If continuation sheet 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH008439 NAME OF PROVIDER OR SUPPLIER		IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		PCH008439	B. WING		С	
		ADDRESS, CITY, STATE, ZIP CODE		11/12/2021		
SUITES A	T STATION EXCHANGE	3205 T	SX GRAND CENT			
-		RICHIV	OND HILL, GA 3	1324		
(X4) ID PREFIX TAG	I (ENON DEFICIENC	IATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPLICATION OF THE APPL	חווים פריייי	
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 o	£	
				Correction is not an admission deficiency exists or that it is correctly. A903 1. The home will ensure that	n that a cited	
	111-8-6209(2)(a) Workforce Qualifications and Fraining.		A 903	employees receive First Aid certification. Employee F receitraining on 12-3-21.	eived	
	minimum, the following	the staff person is a		2. The home will create spreadsheets that list each employee, their date of hire, the date of the control of th	12-12-2: the	
	the home as an emplo	as evidenced by: review and interview, the that any person working in yee, under contract or ork-related training within		date of their First Aid certifica and the date that their certification expires.		
	the first sixty days of e must include current c first aid except where t	mployment. Such training entification in emergency he staff person is a the care professional for 1 of		 The Executive Director or t designee will ensure complian with audits of the created spreadsheets of employee First Aid certification dates. 	ce	
	A review of the file for s showed no documenta emergency first aid. During an interview on	tion of training in		4. The Executive Director or the designee will audit the spreadsheets that document F	12-12-21	
e	mergency first aid.	rent certification in		Aid Training monthly.	irst	
SS=D T	ction Report	oforce Qualifications and	A 904			
ATORY DIR	ECTOR'S OR PROVIDER/SUF	PPLIER REPRESENTATIVE'S SIGNATURE		TITLE		

State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED PCH008439 B. WING 11/12/2021 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 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) A 904 Continued From page 1 A 904 A904 Such [work-related] training must include, at a minimum, the following: ... 1. The home will ensure that all 12-12-21 (b) Evidence of current certification in cardiopulmonary resuscitation where the training employees receive CPR course required return demonstration of certification. Employee F received competency. training on 12-3-21. 2. The home will create 12-12-21 This RULE is not met as evidenced by: spreadsheets that list each >>>Based on record review and interview, the employee, their date of hire, the facility failed to ensure that any person working in date of their CPR certification the home as an employee, under contract or otherwise, receives work-related training within and the date that their the first sixty days of employment. Such training certification expires. must include current certification in cardiopulmonary resuscitation (CPR) for 1 of 4 sampled staff (Staff F). Findings include: 3. The Executive Director or their 12-12-21 designee will ensure compliance A review of the file for Staff F, hired 3/9/21, showed no documentation of training in CPR with audits of the created spreadsheets of employee CPR During an interview on 11/9/21, Staff A stated certification dates. Staff F did not have current certification in CPR. 4. The Executive Director or their 12-12-21 designee will audit the spreadsheets that document employee CPR training monthly. tate of GA Inspection Report

TATE FORM

Executive Director

If continuation sheet 2 of 2

12/3/2021