

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 C 12/14/2021
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 visit was to investigate intake #GA00218566. An unannounced visit was made to the facility on 11/10/2021, and the investigation was completed on 12/14/2021.	A 000	The submission of this Plan of Correction is not an admission that a deficiency exists or that it is cited correctly.	
A1001 SS=D	111-8-62-.10(1) Staffing. Homes licensed for less than 25 beds must maintain a minimum on-site staff to resident ratio of one awake direct care staff person per 15 residents during waking hours and one awake direct care staff person per 25 residents during non-waking hours where the residents have minimal care needs. Homes licensed for 25 or more beds must maintain an average monthly minimum on-site staff to resident ratio of one awake direct care staff person per 15 residents during waking hours and one awake direct care staff person per 20 residents during non-waking hours. Average monthly minimum staffing levels shall be calculated and documented by the home using methods and forms specified by the department. Notwithstanding the above requirements, all homes must staff above these minimum on-site staff ratios to meet the specific residents' ongoing health, safety and care needs. This RULE is not met as evidenced by: >>>> Based on record review, and interviews, the facility failed to provide staffing to meet the specific residents' health, safety, and care needs. Findings include: Facility census showed three residents in the memory care unit (Resident #1, Resident #5, and Resident #6). Further review of facility records, showed that Resident #2 was also a resident in	A1001	A1001 1. The facility will provide staffing to meet the needs of the residents by hiring additional caregivers and completing training of current caregivers so that they are approved to work in the memory care center. 2. Hiring additional staff and training of these staff members will be completed. 3. An appropriate Staffing schedule will be completed by the Wellness Director each month. 4. The Executive Director or their designee will ensure compliance by requesting auditing the schedule each month.	1-14-22 1-14-22 1-14-22 1-14-22

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

TITLE

(X6) DATE

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A1001	<p>Continued From page 1</p> <p>the memory care unit, however, the resident was admitted to the hospital for evaluation of fall on 10/29/2021.</p> <p>During a tour of the memory care unit in the facility, Staff D was the only staff observed in the unit. Further observation showed, Resident #3, and Resident #5 wandering into other rooms. Observation also showed , while Staff D was redirecting Resident #5, and Resident #6 fell backward.</p> <p>A review of the file for Resident #1, admitted 9/5/2019, diagnoses of late stage of glaucoma, blindness, showed that the resident is confused and needs assistance with care.</p> <p>A review of the file for Resident #5, admitted 7/18/2019, diagnoses of Hypertension, depression, and decreased memory, showed that the resident required assistance with care.</p> <p>A review of the file for Resident #3, admitted 6/30/2019, diagnoses of Parkinson, Alzheimer's, irritable bowel syndrome, and fall risk, showed that the resident required assistance and supervision.</p> <p>A review of the file for Resident #2, admitted 9/1/2021, diagnoses of unsteady gait, status post/ fracture right leg, age related cognitive decline, needs assistance, showed that the resident sustained closed non displaced zone 1 fracture of sacrum from the 10/29/2021 fall at the facility.</p> <p>During an interview at 10:10 am., AA stated that 2 staff is supposed to work in the memory care unit, however, only one staff is scheduled now. AA further stated that Resident #1 requires constant supervision. AA stated that there is no staff</p>	A1001		

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A1001	Continued From page 2 supervising the other residents, when care is provided to another resident.	A1001		