **Staff D has a hire date of 11/11/2019 with a renewal date of 5/2022 for CPR/FA re-certification. *Of the files inspected, Staff C, Chauncey Copeland did not have CPR/FA certification. **Staff D, Mattie Berry has the hire date that was cited but is in compliance with the rule.	

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

TITLE

(X6) DATE