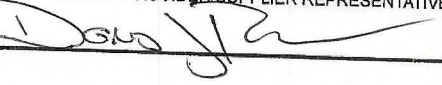


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  PCH008439	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 11/12/2021
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NAME OF PROVIDER OR SUPPLIER  SUITES AT STATION EXCHANGE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3205 TSX GRAND CENTRAL RICHMOND HILL, GA 31324
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Opening Comments.  >>>>The purpose of this visit was to investigate intake #GA00218646 and conduct the compliance inspection. An on-site visit was made to the facility on 11/9/21. The investigation was completed on 11/10/21.	A 000	The submission of this Plan of Correction is not an admission that a deficiency exists or that it is cited correctly. A903	
A 903 SS=D	111-8-62-.09(2)(a) Workforce Qualifications and Training.  Such [work-related] training must include, at a minimum, the following: (a) Evidence of current certification in emergency first aid except where the staff person is a currently licensed health care professional.  This RULE is not met as evidenced by: >>>>Based on record review and interview, the facility failed to ensure that any person working in the home as an employee, under contract or otherwise, receives work-related training within the first sixty days of employment. Such training must include current certification in emergency first aid except where the staff person is a currently licensed health care professional for 1 of 4 sampled staff (Staff F). Findings include:  A review of the file for Staff F, hired 3/9/21, showed no documentation of training in emergency first aid.  During an interview on 11/9/21, Staff A stated Staff F did not have current certification in emergency first aid.	A 903	1. The home will ensure that all employees receive First Aid certification. Employee F received training on 12-3-21.  2. The home will create spreadsheets that list each employee, their date of hire, the date of their First Aid certification and the date that their certification expires.  3. The Executive Director or their designee will ensure compliance with audits of the created spreadsheets of employee First Aid certification dates.  4. The Executive Director or their designee will audit the spreadsheets that document First Aid Training monthly.	12-12-21  12-12-21  12-12-21  12-12-21
A 904 SS=D	111-8-62-.09(2)(b) Workforce Qualifications and Training.	A 904		

State of GA Inspection Report

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:  TITLE: Executive Director

DATE FORM: 12/3/2021 (X6) DATE

6699 OITE11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  PCH008439	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 11/12/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SUITES AT STATION EXCHANGE, THE

3205 TSX GRAND CENTRAL  
RICHMOND HILL, GA 31324

(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 904	<p>Continued From page 1</p> <p>Such [work-related] training must include, at a minimum, the following: ... (b) Evidence of current certification in cardiopulmonary resuscitation where the training course required return demonstration of competency.</p> <p>This RULE is not met as evidenced by: &gt;&gt;&gt;&gt;Based on record review and interview, the facility failed to ensure that any person working in the home as an employee, under contract or otherwise, receives work-related training within the first sixty days of employment. Such training must include current certification in cardiopulmonary resuscitation (CPR) for 1 of 4 sampled staff (Staff F). Findings include:  A review of the file for Staff F, hired 3/9/21, showed no documentation of training in CPR  During an interview on 11/9/21, Staff A stated Staff F did not have current certification in CPR.</p>	A 904	<p>A904</p> <ol style="list-style-type: none"> <li>1. The home will ensure that all employees receive CPR certification. Employee F received training on 12-3-21.</li> <li>2. The home will create spreadsheets that list each employee, their date of hire, the date of their CPR certification and the date that their certification expires.</li> <li>3. The Executive Director or their designee will ensure compliance with audits of the created spreadsheets of employee CPR certification dates.</li> <li>4. The Executive Director or their designee will audit the spreadsheets that document employee CPR training monthly.</li> </ol>	<p>12-12-21</p> <p>12-12-21</p> <p>12-12-21</p> <p>12-12-21</p>

*Don J. P...*

Executive Director

12/3/2021